

Cartesian dualism and disabled phenomenology

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ABSTRACT

In this paper, I critically examine phenomenological disability studies' critique of so-called 'Cartesian Dualism'. I argue that it is not a metaphysical divide between mental and extended substance that disability studies must overcome, but rather a more fundamental understanding of world understood only in terms of substance, what Martin Heidegger calls the 'ontology of objective presence'. This view of 'the world' passes over being-in-the-world and the problem of meaning. After outlining phenomenological disability studies' objection to Descartes' legacy, I critically contrast the mind–body problem with the substance problem, suggesting the latter is crucial, and the former derivative. I conclude by discussing the contours of a disabled phenomenology: one that takes physical and mental difference as the basis for a theoretical project, rather than another site for phenomenological investigation.

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Introduction

In contrast to earlier historical materialist conceptions of disability and disablement, phenomenological disability studies emphasize the inalienable role of embodiment in the personal experience and cultural organization of disability (Toombs 1995; Hughes and Paterson 1997; Paterson and Hughes 1999; Turner 2001). A frequent rhetorical foe in this burgeoning literature is René Descartes (1596–1650), whose metaphysical division between mind and body, embodied phenomenologists argue, is pervasive throughout Western institutional and cultural practices. Following the fundamental ontology of Martin Heidegger (1982, 1996), I argue these critiques miss the mark; mind–body dualism is derivative of a more fundamental substance ontology, of which Descartes' is an extreme example. This ontology passes over the fundamental structures of human existence (German: *Dasein*). In reorienting critical phenomenology to this problematic substance ontology, I by no means want to discount the important work that has been done 'embodying' disability studies; on the contrary, we have more work to do together. I substantiate this future work in 'disabled phenomenology' (Abrams 2014c, 2014d), a critical and interdisciplinary project that takes embodied human difference as its fundamental point of departure. This project critically examines how personhood, disabled or otherwise, is a *product* of the interaction order (Goffman 1983), a socio-material outcome, rather than a naturalized, ahistorical and pre-social state of affairs as realized in rational subjectivity. My argument unfolds as follows: I begin by highlighting the embodied project, and the role Descartes plays there. Next, I turn to the existential phenomenology of Martin Heidegger, whose concept of the 'ontological difference' allows us to reorient phenomenological work away from substance dualism to substance ontology more generally (Abrams 2013a). Finally, I outline the contours of a disabled phenomenology, and examine how Heidegger's critique of substance ontology and human subjectivity can contribute to that future project.

Anti-Cartesianism in embodied disability studies

Though their projects are wildly diverse, on one point, phenomenological disability studies are clear: to be human is to be embodied being.¹ Mirroring the early developments in the sociology of the body (Turner 1984; Crossley 1995), phenomenological disability studies have used the work of French philosopher and psychologist Maurice Merleau-Ponty (1962, 1963) to emphasize the centrality of the lived body in human life. Here, I have no illusions of a comprehensive account of the literature. Rather, I focus instead on two different camps, one found in the work of Bill Hughes and Kevin Paterson, the other in Bryan S. Turner. I look to work done in the early stages of 'embodied' disability studies, where the most definitive discussion of 'Cartesianism' and 'Cartesian dualism' has taken place in the discipline.

Pathbreaking and highly cited, Hughes and Paterson's 'The Social Model and the Disappearing Body' (1997) takes aim at the previously dominant materialist orthodoxy, particularly Oliver's (1990).² Drawing from Nick Crossley's (1995) 'carnal sociology of the body', attending to *what the body does* and *what is done to the body*, they argue that strictly materialist understandings of disability ignore crucial aspects of embodied existence:

In the social model, the body – reduced to impairment – is afforded only instrumental and objective status. It reproduces the empirical body of medical intervention. This highly restricted ontology eliminates the 'lived body' (leib) and as a consequence has nothing to say about the bodily point of view of disabled people or the embodied experience of prejudice or oppression, disadvantage and discrimination. (Hughes and Paterson 1997, 337)

The social model is residual of Cartesian thinking, entailing divides between: 'The biological/The social; impairment/disability; the body/society; medicine/politics; theory/emancipation; pain/oppression; the medical model/the social model' (330).³ Because of its adherence, the materialist social model does not fully take into consideration what it means to be disabled, how institutions causally interact with impairment in oppressive ways. In sum, the social model's Cartesian inheritance defies embodiment.

This embodied phenomenology is further developed in 'Disability Studies and Phenomenology: the Carnal Politics of Everyday Life' (Paterson and Hughes 1999), 'to utilise [the] phenomenological concept of embodiment in order to develop a sociology of impairment that is both post-Cartesian and radical' (598). The goal is not an application of phenomenology within disability studies' purview, but rather a reciprocal reformulation of both projects. Even when activist disability studies *have* discussed the body, they have done so in terms of passivity. They argue, for instance, that Abberley's (1987) social theory of impairment cannot account for the body as 'agency and activity' (601), missing embodiment in its search for social oppression.⁴ Thus, their 'carnal politics of impairment' have two goals:

Firstly, to bring to disability studies a sense of embodiment in the lebenswelt and, secondly, to counter, simultaneously, phenomenology's 'undersocialised' approach to the experience of disability (Paterson and Hughes 1999, 604).

To demonstrate how disability studies and phenomenology might work together, they examine Leder's (1990b) concept of 'bodily dys-appearance'. Leder argues that the body disappears in everyday routine practice. In most actions, for instance, the viscera recede from our attention. When we do thematize these organs in experience, they usually come forth in moments of disruption, or 'dys-appearance'.

Leder has little to say about disability in the interaction order, focusing mostly on purely somatic breakdown. Paterson and Hughes, however, look to moments in everyday life, where disabled bodies are at once physically present and made alien to the able-bodied interaction order. They provide a personal example of speech impairment:

My body 'dys-appears', both functionally and aesthetically, when faced with (socially produced) embodied norms of communication [,] oppressive to people with speech impairment. [...] These codes of movement and timing

are based on a carnal order, which is informed primarily by non-impaired bodies. [...] It is not exclusion from social space (which has been the central concern of the social model of disability), which is at issue here, but ostracism from opportunities to participate in the everyday, mundane, sensate minutiae of the lifeworld. (Paterson and Hughes 1999, 605)

The only 'times' the social model addresses are those of history, and the history of capitalism at that. The simultaneous 'presence and absence' of embodied dys-appearance is something that escapes the social model's rudimentary focus on exclusion, at the expense of more pernicious instances of oppression. To do the experience of impairment justice, we must look past the social model then, to the phenomenology body situated in the human life world.⁵ This embodied project, as proposed in both pieces, is precisely the one that I wish to pursue in the following section, after contrasting it with Turner's anti-Cartesian project.

Lamenting mainstream sociology's frequent neglect of disability, Turner's 'Disability and the Phenomenology of the Body' (2001) has three goals.⁶ First, in "Two Sociological Traditions", Turner seeks to align the work of two major figures in the literature, Merleau-Ponty and Foucault. He uses these two thinkers to highlight two different sets of literature, 'ontological foundationalism' and 'cultural constructionism', around which he constructs a sociology of embodiment. This synthesis is used to disrupt the 'natural' status of disability in section two. Finally, Turner concludes with a discussion of common frailty and human rights. These three goals unify into a single objective: 'to undertake a critique of the Cartesian dualism of mind and body [and] to situate the sociology of the body at the center of disability debates' (253). Turner's critique of Cartesian dualism is not simply one about the *absence* of the body from sociological and policy frameworks, but the absence of *embodiment*. He takes as his object the so-called 'biopsychosocial model [...] in which every dimension of disablement is analyzed in terms of an interaction between the individual and his or her social environment'; Turner is skeptical about the kind of body so included:

Although the idea of a synthesis is attractive, to argue that the biological should not be dismissed is quite separate from an account of human embodiment. From the perspective of sociology, 'the body' is not in some elementary framework 'the biological'. The point of the sociology of embodiment is to go beyond a Cartesian medical framework in which mind-body dualism is replaced; there is little advantage in substituting a psychology-biology dualism for the traditional mind-body dualism. (258)

After a, say, 'creative' reading of Heidegger-as-sociologist in 'Body and Time' (260–262), Turner concludes with a human rights approach to disability based on common frailty and universality, in contrast to the idea that disability is a problem in that it is only 'in' problem bodies.⁷ Turner ends with Zola's position, 'what we need are more universal policies that recognize the entire population is "at risk" for the concomitants of chronic illness and disability' (1989, 401). 'The challenge of Zola's view of embodiment', Turner concludes, 'should remain a permanent feature of both disability studies and policy formation' (264).

Though Hughes (2007, 679) criticizes Turner's universalistic approach to disability politics and policy, 'a triumph of philosophical egalitarianism that leaves the concept of disability with no teeth', I want to emphasize the deep similarities in the two embodied sociologies, regardless of dental status. First, both share a common opposition to Cartesian dualism, where mind and body are of distinct substances that rarely, if ever, come into contact.⁸ This is not simply a philosophical mistake: it formed the basis of modern rationality, as something distinct from the deceptive flesh.⁹ Cartesian metaphysics have become institutionally entrenched, dividing mind from body, rationality from irrationality, 'inside' from 'outside' the mind and so on. Both camps suggest embodiment allows us to escape the divide, though through different logics. Hughes and Paterson take embodiment to be a solution to the marginalization of disabled persons, either physically or aesthetically (Hughes 1999). Embodiment lets us talk about disability in ways that the social model, the epitome of mind/body dualism, does not.¹⁰ Turner's position is logical. The sociology of the body, a field where Turner has played a pioneering role, has shown that mind/body dualism is untenable. The body is a site of social order, made and remade in 'somatic society' (1984, 1). We are already thinking about and acting on ourselves in non-Cartesian ways, disability studies just need to pay attention to

existing developments (see also Hacking 2007). Its influence is waning. In either case, Cartesianism does not reflect the human way of being. Embodiment does.

Reorienting phenomenological critique

To the phenomenology examined above, ‘mind’ or ‘body’ are not very good descriptive categories for the stuff of embodied human existence. In what follows, I want to recast the basis of the phenomenological project. In doing so, I still think that mind and body are bad descriptors of embodied human existence. But – and this is a very important ‘but’ – they are symptoms of a bigger problem. This bigger problem is what existential philosopher Martin Heidegger (1996) calls ‘the ontology of objective presence’. The difference between this form of ontology and *Dasein* is the ‘ontological difference’ (Heidegger 1982). Here, ‘ontology’ is not simply a description of the world’s contents; it is rather an explication of the human way of being, something upstream from the derivative scientific problems of ‘rational subjectivity’ and ‘objectivity’. The goal of the remainder of this paper is to illustrate to my colleagues why they should care about a critique of substance ontology, rather than continuing in their existing opposition to mind–body dualism.¹¹

In *The Absent Body* (1990b), Leder argues that the philosophical challenge of Cartesianism is twofold. Not only do phenomenologists need to demonstrate how Descartes misreads the human body, *we also need to understand why this sort of misreading is so compelling*. Take, for example, the following passage from *The Meditations*.

Now, first of all, I observe that there is a great difference between the mind and the body, [...] that the body of its nature is endlessly divisible, but the mind completely indivisible: for certainly, when I consider the mind, or myself in so far as I am purely a thinking thing, I can distinguish no parts in myself but understand myself to be a thing that is entirely one and complete. And although the whole mind appears to be united with the whole body, if the foot is cut off, or the arm, or any other part of the body, I know that nothing is therefore subtracted from the mind. Nor can the faculties of willing, perceiving by the senses, understanding, and so forth be said to be parts of the mind, since it is one and the same mind that wills, that senses, and that understands. On the other hand, however, no bodily or extended thing can be thought by me that I cannot divide into parts, without any difficulty; and I therefore understand it is divisible. This point alone would suffice to show me that the mind is altogether distinct from the body, if I did not yet sufficiently know this for other reasons (2008, 60–61).

The embodied objection to this position is this: following Merleau-Ponty, we could say that the very act of mental representation requires a world to be disclosed in and through our body, before things in it can be the ‘objects’ of ‘subjective’ experience. But this phenomenological objection does not detract from Descartes’ point: that even if the body is divided, the mind exists in its unity. In terms of the social model, this view even has emancipatory potential: even if our bodies are excluded from the everyday life-world, our souls are not. Putting our minds to work, in a collaborative emancipatory project, can transcend the confines of arbitrarily excluded impaired bodies. In short, there is a compelling argument to be made *for* mind–body dualism.

Towards the end of his *Philosophical Investigations*, Wittgenstein writes: ‘A main cause of philosophical disease – an unbalanced diet: one nourishes one’s thinking with only one kind of example’ (2001, 131). The source of the social model’s ‘disease’ was its reliance on physical disability as an ideal type. Yes, so long as we restrict ourselves to persons with spinal cord injury and their physical exclusion from society, then the impairment/disability dichotomy is both convincing and emancipatory. But when we consider other cases of impairment (such as fibromyalgia),¹² when we what it *means* to be excluded or included (Paterson 2012; Abrams 2014c), when disabled persons *want* to talk about tragedy (Abrams 2014a) when disabled people *want to* organize around their individual impairments (Shakespeare 2012) – in each of these moments, the social model loses its purchase. My point here is not to pick on social model adherents in isolation, but rather to highlight how substance ontology manifests within the disability studies literature, of which the social model is a prominent (and thus familiar) contribution. The point of disabled phenomenology, as I see it, is to ask these very same questions about the basis of the phenomenological project. What kinds of abilities

are presumed in the phenomenological enterprise? Who gets to be a subject in the first place? It is these questions, I argue, that make Heidegger's fundamental ontology required reading for the project.

Dasein and objective presence

As with phenomenological disability studies, my reading here is not meant to be comprehensive; instead, I want to provide a meat-and-potatoes reading of Heidegger, on which to sketch the ontological basis of disabled phenomenology. To explain Heidegger's critique of objective presence, I first turn to his most famous work, *Being and Time* (1996) containing his description of being-in-the-world, and his critique of Descartes, which turns out to be a critique of objective presence more generally. After outlining being-and-the-world and its relationship to the ontology of objective presence, I turn to Heidegger's 'Letter on Humanism' (1993). Here, we find Heidegger's callous rebuke of his French contemporaries, and a (more productive) critique of subjectivity. I will link this to existing and future work in disabled phenomenology in the next section.

After a lengthy introduction (for a project never fully completed), *Being and Time* begins by outlining the problem of 'world'. Dasein is not, Heidegger argues, simply a thinking subject placed into a world, made up of other subjects and three-dimensional things. Human existence, as a way of being, extends itself into a region filled with things used to achieve everyday tasks. These things, and the tasks for which they are intended, make up Dasein's world. In everydayness, things are disclosed in a frame of reference, and are 'ready-to-hand' for Dasein. Consider a walking-aid as an example: the cane-in-use is not reducible to a chunk of space-time. It is the cane-as-disclosed-in-walking. Or, to use Dreyfus and Wrathall's (2005, 6) culinary example, wire whisks and frying pans appear to Dasein as they do *because* we deal with them in an omelet-making way. There are meaning-filled. In both cases, the walking aid and the kitchen tools are disclosed as tools for Dasein's tasks in everyday concern, or 'care'. Care is Dasein's primary mode of being, its way of being-in-the-world.

In caring for everyday tasks, we encounter a mode of spatiality quite unlike that of inches or centimetres. Things are near and far in terms of their availability to Dasein. The copy of *The Absent Body* on the table, the cup of coffee at my right, these things are close in their availability and utility. 'Useful things have their *place*, or else they "lie around", which is fundamentally different from merely occurring in a random spatial position. [...] Place is always the definite "over there" and the "there" of a useful thing *belonging there*' (Heidegger 1996, 95). Things can also be measurably close to us and yet be the farthest from us, in terms of the broken coffee mug, or the out-of-service elevator. This is the ontologically primary form of space, of which abstract, measured space is but derivative.

In light of Dasein's being as care, we must also re-consider time. Temporality is not, in the first instance 'clock time'. Rather the ontologically primary mode of time is found in our capacity to be 'ec-static', to 'run ahead of ourselves' and to 'dwell on our past'. The temporality closest to Dasein has an 'I can-and-will-again' structure. Dasein is 'futural' in that we are always pouring ourselves into the tasks that we will perform, based on past instance of care. 'Time is the "how"' (1992). For Heidegger, clock time is derivative of this ontologically primary way of living in our own future, through the means cultivated in our past, through the care structure. The temporality that ground all Dasein is death. In being-towards-death, whether we acknowledge it or not, Dasein's finitude and humanity is brought forth. Dasein is the only being that truly dies – biological life 'perishes'. The temporality that grounds all Dasein is death. [...] We find the meaningful and temporal being of Dasein in the way we live our lives against the backdrop of our mortality.

In care, space and time, we find Heidegger's being-in-the-world. This can be contrasted with the mode of human being and the understanding of world found in Descartes (loc. cit). For Descartes, the mode of being in which we encounter things is in their spatiality, in their sensuous apprehension by the immaterial mind. The subject apprehends external, extended things, and calculates modes of action in the outside world. For Heidegger, things are encountered *first* in their everydayness, disclosed in their relevance to their care-structure, and then they can be considered abstractly, in

their physical extension. What is problematic about Descartes is not that he thinks about mind and body as different kinds of substance, but his notion of substance as a whole. This notion of substance passes over the most basic structures of care.

Descartes leaves the meaning of being contained in the idea of substantiality and the character of 'universality' of this meaning unexplained. Medieval ontology left the question of what being itself means just as unquestioned as did ancient ontology. [...] The meaning of being was unclarified because it was held to be "self evident" (Heidegger 1996, 97).

My argument is this: when phenomenological disability studies – or anything, for that matter – decry the tyranny of Cartesian dualism, they are missing the more fundamental point. The question is not 'how do we demonstrate, contra Descartes, that mind and body are made out of the same substance?' Rather the pivotal question is 'what is wrong with the notion of substances?' The answer: what is wrong with them is that they fail to capture human being-in-the-world, of which 'mind' and 'body' are inadequate descriptions.¹³ The movement from human Being to objective presence is pertinent, not Descartes the abstractor.¹⁴

The importance of this distinction between Being and mere presence becomes important when we turn to the 'Letter on Humanism' (1993) and Heidegger's critique of subjectivity therein. The 'Letter' contains Heidegger's reaction to the French phenomenologists' reading of his work. His response is callous and petty, emphasizing just a few of Sartre's words, and ignores Merleau-Ponty entirely.¹⁵ Heidegger connects Sartre's existentialist humanism with the history of humanisms; early Roman, Christian and Marxist: in each case, human being is treated as subjectivity. In reducing the Being of Dasein to subjectivity, each of these humanisms pass over what is unique to human existence; they posit a knowing creature in a physically extended world of mere things.

Man is never first and foremost a man on the hither side of the world, as a 'subject', whether this is taken as 'I' or 'We'. Nor is he ever simply a mere subject which is always simultaneously related to objects, so that his essence lies in the subject-object relation. Rather, before all this, man in his essence ek-sistent into the openness of Being, into the open region that lights the 'between' within which a 'relation' of subject to object can 'be' (Heidegger 1993, 229).

In the 'Letter', by moving from the *cogito* to the history of humanism more generally, we find that Heidegger's critique of Descartes is in fact a critique of substance ontology as a whole. It is, of course, possible to 'know' the contents of the world as mere things, but this is a mode of being secondary to the disclosure of world qua Dasein; 'Knowing is a mode of Da-sein which is founded in being-in-the-world' (Heidegger 1996, 58). Things can be known as objects *only after* they are disclosed as beings-to-Dasein. The distinction between our primary mode of being and the disclosure of world as objectively present: this is Heidegger's ontological difference, between Being and beings.

Rehabilitating the medicalization critique

How can Heidegger's critique be of use to disability studies? Here, I argue that Heidegger's fundamental ontology and critique of subjectivity at once complement existing disability studies, yet allow us to think about disability in new and novel ways. Consider the 'medicalization' critique. In Oliver's (1998) formulation, medicalization is the process by which disability comes to be understood solely as a functional problem (something we can do nothing but treat), an error in bodies and population, not the product of excluding capitalist social relations. Biology, not barriers, produces disability. The goal of emancipatory research is to shatter the ideology that misattributes social exclusion to impairment (Oliver 1992). Hughes (2000) argues that medicalization can be read phenomenologically, as part of the 'aestheticization' of everyday life. Barriers certainly exist, but limiting ourselves to excluding barriers is to ignore the invalidation of human worth through the *inclusion* of impairment, as a medical object. This is cause to revisit the social model's Marxist economic sociology of disability.

The historical process of invalidating disabled people is fixed on the body [...] and our understanding of the body – what we think we know is true about it – is thoroughly medicalised. It is not appropriate or sufficient to confine an account of the oppression of disabled persons to the economic production of social barriers and restrictions ‘visible’. There is more to oppression than the material ‘facts’ of discrimination. One must also take into account the cultural and aesthetic struggles of meaning perception between disabled people and the powerful medical profession armed with the legitimate authority to name and classify impaired bodies. (Hughes 2000, 559)

Despite the differences in scope, both Hughes and Oliver’s project seek to isolate the conditions in which human worth is denied by medical ‘validation’. Any account of medicalization must take these forms of invalidation into account.

I think Heidegger’s ontological difference lets us take the medicalization critique further, while retaining the important contributions of Oliver and Hughes. Clearly, there are more life-affirming forms of medical encounter than others. There are bad doctors and better ones; there are more humane modes of classification, of cultural representation and ‘medical hermeneutics’ (Leder 1990a) than others. A robust account of medicalization must account for both.¹⁶ The ontological difference allows us to do so, and to do so critically. Reflecting on my personal experience of rehabilitation therapy, for instance, I map the process of ‘ontological differentiation’ – the translation of Dasein into objective presence – in the cultivation of symptoms of neuromuscular disorder (Abrams 2014c). To experience a fall and to report a fall to a physical therapist as a symptom of muscle disease are two different things. The latter involves a great deal of post hoc reconstruction (the ‘where’, ‘when’ and ‘why’), optimally in a collaboration involving both client and practitioner. Further, in so-called ‘client-specific rehabilitation’ (Cott 2004), individual life is reduced to client status before ‘subjective’ perspectives can be delivered to the professional body (through surveys, interviews, and the like). In each case, we can trace how life is translated *and then treated* via measure through Heidegger’s ontological difference.

This is cause to review both the medicalization and Cartesian dualism critiques. In terms of the former: our job is not to illustrate *that* the body is medicalized, but *how*. It is inevitable that we move from Dasein to objective presence when we subject ourselves (or are made subject) to medical treatment. Contesting the terrain where medicalization takes place is as important as an abstract critique of medical imperialism. Restated: the ontological difference allows us to extend our critical gaze from ‘doctors behaving badly’ to an understanding of medicine as an objectively present disclosure of bodily being, and how that disclosure can be done optimally.

While disability studies have lamented Cartesian dualism, so too have internal critiques of physical therapy (Wade 2006; Nicholls and Gibson 2010). Applying the ontological difference tells us that there is more work to do than exorcise the mechanistic, mindless Cartesian body from rehabilitative therapy. We also must ask how human life is translated within professional circles, as in regimes of ‘client-centred practice’ or ‘participatory rehabilitation’ (Cott et al. 2006; Sandström and Lundin-Olsson 2007). The current practice is to take post hoc evaluations of client experience, derived through responses to professionally derived questionnaires, ranging from ‘strongly agree’ to ‘strongly disagree’, and put to work, via statistical measures, in arguments that a particular qualitative measure is more ‘client centred’ than another. This process may be mathematically rigorous, but it does not allow clients to choose the way they will be made subject to therapeutic measures in a meaningful way. They pass over the meaningful world of Dasein.

From the ontological difference to a disabled phenomenology

The argument throughout this paper has been that mind–body dualism is a symptom of a greater problem facing the embodied sociology of disability: substance ontology. Using the work of Heidegger, I have proposed that this problem can be explored through the concept of the ‘ontological difference’. On this point, Heidegger is clear: mind–body dualism is a philosophical non-problem. It is a philosophical non-problem *not* because mind and body act on one another in ways that escape Descartes’ vulgar metaphysics. This is, I think, undeniable; anyone who has skipped lunch to mark a stack

of student papers knows that grades will fall with blood sugar. We do not need Heidegger to tell us this fact. Rather Cartesian dualism it is a philosophical non-problem because it takes a bad sketch of human existence as its basis. This is called subjectivity. If we think the Being of Dasein as subjectivity, as human life reduced to mind-and-body-substance (regardless of their varying proportions), we miss a whole lot of what it means to be a human being. Disability is one of the things that we miss. So too with beauty, love and anxiety: we find none of these things in subjectivity. Just a cold and lifeless, rational animal delivered to 'objective' explanation of 'subjective' human processes. Reducing the contents of the world to their strictly objective qualities, what Husserl (1970) calls 'the mathematization of nature', leads to extremely boring results – especially so to anyone interested in promoting (or even describing) the existence of disabled persons in any meaningful way.

With Cartesian dualism set aside, I want to address two final questions in this paper. What is this project called 'disabled phenomenology', and what role should Heidegger's philosophy play in it? First, let me address the phenomenological project. Disabled phenomenology is based on the argument that rational subjectivity is a bad model for human Being. As with Heidegger's critique of Descartes' metaphysics, this project denies that the autonomous, rational subject in an extended world is the best way to explain what it means to be a human being. It is also a bad model to outline what humans *should do* and *should be like*. This is so because it ignores a whole lot of human Being beforehand. It is a substantial abstraction, so to speak. Disabled phenomenology demands that we locate personhood in the midst of the interaction order, in the shared human life world. It is in this shared world where human lives are given meaning and, it is here where action – rational, irrational or otherwise – takes shape. The emergence of personhood does not take place in an immaterial environment: resources need to be mobilized, bodies need to be shaped and reshaped (as the physical therapy example shows) and barriers need to be removed. There is, then, a political economy of personhood. In this space, disability can take shape as insufficiency and lack, as a partial mode of existence and as less-than-human, or it can take shape in more life-affirming ways. This establishes a space for disability studies to do the good work it is already doing, albeit with newly honed philosophical purpose.

So we have a disabled phenomenology, but what about disabled *phenomenologists*? I am willing to label anyone a disabled phenomenologist who employs this approach to the socio-material genesis of human difference. Those persons who do this sort of work tend to identify as disabled should not exclude the participation of others. With this stated, is Heidegger's philosophical path the only route? No, of course not. This is not to deny my philosophical debt: Heidegger's philosophy has, to this point, presented me many useful tools in pursuing disabled phenomenology. Above I have used his 'ontological difference' to make a case for the primacy of meaningful existence over lifeless objective presence. I have used Heidegger's exegesis of artwork to explore the aesthetics of disability, solely in art and in sensuous apprehension more generally (Abrams 2014a; see also Siebers 2010). Finally, both above and in another paper (Abrams 2014c), I used Heidegger's ontology to make sense of my own frustration with rehabilitation therapy. In each instance, I have employed Heidegger instrumentally, to make sense of disability and (my and others') embodied differences.

Despite my faith in this pragmatic argument, a final caveat is needed. Heidegger's politics were deplorable. His brief role in the Nazi party is well known. Not a week passes where we do not read another abhorrent personal entry in his so-called 'Black Notebooks' (named for their covers) released as the final entry in his collected works. I want to think politically with Heidegger, not replicate Heidegger's politics. The best example of this is Hannah Arendt (1958, 1998; see also Siebers 2007). While Heidegger frees us from the chains of abstract metaphysics in *Being and Time*, Arendt's *The Origins of Totalitarianism* (1958) liberates us from the illusion of justice existing apart from the human communities it is justice is granted or denied. While Arendt (1971) demonstrates a comprehensive understanding of Heidegger's philosophy, she does not blindly follow him in his philosophical and personal retreat from the human community. She argues, freed of metaphysical jargon, that human rights mean little when citizenship is denied, when persons lose their 'rights to have rights' (Arendt 1958, 296). Disability politics and disabled phenomenology cannot forget their community grounding. No one lives with disability alone because disability is made in the shared

world. “The problems of living with a disability are not private problems”, Susan Wendell writes, “separate from the rest of life and the rest of society”. They are problems which can and should be shared throughout the culture as much as we share the problems of love, work and family life’. These problems are existential in nature, ontological in character and political in their solution. Embodied differences become a problem only in and amongst collective human Being; both disability studies and disabled phenomenology must seek their equally collective solution.

Notes

1. Here, I have restricted my purview to embodied phenomenological disability studies that are explicitly anti-Cartesian. There are many phenomenologically inspired approaches that have bigger fish to fry, as in the work of Tanya Titchkosky (2007, 2011) Titchkosky and Rod Michalko (2012) and Rod Michalko (1998).
2. Obviously, readers of this journal are quite familiar with the social model of disability. I will not waste precious space outlining it in detail. Two sentences will do: social model research makes a divide between disability as oppression and impairment as functional restriction. Elimination of the former is the charge of disability studies, an emancipatory research project, organized by and for oppressed persons. See also Oliver (2004) and Barnes (1996).
3. An operative definition: ‘Cartesian thinking’ implies a divide between thinking substance and extended substance (*res cogitans*, *res extensa*), thus between thinking mind and a body extended in space. I will review this definition below.
4. Abberley (1987) uses the teratogenic effects of the drug thalidomide as an example of the social causes of impairment, explored phenomenologically in Abrams (2013b, 2014a).
5. Husserl (1970, 142) defines the “life world” as the pre-existing realm of self-evidences; ‘the life-world, for us who wakenly live in it, is always already there, existing in advance for us, the “ground” of all praxis whether theoretical or extratheoretical’.
6. Turner gives two counter examples, Irving Zola and Erving Goffman. Social model adherents, Barnes and Oliver especially, often discredit Goffman as an apolitical, interpretive sociologist. I reject this (light) reading in Abrams (2014b).
7. Tanya Titchkosky makes short work of this logic in her ‘Governing Embodiment’ (2003).
8. Descartes supposed that body and soul interacted through the pineal gland.
9. Here, I draw on Leder’s detailed discussion of Descartes in *The Absent Body* (op. cit).
10. From their classic paper, ‘The social model – in spite of its critiques of the medical model – actually concedes the body to medicine and understands impairment in terms of medical discourse. To recapture this lost corporeal space without returning to the reactionary view that physicality determines social status, the social model requires [us] to mount a critique of its own dualistic heritage and establish, as an epistemological necessity, that the impaired body is part of the domain of history, culture and meaning, and not – as medicine would have it – an ahistorical, presocial, purely natural object’ (326).
11. Sara Ahmed’s ambitious *Queer Phenomenology* (2006) pursues the same sort of logic that I want to pursue in this paper, queering phenomenology’s grounding orientation, and remaking that project in new and novel ways. She does not, however, address disability in that excellent book. In order to do phenomenology, must one ‘stand up, straight’? I intend to pursue this question in a subsequent manuscript, and invite my colleagues to do so as well.
12. For an excellent phenomenological example of how fibromyalgia is reconciled with physicalistic criteria of illness, and the meanings held by individual sufferers, see Wilson (2012). Mental illness and other non-visible conditions are also pertinent here, of course.
13. Sartre famously critiqued Heidegger for neglecting the lived body in *Being and Time*. Heidegger, it is true, says little about the body in that famous book. While taking this objection seriously, Aho (2005, 2) suggests that Heidegger did not thematize the body in that work because it is a ‘regional’ concern, relative to the fundamental ontology in which the body emerges *as lived* in the first place; ‘from the perspective of fundamental ontology, all of the current philosophical debates concerning the problem of the body [...] are already pre-shaped by Dasein. It is by means of this open space of intelligibility that things can emerge-into-presence *as* the kinds of things that they are, making it possible for one to begin regional investigations into the problem of the body in the first place’. Heidegger’s *Zollikon Seminars* are devoted to exploring the ‘regional problem’ of the body, though neither he nor Aho thematizes disability explicitly.
14. Hacking (2005) suggests us that Descartes existed in a very different historical period, and that his medieval concept of ‘substance’ bears little resemblance to contemporary usages of that term. His point: ‘we cannot much disagree with Descartes because one of his cardinal concepts has gone missing’ (158). We must admit our contemporary readings and misgivings are anachronistic. Obviously, things have changed since Descartes’ death in 1650. With this stated, the anachronistic reading still has some purchase, as Leder’s *The Absent Body* demonstrates. I engage with that important book below.

15. This is very unfortunate: Askay (1999) documents the close similarities between Heidegger's thoughts on the body and Merleau-Ponty's. In this paper, I emphasize Heidegger's reading over Merleau-Ponty not because the two are incommensurate, but rather because Heidegger's body has received much less attention in disability studies, in contrast to the French philosopher's embodied phenomenology. Drew Leder's (1990b) work takes up the challenge that Heidegger refused.
16. Here, I take inspiration from Conrad (1992).

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