Feminism, Disability, and the Bodymind: Rethinking the Place of the Will

Nancy J. Hirschmann, The University of Pennsylvania

Prepared for delivery at the Annual Meeting of the Western Political Science Association, Seattle, WA, April 18-20, 2014.

Work in progress: Please do not cite or quote without author’s permission.

The place of the body in political theories of freedom has been more notable by its absence than its presence. Though we have philosophies of mind, epistemologies—or theories of knowledge—and pay a great deal of attention to rationality, we have not generated grand philosophies of the body. The body is something that appears in political philosophy as, if anything, the enemy of freedom and the will. It is taken up in some educational treatises, such as those by Kant and Locke, for whom “a sound mind in a sound body” requires that children’s bodies be disciplined and nurtured so as to be capable of full rational deliberation, so as in turn to be capable of making free choices.[[1]](#footnote-1)

The body became a more obvious focus of political theory in the past several decades, largely attributable to feminism. Though indeed, in the early days of second wave feminism, bodies were as beside the point as they have been for canonical theorists: the notion that “anything you can do I can do better, or at least as well,” was invested in the view that bodies are immaterial to equality and freedom, and men’s superior strength, women’s biological role in reproduction, and basic differences in anatomy should not be taken as an excuse for discrimination. But as feminists in the workplace came up against poor maternity leave and child care options, discriminatory health insurance plans regarding contraception and pregnancy, and the “double day” resulting from the failure of their male partners to share equally in the work of the home, the body seemed to reinsert itself into feminist discourse.

This entailed two different approaches that we still see today. One is to criticize philosophy for treating the body as inessential, unimportant, secondary to who we are. This approach has been undertaken since the early days of feminist theory and philosophy, in anthologies like Harding and Hintikka’s *Discovering Reality* and Witt’s *A Mind of One’s Own*. These feminists argue that the body is central to our identities, crucial to our meaning, and intimately connected to thought. These feminists, however, tend to treat the body as at some level “natural;” they often draw on reproduction as examples of the body’s presence and centrality to humanity, for instance. Even though reproduction is socially located and has social meaning, the immediacy of the experience as being beyond rational control and exceeding the grasp of the will gives the recurring reference to reproduction in the literature a naturalistic flavor. In this line of argument, the female body presents a productive “difference” that feminists should explore, celebrate, and theorize; and “free will” becomes a masculinist fantasy, or at least an exaggeration that denies the ways in which the body determines many aspects of our life for us, contrary to our will (such as when a woman goes into labor when she is in the back seat of a taxi stuck in a New York City traffic jam).

The other approach is to maintain that the body is a function of discourse, a social construction. These feminists, most notably Butler, do not deny that a physical body exists, but maintain that it cannot have any meaning outside the contingencies of language and context. In this framework, the “choices” we make are not simply “determined” for us, but they always exist within a framework of reference and meaning that produces the options from which we can choose, and even produces the linguistic categories for even imagining other sorts of option that don’t yet exist. These limits are structured by institutional frameworks that are the result of individuals’ choices that were similarly structured by the choices and possible meanings available to them at the time, which in turn both continue to limit the realm of possibility going forward, and in turn were created by and through the realms of possibility going back, generation to generation. On this view, the notion of “free will” as the agent floating through a realm of possibility and controlling the choices that guide her life is again something of a myth, an illusion, though its nature is quite different in that we still do and can make choice. That is, we are not “determined” directly by these social structures—as in A forcing B to do X—but the realm of possibility through which our desires and choices come into being is restricted, defined and indeed produced by the history of social structure and language in which our selves are formed.

Thus on the one hand, the body is seen as the basic material reality from which we cannot escape, and attempts to do so by focusing on rationality simply misconceive the human experience. Not only is there a “there, there,” to borrow from Gertrude Stein;[[2]](#footnote-2) the “there” is *right* there, in your face, full stop. On the other, the body is a discursive construction through which any possible meaning of “concrete reality” can only be understood, and indeed even apprehended intellectually, through the conceptual categories that our language and society make possible; but in that act of apprehension and understanding, we in the same moment interpret, and such interpretation actually produces the phenomenon that we are supposedly apprehending. It may not quite be the case that “there is no there there,” but the “there-ness” is in a constant state of flux as every encounter further changes its reality and existence—and hence its meaning, in an ongoing process.

Disability operates in between these two polar positions. Clearly the body is concrete, real, and central to who we are. Impairments define our abilities and situate us socially; bodies are social constructions and concrete realities at one and the same time. We may view our impairments as alien forces, as tragedies, as inconveniences; or we may view them neutrally, as just my particular way of existing in the world, my particular difference; or we may value our bodies and view our impairments as positive, providing me with a particular perspective or insights that I otherwise would not have, and providing a valuable difference to society. But those impairments have a visceral reality that we confront every day; the concreteness of the body, its impairments, create physical demands that must be addressed.

Yet this addressing is always situated in and through institutional frameworks that shape how we see and think of the demands and their source. These bodily demands and conditions are not generally considered natural per se, particularly those that are the result of accidents; but non-naturalness is not seen as a positive or negative value in and of itself, any more than naturalness is, such as when an infant is born with an atypical physical attribute.

My contention in this essay is that disability’s understanding of the body, as lying in between the two aforementioned feminist views, has particular significance for political theorists’ understanding of freedom and the will. Freedom is an issue that is central to both feminists and persons with disabilities. Their struggles for recognition, for respect of preferences and desires, for options that are routinely available to men and able bodied persons but routinely denied to women, sexual minorities, and disabled persons, indeed for the right or entitlement to make choices that affect their own bodies, lives, and life plans, are all centrally about the notion of freedom. They may also entail claims of justice, equality, fairness, recognition, and respect, but freedom is at least one, if not the, central moral issue at their core.

What makes this concern with freedom of particular relevance to those at the intersection of feminism and disability is the way in which these two discourses help reveal things about the concept that the “mainstream” philosophies and political theories of freedom do not. Feminist philosophers and theorists of freedom have in recent decades complicated the standard understandings of the central western foundations of freedom theory, particularly desire, will, and choice.[[3]](#footnote-3) For instance, feminists have made effective arguments about the complications of talking about “free choice” within a context of patriarchy, where women’s options are shaped by a structure that has their unfreedom at its core, and which even shapes women’s preferences and wants.[[4]](#footnote-4) Feminists have similarly challenged the notion of the subject altogether that lies at the heart of modern understandings of freedom, thus casting into doubt the classic political philosophical understandings of desire, preference, will, and choice.[[5]](#footnote-5) Operating in a different direction, significant work in feminist philosophy on “relational autonomy” has problematized the assumptions that are made in “malestream” philosophy about how the choosing subject comes into being, where and how she develops her powers of preference formation, choice-making and decision-taking.[[6]](#footnote-6)

Though disability theorists have not yet launched systematic analyses of concepts like freedom through the lens of disability experience and epistemology, the concept of disability readily lends itself to reimaging our understanding of freedom. Indeed one of the primary foci of the disability rights movement has entailed complicating our understanding of what constitutes a “barrier” to freedom; its creation of a “social model of disability” is founded on the argument that the built environment is created in ways that disadvantage bodies with particular features such as visual, hearing, and mobility impairments. Such barriers can be removed and need to be if disabled persons are to be able to participate in society as full citizens, develop their talents, and contribute to the common welfare. Other arguments, less developed but which I will explore here, pertain to the way in which the body is experienced and understood in relation to the will. I believe that the disability field can derive useful theoretical tools from the feminist toolbox, and can in turn make helpful contributions, particularly about the body and the nature of the will. In this essay I explore the intersections between these two fields of literature within the context of the idea of freedom, particularly focusing on the relationship between the body, desire, will, and choice. The paper begins by reviewing a small segment of work in each of the two fields related to these issues and then turns to some puzzles that have more difficulty crossing between the fields but which can offer some productive potential.

**Disabled Freedom**

As all disability scholars know, there are two “models” for understanding disability. The “medical model of disability” has been the dominant view since at least the Enlightenment, when advances in science and medicine created the realization that humans can intervene in the body to overcome disease.[[7]](#footnote-7) In this model, disability is seen as an individual condition arising from a flawed body, which presents a “problem” that must be “fixed” or “cured.” The problem is intrinsic to the body, which must adapt to the pre-existing environment. Disability is viewed as a loss, even a tragedy, that the person wants to escape, the appropriate response to which is pity; the less appropriate, but more common response, being repulsion. This view has dominated popular and official understandings of disability, affecting laws, policies and institutions as well as customs, practices, and attitudes.

The “social model of disability,” by contrast, as previously if briefly indicated, maintains that disability does not stem intrinsically from bodily difference but rather is brought about by social context, including the way the physical environment is built, as well as laws concerning, beliefs about, and attitudes towards persons with “different” bodies. On this latter view, the fact that I have difficulty walking and use a wheelchair does not in itself constitute a “disability:” rather, the fact that most buildings have stairs rather than ramps, and lack elevators and automatic doors, “disables” my body from gaining access to various buildings. It is not my deafness that disables me from doing my job, but the fact that my employer refuses to install appropriate telephone technology. Disability is a social construction in the most overt sense: because of the ways that social relations, the built environment, laws, and practices are structured and organized, certain bodies are disabled, other bodies are facilitated.

Feminists will recognize the parallels to gender; it is not my womb or breasts that consign me to childcare and exclude me from education and the workforce, it is the way in which these bodily characteristics are given social meaning and the resulting ways in which bodies with these characteristics are treated. Thus, despite claims that women are naturally unable to be lawyers, doctors, philosophers, boxers or firefighters, feminist have pointed out that in fact they have been prevented and restrained from doing so by norms, laws, practices, customs, and regulations that “disable” their minds and bodies from achieving whatever they otherwise could, just as stairs “disable” a person using a wheelchair from entering a building. Whereas disability is considered on the medical model as a “defect” that makes the person less valuable and constrained in her abilities and options, on the social model it is considered a “difference” that is turned into a disadvantage by hostile social, economic, legal, and material forces.[[8]](#footnote-8)

These forces--social arrangements, attitudes, and built environment--are all barriers, constraints, to disabled persons’ living their lives as they wish. Many persons with disabilities do not want to change their bodies, they want to change these barriers, they want the able bodied to see these facets of the world *as* barriers and not as inevitable or natural. This application of freedom to disability seems fairly straightforward, following Isaiah Berlin’s concept of “negative liberty” wherein freedom entails not being restricted by others from doing what you want to do; a disability perspective simply enlarges our conception of what counts as a barrier.[[9]](#footnote-9)

But the way in which agents are conceptualized is more complicated. In *The Subject of Liberty* I argued that gender is a foundational if often hidden subtext for the way that modern freedom theory is structured, and particularly for who the “free subject” is, and I here make a similar case for disability. To begin with, it is strongly accepted by theories of freedom that *freedom presupposes ability*: it is silly to say that I am not able “to jump, unaided, twenty-five feet straight up from the surface of the earth, to develop gills instead of or in addition to lungs.”[[10]](#footnote-10) What humans are *able* to do sets the context for freedom, for even thinking about freedom. To be unfree, someone—an agent—must prevent me from doing what I want (or force me to do what I do not want), and this agent must be acting with purpose and intent. If that purposive and intentional restraint is missing, then we cannot say I am “unfree,” because freedom falls out of the picture. Kristan Kristjansson offers the most relevant example, of someone who must use a wheelchair due to a broken leg, saying baldly that "I am *free* but *unable* to run." That is, no one is preventing him from running, he simply lacks the ability.

The apparent absurdity of saying that someone with a broken leg is “free” to run, however—a usage of the word that only those of us used to analytical philosophy could understand—is deepened when we consider a student with cerebral palsy who uses a wheelchair but who cannot attend my class because my building lacks an elevator: on the mainstream view of freedom illustrated by Kristjansson, she, too, is “free” to attend my lecture, but she is “unable” to do so. Nobody interferes with her freedom on this view. After all, the stairs were not built with the intention of keeping out people who use wheelchairs, and the university administration does not ban disabled students from admission. In the dominant view, her disability is not relevant to freedom at all, for the problem is with her body.

This is precisely the view that disability theory’s “social model” challenges. Kristjanson’s approach at least tacitly, if not explicitly, employs the medical model of disability: his inability is specific to him, caused by the natural limits of his body. The problem is not seen to be the built environment, but his defective—even “broken”--body. This is a commonly shared view. Consider the fact, for instance, that many people—including many philosophers--often describe such a person as “confined to a wheelchair,” rather than the more neutral “using a wheelchair.” The chair is construed as a thing that is restricting her, rather than as the means for her freedom of movement; and since she is seen to be confined to the chair by the limitations of her body rather than by built-environmental features like stairs or narrow doorways or curbs, her unfreedom is located in her body, not in those environmental barriers. The conceptual language that is commonly used to describe wheelchair users heavily deploys this medical model of thinking about freedom that Kristjanson illustrates.

Moreover, in Kristjansson’s specific example, when he conjures a broken leg rather than a permanent impairment, he unconsciously shifts the reader’s sympathies to agree with his argument: the broken leg is, we think, an inconvenience that many people experience but it is a temporary one. There is a certain common-sense smugness to these arguments; by positing desires like growing gills or jumping twentyfive feet in the air or running with a broken leg—things nobody can do--philosophers set up ridiculous hypotheticals that can be easily batted away, leaving our ableist intuitions comfortably intact. But thinking about this scene from the perspective of the disabled student can shift our view.

In the first place, the student is prevented from not simply a particular act like running—or, in this case, getting into a building and attending my lecture. Rather, attending class is tied up with an entire life plan—going to college, fulfilling the requirements of her preferred major, getting a degree, starting a career, earning a living. Attending class is a component part, but it in itself is only a part of the larger life plan that the student is being prevented from pursuing. Certainly, philosophers are familiar with the strategy of the hypothesized scenario: for instance, if someone who cannot carry a tune dreams of being a famous operatic singer, does society have the obligation to help make that happen? The fact that we generally reject such a claim on the basis of the person’s inability to carry a tune leads to the rejection of all disability claims. But the context for the example—singing opera—is already limited to a very small number of people who sing unusually well, so focusing on the person who is a very poor singer helps us forget that.[[11]](#footnote-11) By contrast, in my example, this student’s life plan is not a one that is eccentric or difficult to fulfill but rather is one that vast numbers of other people pursue every day. Nor is the obstacle a universal one, like gravity is to jumping twentyfive feet into the air; it is only certain kinds of bodies that stairs obstruct.

My use of the phrase “certain kinds of bodies” might once again suggest a return to the medical model, as if I am suggesting that it is these odd or different or malfunctioning bodies that is the problem, not the stairs. But that charge would have to depend on several incorrect assumptions that lie at the heart of the standard approach to freedom theory and which a disability perspective can help reveal. The first incorrect assumption is that “the world as we know it” is conceived as “natural,” not a product of agency and choice. For instance, it was not natural or inevitable that stairs should be the dominant mode of movement between floors in buildings; buildings could have been built with ramps around their perimeters, for instance. But the dominant view assumes that stairs were a part of the “natural evolution” of the human practice of building, we might say. We therefore assume that humans should not be held responsible for building stairs before wheelchairs were so common; though cost is the primary justification for exempting many inaccessible older buildings from retrofitting today, the tacit *moral* argument underlying that justification is that nobody *intended* to harm or obstruct disabled people via such architectural design. By comparison, for instance, consider the fact that tobacco companies apparently *did* intend to harm consumers, or at least knew about the harm and didn’t care; that fact made them morally culpable, and so they had to pay large amounts of money for that. Intention is relevant when cost might be prohibitive. But nobody builds a building with the *intention* of keeping wheelchair users out, we tend to think. In most cases, the wheelchair doesn’t even enter the builder’s mind.

But *that is precisely the problem* from a disability perspective: just as sexual harassment had to be identified and named by feminists for us to understand that coming on to your secretary is not flattering but oppressive, so do disability scholars seek to change the way people think about and look at the built environment from the perspective of disability. The aforementioned phrase “certain kinds of bodies” stresses the realization that bodies are different, but that some kinds of differences have been the subject of social preference. White bodies are preferred over bodies of color; male bodies are preferred over female bodies; bodies that can walk, see, have two upper limbs of a particular proportion and appearance are preferred over bodies that do not fit those descriptions. Disability is much like race and gender in these ways, and the barriers persons with those bodies face to participation in social life—like obtaining a university education—are arbitrary and discriminatory. They thus can be said to restrict freedom. Like feminism, disability theory can help reinforce our understanding that so much of our social world is socially constructed in the crudest sense: it is manufactured and produced through a series of human choices and actions that have reflected the experiences, perspectives, and interests of a particular subset population of the human species. They have literally “constructed” this world.

 The second and related assumption found in dominant or mainstream freedom theories is that barriers to freedom, to be such, must come from outside the self. Disability does not challenge that assumption per se as much as it challenges the way the “external barrier” is defined. On the medical model of disability that most freedom theories follow, if the world around us just is what it is, and is not a product of the intentional exclusion of disabled persons, then what is preventing the person from acting is seen as coming from inside the self exclusively, and therefore cannot be a “barrier.” The “social model” of disability, however, helps us see that the stairs prevent her from entering the building, they are external barriers to her freedom whether that was intended or not. On this model, disability, like feminism, allows us to expand the category of “external barrier” to include things that we think of as part of the “normal” landscape. It claims they are *not* given or normal, anymore than patriarchy is: they are barriers to freedom.

 Disability thus challenges both of these basic assumptions of mainstream freedom theory. But feminism further recognizes the ways in which patriarchy shapes women’s desires, suggesting that the contrast between internal and external barriers itself is false. Disability theory has not yet fully realized this insight, as the social model is overtly invested in seeing disability as a social construction in the crudest sense: others make me disabled, not my body. Moreover, disability scholars and activists, as well as disabled persons, have long had to fight assumptions held by able-bodied persons that disabled persons do not value their lives, that they must want to die, even that they are incapable of having “normal” desires. The collapsing of intellectual and physical disabilities has led to assumptions about the lack of rationality in all disabled persons; and indeed has severely underestimated the intellectual abilities of cognitively disabled persons to form desires and preferences and to imagine a life plan for themselves. Thus whereas the history of feminism has significantly entailed the battling of patriarchal forces that constitute “women” as beings who must want certain things (like marriage and children and sex with men) and cannot possibly want other things (such as education, careers, or sexual relations with women), the history of disability has significantly involved a struggle for recognition that what disabled persons want is for the most part not very different from what nondisabled persons want—that is, to fit precisely into normalized gender categories. For instance, disabled males are seen as “feminine” because disability is imagined to produce “weakness” and “dependency,” and they may thereby desire to prove their masculinity by becoming “supercrips” who perform daredevil stunts with prosthetic limbs, or become skilled players of “murderball.” Disabled women, ironically, seen as unfeminine because of “distorted” bodies, or because they are seen as unfit to reproduce or incapable of raising their children, may thereby develop strong desires to fill traditional feminine norms.[[12]](#footnote-12) But beyond those gendered categories is something more basic: Jacobus tenBroek’s notion of “a right to live in the world” articulated the ways in which persons with disabilities just want to be able to live their lives, earn a living, go on vacation, have families, go shopping, ride the bus, and other quotidian activities. Indeed, much of the disability rights movement has entailed the fight simply to secure subsistence income, to remain alive.[[13]](#footnote-13) The reluctance to engage “the social construction of desire” is thus understandable; it risks casting into doubt the aspirations of disabled persons to be treated just like everybody else, to be “normal.”

The desire to lead a “normal” life is, on the one hand, understandable and apparently innocent: we all need to have economic support, for instance, and earning a salary is the primary way in which most people accomplish that. Privacy is important to most people, and having our own homes is an important facilitator. But the stress on “normality” has its own colonizing effects, as Foucault maintained. For desire is shaped and produced for disabled subjects no less than nondisabled ones, albeit in different ways.

In the examples I have just mentioned, the “difference” of disability is both something to escape and the marker of achievement; and the “internal” realm of will and desire is always informed simultaneously by the body and by the “external” realm of social context and environment. Freedom is not just about the ability to act on our will and our desires, it is also about forming and having desires and will in the first place, as feminists have shown. But disability helps us remember that desire and will are shaped by the particularities of the body. The way that we think about the body must always shape how we think about freedom: not just what it is possible to want to do, to think of being free to do, but how the concept of freedom itself is conceptualized.

The linkage of freedom and ability goes to its roots in modern philosophy; and indeed central Enlightenment figures in freedom theory such as Thomas Hobbes and John Locke both deployed disability imagery to set the limiting conditions of freedom. Hobbes, in defining “the proper signification of liberty” notes that "*A* FREE-MAN *is he, that in those things, which by his strength and wit he is able to do, is not hindered to doe what he has a will to.*"[[14]](#footnote-14) For Hobbes, this criterion of ability is central to freedom; thus “a stone [that] lyeth still” is no more unfree than “a man...fastned to his bed by sicknesse,” because both simply lack the ability to move; it is as much the property of stones not to be able to move under their own force as it is for someone with a bad case of flu—or in the late stages of cancer, or multiple sclerosis, or some version of paralysis--to be unable to rise from her bed. What prevents them from motion lies within themselves, and freedom concerns the absence or presence of strictly external obstacles.[[15]](#footnote-15) The comparison of the disabled or ill person to a “stone” might strike us as rather startling; as well, twenty-first-century scholars will also note the collapsing of the two categories of illness and disability together, a move that is justified by the 17th century’s profound lack of knowledge about the variety of specific disorders that produce disability. But the point from Hobbes’s perspective is that in his strictly descriptive account, if freedom presupposes ability, disabled persons are not made unfree by their conditions. Instead, those conditions define the limiting condition of their freedom.

Locke similarly utilizes disability in discussing freedom; when “a Palsie” prevents my legs from moving me across the room when I want to move, “there is want of freedom.”[[16]](#footnote-16) In contrast to Hobbes, for whom barriers to freedom could only be “external impediments to motion,” Locke allows for internal barriers to freedom; my own legs can prevent me from enacting my will. But although will may be a necessary condition for freedom to exist, it is not a sufficient condition; indeed, Locke says that “*Liberty* cannot be, where there is no Thought, no Volition, no Will; but there may be Thought, there may be Will, there may be Volition, where there is no *Liberty.*”[[17]](#footnote-17) Accordingly, “there is want of Freedom, though the sitting still even of a Paralytick, whilst he prefers it to a removal, is truly voluntary.”[[18]](#footnote-18) In other words, even if a “paralytick” doesn’t want to move from where he is sitting, his inability to move demarcates a limitation on his freedom regardless of what he desires. The paralysis is, to all intents and purposes, a barrier to his freedom, though it may not be an obstruction to his will.

And of course both Hobbes and Locke gave primacy to the importance of reason in their social contract theories; rationality is essential to freedom in that it is essential to making truly free choices. In this, “lunaticks” “ideots” and “madmen” thread throughout their texts as clear examples of those who are incapable of free choice necessary to being parties to the social contract. Thus although Hobbes and Locke have somewhat different conceptions of freedom, both designate disability as the limiting condition of freedom, and this arguably has carried through to contemporary Anglo-American conceptions of freedom today.

Can we just chalk this up to cultural context? Seventeenth century England is not twenty-first-century U.S. or Canada—or England—and so we might not want to fault Hobbes and Locke for not being more sensitive to bodily impairment. But my point here is not to criticize either of these theorists but rather to highlight the ways in which the modern understanding of freedom encodes these very same assumptions and starting points. I have offered some examples earlier of theorists and philosophers, like Kristjansson and Flathman, who maintain that freedom presupposes ability, and this idea pervades freedom theory in the 20th century: Raz, Miller, Grey, Dworkin, Feinberg, and Benn all include this assumption in their theories.[[19]](#footnote-19) What my brief discussion of Hobbes and Locke suggests is that this view of disability, and the “ableist” assumptions that inform their construction of freedom, have shaped the way the concept has developed in the modern era.

**The Role of the Body, the Place of the Will**

What we might call the “ableism” of modern freedom theory is problematic not just for the discriminatory implications it has for disabled person’s practical rights, entitlements, and liberties. It is also conceptually problematic because the body—or rather, the way we understand the body--is central to our understanding of freedom. In the modern canon, particularly once we enter the eighteenth century, we tend to think of freedom as a property of the mind and will; the body is merely notable by its absence. Kant is often thought of as the main proponent of such a view, devaluing the freedom of action as belonging to the “phenomenal” realm, in contrast to the more valuable “noumenal” realm where the will resides. Though Kant acknowledges that we are sensible creatures, we are also intelligible ones, and to be free we must strive to reside in the noumenal realm as much as possible. Freedom is defined by rational a priori reasoning to the categorical imperative, and lies in the will and intention, “let the consequences be what they may.” Women, of course, are not appropriate subjects of liberty because of their lack of rational thought; limited by their sensuality and physicality, they can occupy only the phenomenal world—though whether this is because of nature or social design is a matter of some debate.[[20]](#footnote-20)

Rousseau, despite his infamous attention to sexuality and sensuality, similarly defines the highest freedom as “moral liberty,” which consists in obedience to laws we prescribe to ourselves, a freedom he contrasts to “the impulse of appetite” which he considers “slavery.”[[21]](#footnote-21) The body must be contained and controlled by the will, which lies in the mind. Feminists will particularly note that although he often celebrates the physical pleasure of passion for women, Rousseau simultaneously (and repeatedly) describes himself as “enslaved” by the passion he feels for women, and proclaims that passion is opposed to liberty.[[22]](#footnote-22) Indeed, it is the fact that women stimulate the passions that they must be restrained in the private sphere in order to enable men to pursue the moral freedom of the general will in the public sphere. Women, Rousseau argues throughout the *Emile*, are defined primarily by their bodies rather than their minds; and even though they are shrewd calculators who are skilled at manipulating men to do what they wish them to do, such actions never amount to freedom but rather are the instruments of men’s enslavement. Because women are always sexual, and always desirous of sex, their bodies define them much more profoundly than is the case for men. Men, by contrast, can exercise will and reason to achieve the highest freedom, moral freedom. Though women can contribute to this project by being virtuous—a virtuous wife being an essential accouterment of the virtuous citizen—the struggle between desire and will, the body and the mind or soul, is often worked out through the public/private split and the division of the genders into primary association with two distinct realms.

Feminists have sorely criticized Kant and Rousseau for these understandings of freedom and their systematic denial of freedom to women by restricting them to bodily existence and the private realm.[[23]](#footnote-23) But even liberals like Mill and Locke tend to reject the body as a reliable source of desire; Mill distinguishes the mental and physical pleasures in his hierarchy of utility, suggesting that pursuit of the higher (intellectual) pleasures enhances an individual’s freedom. Locke, too, by emphasizing the role of rationality, suggests that freedom requires more than making one’s own choices: it requires that one make the right choices, which may often involve eschewal of sensual pleasures and gaining command of the body, as he particularly demonstrates in *Thoughts Concerning Education*. There, following the principle (as Kant later did in his own education treatise) the notion of “sound mind in a sound body,” he dedicates almost two thirds of his essay to the physical training and health of children with prescriptions for diet, exercise, regularity and constipation, and the positive health effects of letting children run around with cold, wet feet. The purpose of such bodily-centered early education, however, is to control the child’s will, and enable the parents to mold and shape it so that the child will want the things that he or she should want by the dictates of right reason. The body is seen as a potential thwarter of the will, of rationality, and of freedom. It is only in the last third of the essay that he turns to the subjects of traditional educational instruction, as these are necessary for the deployment and application of right reason, but the point of Locke’s work is that the body must be subordinated to the will of another—the parent--if the child is to learn how to subordinate the body to his own will.[[24]](#footnote-24)

 And yet the body, I have already suggested, is actually central to many modernist conceptions of freedom, even if it is not generally recognized, or seen as subordinated to the will. For instance, despite the importance of rationality to freedom for Locke, freedom does not lie solely in the mind in his theory. Rather, freedom becomes a relevant issue insofar as the body can or cannot act on its preferences. Locke says that “Liberty is not an Idea belonging to Volition,” for willing is different from acting on the will. Thus as I previously noted, when “a Palsie” prevents my legs from moving me across the room when I want to move, “there is want of freedom;”[[25]](#footnote-25) my own legs can prevent me from enacting my will. Although will may be a necessary condition for freedom to exist, it is not a sufficient condition; indeed, Locke says that “Liberty cannot be, where there is no Thought, no Volition, no Will; but there may be Thought, there may be Will, there may be Volition, where there is no Liberty.”[[26]](#footnote-26) Accordingly, to repeat, “there is want of Freedom, though the sitting still even of a Paralytick, whilst he prefers it to a removal, is truly voluntary.”[[27]](#footnote-27) In other words, even if a “paralytick” does not want to move from where he is sitting, his inability to move demarcates a limitation on his freedom regardless of what he desires. The body is the locus of freedom. Even in the *Education*, the fact that most of the essay is dedicated to controlling the body, while on the one hand suggesting that the body is, should be, and must be subordinate to the mind and the will, on the other reveals that the body nevertheless plays a crucial role; in Kantian terms, though we may strive to live in the noumenal realm, we are inescapably phenomenal creatures.

 Hobbes might be considered the most obvious political philosopher for appreciating the place of the body in freedom, for he argued explicitly that “impediments of motion” demarcated obstacles to freedom; freedom was about the body’s ability to move in a desired forward motion. Will and desire were relevant to motivating the body to move; will is what motivates the body to move, being not “an act of Deliberation” itself but rather the outcome of deliberation, “the last Appetite, or Aversion, immediately adhaering to the action, or to the omission thereof.”[[28]](#footnote-28) Thus, as Locke was to later argue, will is not an appropriate locus of freedom; according to Hobbes, we are driven by appetites and aversions, and these are things that lie outside our control—it is only within our control how to react to them. Thus Hobbes says

No man can determine his own will. For the will is appetite; nor can a man more determine his will than any other appetite, that is, more than he can determine when he shall be hungry and when not. When a man is hungry, it is in his choice to eat or not eat; this is the liberty of the man. But to be hungry or not hungry, which is that which I hold to proceed from necessity, is not in his choice.[[29]](#footnote-29)

Will is the function of desire, and desire simply comes to us, it is not something that we choose. I choose only whether and how to fulfill (or deny) my desires, not whether to have them; “One can, in truth, be free to *act*; one cannot, however, be free to *desire*.”[[30]](#footnote-30) This means that freedom cannot be at odds with my will; whatever my body ends up doing, whatever choice I make, reflects my will, or my last deliberation. Freedom therefore would seem to lie in the body, not in the will. Yet the will is far more directly connected to the body than it is for the other theorists mentioned here; Hobbes’s lengthy description of the body as a machine includes the mind as part of that machine, part of that body.

The perspective of disability follows more closely on Hobbes’s and Locke’s approach than that of Kant and Rousseau, for it challenges the latters’ subordination of the body to will. But even Hobbes and Locke rely on a bifurcation of body and will that affects their conceptions of freedom; and they particularly rely on images of disability, as illustrated above. Certainly Locke separates will from freedom, locating the former in a mind that may be thwarted by the body, similar to Rousseau’s portrayal of the body as posing a constant threat of betrayal of the will. A disability perspective wants to push further on the notion that Hobbes particularly seems to endorse of the will being intimately connected to the body, if not located in it altogether.

To communicate the idea, let me offer an example not unique to disability. Imagine that you are at a conference right now listening to me deliver this paper, instead of reading it in your home or office. It’s after lunch, perhaps, we’ve been drinking lots of coffee all day to stay awake, and water to stay hydrated, and those fluids are building up. You have needed to go to the bathroom for some time now; you had earlier decided to wait so as not to miss the exciting and stimulating discussion of the panel you are attending. But you’ve reached a critical point, and you need to go. Now.

In this case, what is your “desire:” to go to the bathroom, or to postpone further, for just one more interesting question and colloquy? In other words, who is the “you” that is doing the wanting and willing? The typical way of conceptualizing this dilemma is: Does the free subject lie in the body or in the mind? The conflict is seen as a struggle between the mind and the body, with the desire of the mind (staying and listening to the panel discussion) being valued as superior to the desire of the body (to eliminate waste). In standard political philosophy, as we have seen, we might resolve this by saying that your body expresses a desire at odds with your will; in Rousseau’s terms, “you” are your mind, and the body is enslaving you, forcing you to do something against your will. For Kant the will is the only way in which freedom is possible; indeed, the phenomenal realm, the world of the body and desire, “determines” us. Hobbes and Locke might say that my freedom is only relevant if someone is preventing me from leaving if I want to leave, or forcing me to leave if I want to stay. But the relevant issue for freedom is that I can determine what it is that I want, and act on it; my body must not be constrained by other forces, regardless of what my will is up to.

But disability theory turns that around, and suggests that the body has a will that runs contrary to desire—you really *want* to stay, after all, that is your preference: but if you don’t leave this minute you’re going to have an “accident.” The body will assert its preferences despite what “you” want; and in this sense it could be said to have a will that overrides desire. Indeed, recent research in neuroscience argues that the will resides totally in the body, that the idea that “we” have “free choice” is an illusion, because approximately seven seconds before we are conscious of making a choice, our “brains have already decided….Consciousness of a decision may be a mere biochemical afterthought, with no influence whatsoever on a person’s actions.”[[31]](#footnote-31)

Even if this new neuroscience research oversimplifies the philosophy of free will (as I think it does), it suggests at least that the will and desire are much more intimately connected with the body than many political philosophers and theorists have allowed. Certainly, at a minimum, the brain is a bodily organ that directs and even controls other parts of the body; it is not a separate entity, and it is certainly not a simple duality of body/ mind, desire/will. So disability theory at least enables us to say that, regardless of how unpleasant the body’s demands are, no matter how at odds with particular desires, it is part of “you,” and therefore of your “will.”

 Disability offers many examples of this sort, ranging from the cerebral palsy body’s “spasms” to an epileptic seizure to a diabetic low blood sugar. These are moments when the body forces its needs on the brain, on consciousness, and directs the mind to take a particular action. The body and mind are more than complementary, they are part of the same thing, and the bifurcation we have imposed on it through philosophy has distorted our understanding of their relationship. Feminists have, of course, long critiqued the mind/body duality, but I’m suggesting that disability carries this further.

 But what purpose does it serve to say the will is located in the body? Doesn’t it unnecessarily confuse an important distinction between the demands a body makes on us and how we respond to those demands? Isn’t it important to recognize that we do have the capacity to resist at least some of the body’s demands? After all, as Hobbes said, we cannot be free “to be hungry or not hungry,” but only “to eat or not eat.” My point is not to deny the capacity of humans to make choices and act on them. Nor is it to engage a technical discussion in neuroscience about how neurons travel through the body and how the brain operates, or to collapse rational deliberation into autonomic reaction (or vice versa). Rather, what I’m suggesting is that how we in theory and philosophy talk and think about the will should attend to the insights of disability, which can deepen the feminist insight that our choices must be and always are made within the constraints of the body, that the body shapes and even at times dictates our choices, that to dismiss such dictation by a simple demotion to “desire” which can be controlled by the superior “will” is to distort what choice entails. We have to remember that the very *idea* of the will is a construction of human understanding; it is a concept that humans have created and defined over the course of the centuries and millennia. So what I am arguing for here is just a different way of understanding and thinking about the idea of the will, about how we conceive of the will.

 After all, in my hypothetical scenario here, the expression of this bodily function of elimination is not “just” or “purely” biological or autonomic: it is socially constructed. Imagine, for instance, that we lived in a culture that did not communicate shame about urination and defecation; perhaps even a culture that celebrated it--not in the sense of throwing parties, but rather where “I have to go to the bathroom” is greeted with smiles and well wishes to “have a good one,” or “may you pass away all your cares with it.” In cases where people are having urinary tract problems and painful elimination, the sympathy and support of others could be expressed openly and literally, perhaps people holding our hands or rubbing our backs while we go to help lessen the discomfort. In such a society, perhaps instead of toilets and urinals being hidden away in special rooms, they are integrated into living spaces; and indeed, in my specific hypothetical, perhaps all the conference rooms in the hotel in which we are meeting have a series of toilets at the back, in the open, and you just go to the back of the room and won’t miss a single minute of the panel (or the movie, or play, or party, or whatever other spectacle one doesn’t want to miss). The fact that we find elimination distasteful and shameful is a cultural product, it is not natural, any more than stairs rather than ramps are natural. So how we treat and shape and think about elimination is socially constructed through discourse, not a natural function of the body. As Susan Bordo maintains, “The body…is a medium of culture.”[[32]](#footnote-32) This affects our choices, our desires, and how we see the will in relation to these bodily impulses. In *Bodies that Matter*, Butler notes that even if there are

’materialities’ that pertain to the body, that which is signified by the domains of biology, anatomy, physiology, hormonal and chemical composition, illness, age, weight, metabolism, life, death….the undeniability of these ‘materialities’ in no way implies what it means to affirm them….The linguistic categories that are understood to ‘denote’ the materiality of the body are themselves troubled by a referent that is never fully or permanently resolved or contained by any given signified.[[33]](#footnote-33)

Rather than materiality (in this case, physical bodies) and discourse being opposed, or even in tension, they are mutually constitutive: materiality could not exist without language, and language produces material reality: “it is not that one cannot get outside of language in order to grasp materiality in and of itself; rather, every effort to refer to materiality takes place through a signifying process which, in its phenomenality, is always already material.”[[34]](#footnote-34) Thus “what constitutes the fixity of the body, its contours, its movements, will be fully material, but materiality will be rethought as the effect of power, as power’s most productive affect.”[[35]](#footnote-35) The body may or may not exist outside of language, but we can never know such “outside” because the very attempt to “know” or “apprehend” or “understand” or even “experience” the body engages us in discourse.

 Recognition of this social construction of the body and its needs and impulses, in my view, helps complicate our standard bifurcation of body and will within theories of freedom. I am drawn to Margaret Price’s notion of “the bodymind,” a concept that seeks to capture the ways in which one cannot separate out acts of willing from the actions of the body, and as I read her I believe she is showing how the will can be and often is located *in* the body. She describes someone who has an overwhelming urge to hit herself in the head with a lamp, a supposed “psychotic break.” The rational person would seek to stop her, because we cannot imagine that anyone “wants” to hit herself with a lamp. We consider that her will is being subordinated to a destructive impulse and irrational perception. However, what if we learn that the occurrence of physical pain can often be the only way to provide immediate relief from the psychological suffering experienced by that person during the break—that it stops one horrible pain by inflicting a second and less horrible pain, as a way to distract the mind. One might say that it is still not “rational” for her to hit herself over her head—we view it as an act not of will, but of impulse--and seek to stop her. We might argue for psychotherapy as an alternative, or medication. But those will take time, and the desire to hit herself is something she is experiencing right now; stopping her from doing it would be experienced by her as an unbearable restraint. The rational response could be seen as at odds with her will and her freedom.

 But what are our alternatives? One might argue that her desire to hit herself with the lamp *is* rational, because the psychic pain she is feeling is worse than the physical pain she will feel; we know from psychological studies and from patient accounts that the physical pain she will feel can distract her brain from its psychic pain, putting a stop to it at least temporarily, perhaps longer.[[36]](#footnote-36) On this view, her mind is debating two options—in Hobbessian terms, deliberating on and vascillating between two alternatives. Whatever she ends up doing reflects her “final deliberation,” as Hobbes would say, her free choice, and we must respect it. But even here, most of us would be rather bothered by calling this a “rational” response. Certainly we can understand the concept of the lesser of two evils, but most of us would have a difficult time standing by and letting her hit herself in the head with a lamp; after all, such behavior will create serious injury, a great deal of blood and pain. Such behavior is “crazy,” not “rational.” It is therefore difficult to see her choice as an act of will. Indeed, imagine someone engaging in a dispassionate description of the pluses and minuses of her hitting herself with the lamp, and concluding that she would indeed be better off hitting herself; such a person would seem bizarrely heartless, perhaps even a little “crazy” himself.

 Furthermore, the notion of the rational trade-off does not accurately capture what Price describes. All of these responses continue to locate the will in the mind, and link it to rationality, whereas the body is seen as her enemy: her brain is experiencing these alien and tormenting impulses, leading her to a further thoughtless impulse to injure herself with the lamp. But in Price’s account, hitting herself is, rather, simply the only thing she can do. She does not feel as if she has a choice. Her body has dictated her choice, her mind has hardly any opportunity to interpret the body’s demands “rationally.” We know from neurophysiology that the brain must send a signal to the arm to pick up the lamp and strike her head, but the intervention of what philosophers consider “rational deliberation” is absent.

 What does this illustration do to the concept of “will”? Is the will entirely absent from this scenario, as the body is simply reacting autonomically to the chemical imbalances in the brain? Is this just, like the human elimination example, where we have no choice but to eliminate one way or another the wastes that build up in our bodies, a matter of biophysics? I suggest that will is not absent, but rather is located *in* the body. As Arthur Frank puts it, we are often “at the will of the body:” he argues that when one becomes ill or experiences a change through impairment, “the body forces the question upon the mind…what’s happening to me?”[[37]](#footnote-37) He documents the ways in which pain caused by testicular cancer forced him to see a doctor, how it disrupted his sleep patterns, creating an “incoherence” in his life that he struggled to understand. His body made demands on him, forcing action and decisions that he preferred not to make, imposing its will—his will--on his mind. Though we are tempted to view that, once again, as bodily needs being “alien” to the “true self” which resides in the mind, Frank rejects that, for the body is the source of will, it is the entity through which we live and we have to “acknowledg[e] its control.” Rather than seeing the body as the extension of “I”, the “essential me-ness” that resides in the mind, we should see the “mind is an extension of my body.”[[38]](#footnote-38)

 Frank does not deny the place of consciousness, and what is traditionally understood as the will: we often make choices, after all, about how to respond to the body’s demands: “I am a bodily process, but I am also a consciousness” he notes, “the bodily process and the consciousness do not oppose each other.” Indeed,

what illness teaches is their unity. The mind gives meaning to what happens in the body, but the mind also thinks through the body it is a part of.  The mind does not simply contemplate itself in a body with cancer. As cancer reshapes that body, the mind changes in response to the disease's effects. Pain taught me the body's power to shape thinking. But my thinking was shaping the pain even as it was being shaped by that pain--the circle is unbroken….We cannot fight cancer or tumors. We can only trust the body's will and get as much medical help as we can. We form the body's will through years of conscious acts, but in the end what finally happens just happens.[[39]](#footnote-39)

The notion of “the body’s will” is thus not the same idea as found in the latest neuroscience studies mentioned earlier; in such studies, the paradoxical notion is offered that “we” don’t make our own decisions: by the time we are aware of our preferences, the body has already decided. The problems with such studies for philosophers are several, the first of which is that the nature of “choice” is distorted by the study, given that the subject is instructed only when to press a button, not to decide among a variety of courses of action such as where to go to college. Second, the study leaves untouched the question of where does that impulse come from if not the mind? Descartes himself noted that “the mind depends so much on the temperament and disposition of the bodily organs,” and Duncan maintains that for Descartes, “Pain serves as evidence for his overall thesis of mind and body as conjoint, but different, substances.”[[40]](#footnote-40) So on Duncan’s reading, even for the philosopher sometimes credited as a key promoter of the mind-body dualism, the mind and the body are so integrated that perhaps the location of the will in the body itself is not such an odd idea.

 Feminists have offered similar examples pertaining to reproduction in particular, such as menstruation, lactation, and parturition, all of which “dictate” in the same way that Frank discusses. Philosophy has been unable to completely ignore the demands of women’s bodies because most (male) philosophers have lived in some capacity with or near women, generally through heterosexual marriage. They have thus instead sought to control them by denying that such bodily demands have anything to with the “essential self;” the result of which has been the tendency to bifurcate will and desire, mind and body. But most philosophers and political theorists have been able to ignore disability completely, and been able to live their lives with hardly any contact with disabled persons, so the needs and demands of the disabled body have slipped under the radar. Taking a disability perspective, however, allows us to engage a more pointed confrontation with philosophy and theory. Moreover, whereas women’s bodily experiences can be simultaneously recognized and dismissed insofar as philosophy is dominated by men, who by definition will not share in these experiences, any philosopher, male or female, can experience disability. That is something that most people fear; the common sentiment that “I’d rather be dead than blind/in a wheelchair/fill in your own personal nightmare” expresses a very commonly held belief that disability is a lack, a loss, a tragedy. We therefore do not want to think about our becoming disabled, though it could happen to us at any moment.[[41]](#footnote-41) Yet many disabled individuals welcome their bodily differences or disabilities and do not experience them as alien or hostile. Instead of seeing these events as alien attacks by the body on the self, moments of loss of self-control, from a disability perspective the body is communicating its needs and “the self” cannot be conceptualized apart from them. If we try to separate them, and ignore the claims of the body, the body will assert itself with a vengeance. A theory of freedom that attends to the lessons of both feminism and disability must thus incorporate this primary role of the body in defining will and desire.

1. John Locke, *Some Thoughts Concerning Education*, ed. Ruth Grant and Nathan Tarcov, (Indianapolis: Hackett Publishing, 1996); Immanuel Kant, *Education* (Ann Arbor: University of Michigan Press, 1960). [↑](#footnote-ref-1)
2. Though what Stein said about Oakland, CA was “there is *no* there there” (emphasis added). Gertrude Stein*, Everybody's Autobiography* (Random House 1937), 289. [↑](#footnote-ref-2)
3. See particularly Drucilla Cornell, *At the Heart of Freedom* (Princeton University Press, 1998)*.* [↑](#footnote-ref-3)
4. Nancy J. Hirschmann, *The Subject of Liberty: Toward a Feminist Theory of Freedom* (Princeton University Press, 2003); Sally Scholz, The Contradictions of Freedom: Philosophical Essays on Simone de Beauvoir's Les Mandarins, with Shannon M. Mussett (Albany, NY: SUNY Press, 2005); Clare Chambers, *Sex, Culture, and Justice: The Limits of Choice* (Pittsburg: Penn State University Press, 2008); Beth Jamison, *Real Choices: Feminism, Freedom, and the Limits of Law* (Pittsburg: Penn State University Press, 2003). [↑](#footnote-ref-4)
5. Linda Zerilli, *Feminism and the Abyss of Freedom* (Chicago: University of Chicago Press, 2005); Wendy Brown, *States of Injury* (Princeton: Princeton University Press, 1995); Judith Butler, *The Psychic Life of Power* (Palo Alto: Stanford University Press, 1997). [↑](#footnote-ref-5)
6. See essays in Stoljar and McKenzie, *Relational Autonomy: Feminist Perspectives on Autonomy, Agency, and the Social Self* (Oxford: Oxford University Press, 2000). [↑](#footnote-ref-6)
7. Henri-Jacques Stiker, *History of Disability* (Ann Arbor: University of Michigan, 1999). Though obviously it dates much earlier, to ancient times when “deformed” infants were abandoned to die from exposure because they could not be “cured” or “fixed,” I am concerned in this paper with the modern conception of freedom and thus the new ways in which the body was seen by Enlightenment science is worth noting. Whereas one could argue that in ancient times, neither the body nor the environment were seen as within the realm of human intervention, in the modern era the body is seen as one such changeable arena. [↑](#footnote-ref-7)
8. I say “material forces” here rather than “physical forces” to avoid the possibility that the reader may think I am discussing the body rather than, say, stairs. But it is always the case that disability is produced by the interaction of specific body types and specific kinds of physical or material space. See UN Convention on the Rights of Persons with Disabilities. [↑](#footnote-ref-8)
9. Isaiah Berlin, “Two Concepts of Liberty” in Berlin, *Four Essays on Liberty* (New York, Oxford University Press, 1971). [↑](#footnote-ref-9)
10. Richard E. Flathman, *The Philosophy and Politics of Freedom* (University of Chicago Press, 1984), 139. [↑](#footnote-ref-10)
11. Though in fact, Florence Foster Jenkins, a wealthy and tone-deaf woman, was famous *for* being a terrible singer and even held a sold-out concert at Carnegie Hall a month before she died. She apparently was not bothered by the fact that her audience would laugh raucously at her performances (Fergus Gwynplaine MacIntyre, “Happy in Her Work: Florence Foster Jenkins” *The Daily News*, June 23, 2004). An audio clip of her attempting to sing the “Queen of Night Aria” from *The Magic Flute* can be found here: http://www.npr.org/templates/story/story.php?storyId=114075281 [↑](#footnote-ref-11)
12. See the afterword to Beth Linker *War’s Waste: Rehabilitation in WWI America,* (The University of Chicago Press, 2011), “Walter Reed: Then and Now.” [↑](#footnote-ref-12)
13. Jacobus tenBroek, “The Right to Live in the World: The Disabled in the Law of Torts,” *California Law Review* 54.2 (May, 1966): 841-919. See also Jacobus tenBroek, “The Disabled in the Law of Welfare,” *California Law Review* 54.2 (May, 1966): 809-40. [↑](#footnote-ref-13)
14. Thomas Hobbes, *Leviathan* ch 21, 262. [↑](#footnote-ref-14)
15. Ibid. It might be suggested that what the sick man and stone lack is not ability, but will; the man may be so ill as to not wish to arise, and the stone has no will at all. However, Hobbes’s particular construal of the will rules this out; first, we have no control over the will, the will is assimilated to desire. If the sick man doesn’t want to get up, then he’s doing what he wants to do when he lies there. If, by contrast, he wants to get up, but is so weak and tired that he is unable to do so no matter how hard he tries, it is the ability that prevents him. That is what leads me to conclude that Hobbes is talking about ability here, not will. “One can, in truth, be free to *act*; one cannot, however, be free to *desire*” (Thomas Hobbes, *Of Man*, ch. 11 sect. 3). But I will have more to say on the will further on in the text. [↑](#footnote-ref-15)
16. John Locke, *Essay Concerning Human Understanding*, 2.21.8. [↑](#footnote-ref-16)
17. *Ibid*. [↑](#footnote-ref-17)
18. *Ibid.,* 2.21.11. [↑](#footnote-ref-18)
19. See Nancy J. Hirschmann, “Freedom and (Dis)Ability in Early Modern Political Thought,” in *Recovering Disability in Early Modern England,* ed. Allison Hobgood and David Wood (Ohio State University Press, 2013) for a review of this literature. [↑](#footnote-ref-19)
20. See particularly Nancy J. Hirschmann, *Gender Class and Freedom in Modern Political Theory* (Princeton University Press, 2008), who argues that there is a tension in Kant’s texts between claims that women are naturally incapable of rationality, and that they are capable but *should not* develop their rational capacities. [↑](#footnote-ref-20)
21. Augustine similarly believed that bodily lust was opposed to the will, in that lust produced unhappiness and nobody “chose” to be unhappy; but he also believed that such people “chose” to give in to their lusts and thus paradoxically chose their own unhappiness. Rousseau thus provides a clearer account of the bifurcation I am describing; and at any rate I am concerned with specifically modern conceptualizations. See Saint Augustine, *On Free Choice of the Will*, trans. Anna Benjamin and L. H. Hackstaff (New York: Bobbs-Merrill, 1964), esp. Book I. [↑](#footnote-ref-21)
22. #  Jean-Jacques Rousseau, *The Confessions* (London: Penguin Books, 1953) and Jean-Jacques Rousseau, *Julie, Or the New Heloise: Letters of Two Lovers Who Live in a Small Town at the Foot of the Alps*, trans. and annotated by Philip Stewart and Jean Vaché (Hannover, NH: Dartmouth Press; Trans. from the French edition, 1997). See Hirschmann *Gender, Class and Freedom*, Elizabeth Wingrove, *Rousseau’s Republican Romance* (Princeton University Press, 2000) and Linda Zerilli *Signifying Woman: Culture and Chaos in Rousseau, Burke, and Mill* (Ithaca, NY: Cornell University Press, 1994) for discussions of this aspect of Rousseau’s theory.

 [↑](#footnote-ref-22)
23. See for instance, various essays in *Feminist Interpretations of Immanuel Kant,* ed. Robin Schott (Pittsburg: Penn State University Press, 1997) and *Feminist Interpretations of Jean Jacques Rousseau*, ed. Lynda Lange (Pittsburg: Penn State University Press, 2002). [↑](#footnote-ref-23)
24. I use the male pronoun because of the ambiguous relationship of girls and women to reason in this essay and in the rest of Locke’s work. Locke explicitly notes that his essay is primarily concerned with how to turn a boy into a “gentleman” and his precepts “will not so perfectly suit the Education of *Daughters.*” Locke, *Education,* 117. But see Uday Mehta, *The Anxiety of Freedom: Imagination and Individuality in Locke’s Political Thought* (Ithaca: Cornell University Press,1992), for a chilling account of the place of female bodies in the *Education*. [↑](#footnote-ref-24)
25. John Locke, *An Essay Concerning Human Understanding*, ed. Peter H. Nidditch (Oxford: Clarendon Press, 1975), 2.21.8. [↑](#footnote-ref-25)
26. Ibid., 2.21.8. [↑](#footnote-ref-26)
27. Ibid., 2.21.11. [↑](#footnote-ref-27)
28. Thomas Hobbes, *Leviathan*, ch. 6, 127. [↑](#footnote-ref-28)
29. Thomas Hobbes, “The Questions Concerning Liberty, Necessity, and Chance,” in *Hobbes and Bramhall on Liberty and Necessity*, ed. Vere Chappel (New York: Cambridge University Press), 72. [↑](#footnote-ref-29)
30. Thomas Hobbes, *De Cive*, in *Man and Citizen: De Homine and De Cive*, ed. Bernard Gert (Indianapolis: Hacket, 1991), ch. 11, sec. 3. [↑](#footnote-ref-30)
31. Kerri Smith, “Taking Aim at Free Will.” *Nature*, v. 477 (September 2011): 24. [↑](#footnote-ref-31)
32. Susan Bordo, *Unbearable Weight: Feminism, Western Culture and the Body* (Berkeley, University of California Press, 1993), 165. [↑](#footnote-ref-32)
33. Judith Butler, *Bodies that Matter: On the Discursive Limits of “Sex,”* (New York: Routledge, 1993), 66-67. [↑](#footnote-ref-33)
34. Ibid., 68. [↑](#footnote-ref-34)
35. Ibid., 2. [↑](#footnote-ref-35)
36. Ed Klonsky, "The functions of deliberate self-injury: A review of the evidence", *Clinical Psychology Review* **27**, 2(2007): 226–239; see also Jane Flax, *Thinking Fragments*. [↑](#footnote-ref-36)
37. Arthur W. Frank, *At the Will of the Body: Reflections on Illness* (New York: Houghton Mifflin Company, 1991), 8. [↑](#footnote-ref-37)
38. Ibid., 59. [↑](#footnote-ref-38)
39. Ibid., 87-88. [↑](#footnote-ref-39)
40. Descartes, *Discourse on Method*, need page number; Grant Duncan, “Mind-Body Dualism and the Biopsychosocial Model of Pain: What Did Descartes Really Say?” *Journal of Medicine and Philosophy*, v. 25, n. 4 (2000): 489. [↑](#footnote-ref-40)
41. Tobin Siebers, *Disability Theory* (University of Michigan Press, 1995). [↑](#footnote-ref-41)