Feminist Thoughts on Freedom and Rights

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My contention in this brief essay is that disability is a feminist issue with particular significance for freedom. There are two "models" for understanding disability. The "medical model of disability" has been the dominant view since the Enlightenment, when advances in science and medicine created the realization that humans can intervene in the body to overcome disease (Stiker 1999). 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 preexisting 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 is repulsion.

By contrast, on the "social model of disability," what makes something a disability is not bodily difference itself but, rather, the contexts in which such differences exist. For instance, if I have difficulty walking and use a wheelchair, then that does not itself constitute a "disability"; rather, the fact that most buildings have stairs rather than ramps, and lack elevators and automatic doors, is what "disables" my body from gaining access to the building. 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 obvious sense: Because of the ways that social relations, the built environment, laws, and practices are structured and organized, certain bodies are disabled and other bodies are facilitated.

Feminists will recognize the parallels to gender: It is not my womb or breasts that consign me to child care and exclude me from education and the workforce; it is the way in which these bodily attributes are assigned social meaning and the treatment that bodies with these attributes receive. It is not that women are naturally unable to be lawyers, doctors, boxers, or firefighters but, rather, that 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 wheelchair user from entering a building.

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These social arrangements, attitudes, and built environment are all barriers, constraints, to disabled persons' living their lives as they wish. Most 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 Berlin's (1971) "negative liberty" model 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.

The way in which agents are conceptualized is more complicated, however. I have argued that gender is a foundational, if often hidden, subtext for the way that modern freedom theory is structured, and particularly concerning who the "free subject" is (Hirschmann 2003, 2008), 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" (Flathman 1987, 139). 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. Kristjansson (1992, 297) offers the most relevant example, of someone who must use a wheelchair due to a broken leg, saying baldly that he is "*free* (although unable) to run." That is, no one is preventing him from running; he simply lacks the ability. That is the basic position of most contemporary freedom theories.

The apparent absurdity of saying that someone with a broken leg is "free" to run, however, 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: 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 bar disabled students from admission. In the dominant view, her disability is not relevant to freedom at all, for the problem is with her body. But is it really?

When Kristjansson conjures a broken leg rather than a permanent disabling condition, he unconsciously shifts the reader's sympathies to

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agree with his argument: The broken leg is, we think, an inconvenience that many people experience. He employs the medical model of disability: His inability is specific to him, caused by the natural limits of his body. There is a certain commonsense smugness to these arguments; by positing desires like growing gills or jumping 25 feet in the air — things nobody can do — philosophers set up ridiculous counterpositions that can be easily batted away, leaving our "ableist" intuitions comfortably intact. But thinking of disabled students can shift our perspective. For they are prevented from not simply a particular act like running; rather, attending class is tied up with an entire life plan — and not a life plan that is eccentric or difficult to fulfill but one that vast numbers of other people pursue every day. Nor is the obstacle a universal one, as gravity is to jumping 25 feet into the air; it is only certain kinds of bodies that stairs obstruct.

The standard approach to freedom makes several problematic assumptions. The first is that "the world as we know it" is conceived as "natural," not a product of agency and choice. It assumes that humans should not be held responsible for building stairs before wheelchairs were so common; stairs were a part of the "natural evolution" of the human practice of building, we might say. Although 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, the fact that tobacco companies apparently *did* intend to harm consumers, or at least knew about the harm and did not care, makes them morally culpable, and so they must pay for that. But nobody builds a building with the *intention* of keeping wheelchair users out. In most cases, the wheelchair does not even enter the builder's mind.

Yet that is precisely the problem: Just as sexual harassment had to be identified and named for us to understand that coming on to your secretary is not flattering but oppressive, disability scholars seek to change the way people think about and look at the built environment from the perspective of disability.

The second assumption 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, what is preventing the person from acting is seen as coming from inside the self exclusively, and therefore cannot be a

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"barrier." The "social model" of disability, however, helps us see that the stairs prevent a person from entering the building; they are external barriers to 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, any more than patriarchy is: They are barriers to freedom.

So disability 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 is false (Hirschmann 2003). Disability theory has not yet realized this insight, as the social model is overly invested in seeing disability as a social construction in the crudest sense: Others make me disabled, not my body. But desire is shaped and produced for disabled subjects no less than nondisabled ones, albeit in different ways. 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 unfitness to reproduce or incapability of raising their children, may thereby develop strong desires to fill traditional feminine norms (Linker 2011).

In such examples, 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.

In modern political theory, and particularly liberal political theory, the body is central to our understanding of freedom, if only by virtue of its eschewal. The body is generally not seen as part of the will, which is where freedom lies; at most, it is seen as a source of (some kinds of) desire, oftentimes the kind that actually "enslaves" us rather than making us free through its realization. In the modern cannon, the will lies in the

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mind and captures the essence of the self, whereas the body is seen as opposed to the self. Hobbes is one of the few canonical exceptions to this, in that all kinds of desire, even abstract ones like a desire for glory, have physiological foundations. But for most modern theorists, the body is at odds with the free self.

Kant is 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. Rousseau, despite his 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." The body must be contained and controlled by the will, which lies in the mind (Hirschmann 2008).

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* (Locke 1996).

The perspective of disability challenges this subordination of the body to will. For instance, imagine that you are at a conference right now listening to me deliver this "paper," instead of reading this journal essay in your home or office. It is after lunch; perhaps we have 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 have 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 are "you"? Does the free subject lie in the body or in the mind/will? In standard political theory, 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.

Disability theory turns that around, however, suggesting that the body has a will that runs contrary to desire — you really want to stay, after all,

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but if you do not leave this minute you are 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" (Smith 2011, 24).

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 political theorists and philosophers have allowed. The brain is a bodily organ that controls other parts of the body; it is not a separate entity, and it is certainly not a simple duality of body/desire, mind/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 the epileptic seizure to the diabetic low blood sugar. Instead of seeing these events as alien attacks by the body on the self, moments of loss of self-control, the body, from a disability perspective, 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 disability theory of freedom must thus incorporate this primary role of the body in defining will and desire.

Feminist theories of freedom have something to learn from this argument. As noted, feminists have similar objections to the duality between "self" located in the mind and "body" as the repository of animal and even hostile desires. But a disability perspective can help us see that feminists, too, tacitly operate from a particular body. We assume certain reproductive capacities, certain body parts, certain capabilities. This has been a source of complaint and contention by lesbian feminists, transgender theorists, and postmodern theorists who wish to challenge the idea that "woman" contains a particular set of characteristics, raising the question of what "woman" means, of who "counts" as a woman, and the potential oppressiveness of the boundaries of identity (Butler 1990). But even theorists who have engaged in such critiques have used disability as a pejorative term to describe what

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patriarchy has done to women, "crippling" our abilities and imaginations (Young 1980), thereby implying a particular body that is "genuinely" female. Similarly, lesbian separatists often draw sharp boundaries between "women" and "men" (Zita 1992). And many transgender individuals seek transition to an "authentic" gender — I "really" am a man/woman inside, I want my body to reflect that — and make the same assumptions.

Indeed, the "will" for the body to reflect the "inner self" is often marked by conformity to standard gender norms even as it simultaneously displaces them. Such conformity compromises the potential radicalness of feminist freedom. Disabilities, by contrast, are already so different from one another — is blindness at all like epilepsy? deafness like amputation? — that finding a *common* identity has been the challenge. Disability can thus help feminists rethink the relationship of desire to the norm in a deeper way. It can help to evacuate the "standard" and to imagine ourselves, our desire, our will — our freedom — through difference.

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