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# EMBODIMENT IN ETHICS, POLITICAL PHILOSOPHY, AND LAW



## MANCHESTER CENTRE FOR POLITICAL THEORY WORKSHOP REPORT



EVERYDAY CYBORGS 2.0  
WHERE SCIENCE & TECHNOLOGY  
MEET HUMANITY



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# INTRODUCTION



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Everyone has a body, and what our bodies are like can have deep and pervasive effects on how we live our lives. How we perceive the world, how we act in it, what we are vulnerable to, and how others perceive and interact with us are all affected by how we are embodied.

Wheelchair users, for example, see the world from a seated position, altering both how they perceive the world and how others perceive them. Obstacles in the built environment can limit wheelchair user's ability to access places and goods, limiting their sphere of action.

Given the extensive influence our embodiment has on our lives, one might expect questions about our embodiment to feature prominently in ethical theory and political philosophy. This, however, has not been the case. Critics of dominant approaches to ethical theory and political philosophy argue that they pay insufficient attention to the deep and ubiquitous effects embodiment has on our lives.

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The critics who level these charges at mainstream ethical theory and political philosophy are a somewhat heterogeneous group. They include:

- feminist scholars,
- communitarian political philosophers,
- phenomenologists,
- disability theorists, and
- Foucauldian theorists.

The critiques these different groups advance are varied. Feminist scholars advance the critique that disembodied views of the self are inherently patriarchal given the cultural association between femininity and the body and maleness and the mind. Communitarians tend to focus on how we are embedded in social practices which influence our values.

Disability theorists emphasise how a disembodied view of the self as autonomous implicitly or explicitly excludes disabled people and obscures their experiences. Foucauldian theorists stress, amongst other things, how disciplinary power alters bodies. Phenomenologists highlight the importance of the interconnection of body and mind in constructing our subjectivity.

Despite their differences, these theorists all have one thing in common. They converge on the idea that what is wrong with the disembodied view of the self is that it neglects the influence our bodies have on our lives. They are united in the idea that we need to take our embodied existence as particular human beings seriously; and that doing so requires we explore and pay attention to how people experience their embodiment.

The workshop brought together philosophers and bioethicists to discuss how we might take better account of embodiment in ethical theorising, political philosophy, public policy, and law. Short summaries of the papers are presented in this report.



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## TAKING EMBODIMENT SERIOUSLY IN ETHICS, MEDICINE, AND PUBLIC POLICY - JOSEPH T F ROBERTS

It is a common refrain in a certain brand of critical theorising that both liberal political philosophy and ethical theory pay insufficient attention to the fact that people are embodied. These charges are often directed at the disembodied and atomistic conception of the self that liberalism is said to presuppose.

This failure to take embodiment seriously is no mere academic concern. Mark Flear, for example, argues that the harms caused by faulty medical implants have taken so long to come to light is due to the marginalisation of embodied experiences within the healthcare system.

In this paper Roberts argued that, contrary to what is sometimes claimed, mainstream approaches to ethical theory and political philosophy which place importance on the values of autonomy, harm avoidance, and/or fairness are all implicitly committed to the importance of taking people's embodiment seriously. Similarly, accounts of medicine which place value on healing are also committed to taking people's first-person reports seriously to avoid misdiagnosis and ensure appropriate treatment,

When it comes to taking embodiment seriously in public policy, however, there are harder challenges that need to be overcome. The first is that, given that there is an enormous amount of variation in how people are embodied, the question of how to allocate the benefits and burdens of policies across the population is unavoidable. The second challenge is based on the idea that, in public policy contexts, claims need to be verified to ensure that decisions are fair, non-arbitrary, and based on serious deliberation. The challenge is finding ways to check the reliability of people's testimony without perpetuating epistemic injustice.

## ETHICS IN EMBODIED COGNITION - MARK ORNELAS

Most ethical theories start by defining the good and then provide rules or frameworks to ensure actions achieve this good. However, these theories sometimes lead to outcomes which differ from what we pre-theoretically believe is good and fail to provide a psychological account of how we come to know the good. On the other hand, work in moral psychology tends to focus on how pro-social attitudes give rise to behaviour we label as moral. However, in doing so, moral psychology often sacrifices moral objectivity.

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In his presentation, Mr Ornelas argued that an ethics of care can provide the common ground necessary to bring together the explanatory power of work in moral psychology and the role of objectivity in ethical theory. On his embodied cognitive approach to studying moral behaviour, the central fact that we are all vulnerable and in need of care enables us to take seriously the objective, universal demands of normative ethics and the individualist, particularist concerns of moral psychology.

Drawing on recent research on embodied cognition Ornelas argued that an ethics of care approach enables us to give due regard to the fact that both our moral identities and the relations we find ourselves in influence our behaviour.

## RETHINKING CONTEMPORARY EMBODIMENT- MARGRIT SHILDRICK

As human embodiment becomes increasingly entangled with digital and biotechnologies, a more expansive form of bioethics is needed. The conventional embrace of normative models of right and wrong, true and false, good and bad, permissible and impermissible becomes unsustainable and we must create an innovative way of thinking about ethical modes of living that are posthumanist in nature.

In her paper, Professor Shildrick argued that the problematic of prosthetic and cyborg embodiment – whether in the field of transplantation, disability or everyday healthcare interventions – clearly calls for ethical scrutiny that extends well beyond the pragmatic terms of present and future harms and benefits which a normative approach provides.

Instead, it addresses the question of what prostheticised embodiment tells us about human being as such and the status of the socio-cultural imaginary in which we develop. Professor Shildrick argued that we need to move beyond the view of the human as a singular agent, focusing instead on interactions between self and world. Taking this approach has a number of consequences. First, it leaves no room for human exceptionalism. Second, it reveals that vulnerability is not limited to certain modalities but inflects all forms of life.

In such a scenario, where the plasticity of the body is fully embraced, Shildrick argued we need a new conception of ethics which does not seek certainty or definitive guidelines. Instead, we ought to focus on developing an open-ended commitment of response and responsibility towards multifarious differences both within and beyond human being.

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# NOT QUITE PLUG AND PLAY: EMBODIMENT'S IMPORTANCE FOR THE ETHICS OF THE INCORPORATING BODY - JACKIE LEACH SCULLY

Embodiment is important, because moral and political life is essentially about bodies interacting with each other, even if today this is often at a distance. Professor Scully used the term embodiment to mean the subjective experience of the material body, which is constrained both by biology and by the social and cultural understandings of that biology made available to us. Importantly, not all human experiences of embodiment are the same. People's bodies differ, and as a consequence they are often experienced differently.

Professor Scully argued that mainstream political and moral philosophy has a long history of working with a highly abstracted and disembodied version of the human person. Professor Scully argued that feminist philosophical ethics provides something of a counterbalance, through its consistent focus on the moral importance on the materiality and subjective experience of the body. Therefore, before we can make law and policy, we need to understand what it is like to be a particular body. Instead of simply assuming that we know what it is like to be a particular kind of person with a particular kind of body, we need to actually ask the question: *What is it like to be that?*

In their presentation, Professor Scully considered the nature of the transplant journey. Drawing on feminist phenomenology and her personal experience of being a transplant recipient, Scully argued that one of the salient points is that the process of receiving a transplant is not simple. New organs are not 'plug and play' technologies. Instead, successfully incorporating an implant requires a process of adaptation which occurs over time. Taking a phenomenological approach reveals aspects of receiving a transplant which are given insufficient attention in non-phenomenological approaches. For instance, little is said about the smells involved in recovery from surgery, and how difficult smells are to escape. Nor is sufficient attention given to the importance of scars to recovery, or the ongoing consequences of immunosuppression, which can make infection difficult to identify.

Far from being plug and play technologies, incorporating a transplanted organ requires a process of adaptation to a new way of life which demands a particular form of labour from the recipient. This is not of mere academic concern. In her presentation Scully argued that the need for work from the transplant recipient during the recovery process should be better explained to transplant recipients to enable them to successfully incorporate their new organ.

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## THE HERMENEUTICS OF ILLNESS - JODIE RUSSELL

In her paper, Ms Russell explored the implications that our interpretative capacities have for how we experience mental disorder. Focusing on the notion of mind-shaping Russell argued that concepts of mental disorder have the power to prescribe how we understand phenomena, and thus how we can shape behaviour.

When we categorise someone using a folk-psychological concept, this plays a predictive role. The category applied leads us to anticipate others behaving in a particular way because of what we have categorised them to be.

Concepts of mental disorder cannot be disassociated from norms and attitudes we use to categorise and understand people. The concept of mental disorder is, thus, not a natural kind. Instead, it is an inherently socially constructed concept. As a consequence, we ought to take a critical approach to mental disorder concepts, paying greater attention to how we as a society treat people with pathological experiences.

Ms Russell argues that understanding the concept of mental disorder in this way allows us to better understand how people's experiences of mental disorder unfold. For instance, it helps us explain why people with mental disorders suffer hermeneutical injustice when they do not have access to the concepts used to describe them, or when these concepts imperfectly capture their experiences.

In light of this we ought to place greater emphasis on taking patient voices seriously when attempting to understand mental disorder, ensuring that patients have an active role in both constructing and informing the socially constructed concepts that clinicians and researchers apply to them, and developing treatments that work for patients.

## THE ECOLOGICAL ENACTIVE MODEL OF DISABILITY - JUAN TORO AND JULIAN KIVERSTEIN

Over the last 50 years, discussions of how to understand disability have been dominated by the medical and social models. Paradoxically, both models overlook the disabled person's experience of the lived body, thus reducing the body of the disabled person to a physiological body. In so doing, both models pathologize disabled people's embodiment.

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In their presentation Dr Toro and Dr Kiverstein argued for an Ecological-Enactive model of disability. This model aims to provide a better understanding of both the lived experience of being disabled and the physiological dimensions of disability by drawing on ideas from enactive cognitive science and ecological psychology.

The ecological-enactive model of disability locates the difference between disabled and non-disabled embodiment in the body's capacity to respond to changes in the environment. On this view, disability is a relation between the person's body, their experience of the body's possibilities, and the environment. This model of disability was then applied to qualitative interviews with individuals with cerebral palsy.

## EMBODIED MORAL RESPONSIBILITY - MATT HAYLER

In his presentation, Dr Hayler argued that taking embodiment seriously has the potential to challenge or require the nuancing of the concept of moral responsibility. Dr Hayler outlined how recent work in cognitive science (especially 4E cognition), critical posthumanism, microbiomics, developmental biology, and bioethics share a common ground in that they all challenge the idea of the post-enlightenment subject.

On standard accounts of moral responsibility, human subjects are expected to bear the brunt of responsibility for their actions; the individual is eligible for praise or blame based around being the originator of activities and outcomes.

While we often encounter edge cases, where responsibility is understood not to accrue, or to somehow accrue less, such as in instances of diminished responsibility, or mitigating factors such as age, ability, stressors, duress, aptitude, etc., these continue to be conceived of as minority instances.

Humans are meant to typically bear full responsibility for their actions, such that we can identify, name, and account for those few moments where they do not. But adding up all the moments where the luck of development, context, biology, and our other myriad entanglements impact on our thoughts and actions, it becomes far less clear that any human escapes to become the originator, owner, and sole executer of their choices.



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To illustrate this approach, in his presentation Dr Hayler focused on the question of whether obesity is a choice people can be held responsible for. Dr Hayler suggested that the evidence from nutritional science and microbiomics show that whether or not someone is obese is influenced by a range of factors outside their control such as whether they live in a food desert or what their metabolic rate is. As a consequence, we ought to temper our practices of praise and blame to take better account of the fact that many negative outcomes are not strictly chosen.

## DISABILITY, AUTONOMY, AND THE BODY AS A CONTEXT OF CHOICE - PAUL TUBIG

The mere difference view of disability holds that disability should not be regarded as a medical disorder that must be cured, but as a morally neutral expression of human diversity – analogous to sex, gender, race, ethnicity, or sexual orientation – that ought to be accommodated and accepted by society. One important objection to this view is that, if disability is a mere difference, and not a bad or harmful state to be in, there would be no grounds for spending public resources on medical research and interventions to prevent, reverse or alleviate the effects of disability. Given that we have these obligations, the mere difference view cannot be the correct view of disability.

In this paper Dr Tubig defended the mere difference view of disability from this objection by arguing that the body is a context of choice that is important for autonomy. Drawing on Will Kymlicka's analysis of culture as a context of choice, He argued that what our body is like provides the background against which we decide what life options to pursue and provides the conditions under which our life plans are meaningful to us.

Dr Tubig argued that dramatic and abrupt changes in a person's embodiment, even though the new embodiment may not be categorically bad, can be inimical to the autonomy of the modified individual by upending their context of choice. If the state has a responsibility to secure the autonomy of its citizens and certain physiological states are important conditions for autonomy—such as providing a stable context of choice—then the state has a moral obligation to secure the physiological conditions for agency.

For this reason, treating or preventing disability through medical interventions may be justified as a practice of identity-maintenance and, in turn, agency-maintenance. If this is the case, the objection to the mere difference view fails. As a consequence, we can subscribe both to the non-stigmatising conception of disability as mere difference without having to adopt revisionary accounts of what disabled individuals are entitled to.

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## WHY DOES THE BODY MATTER? - SEAN AAS

Many of the most serious moral wrongs involve violence to the body. It seems natural to ask why the body matters, so much, morally. Some philosophers, however, do not think bodily wrongs require any distinctive sort of explanation. This might be because – as suggested John Harris, and Robert Nozick –our rights in our bodies are a basic starting point of moral explanation rather than an object of it.

Dr Aas argued that this fundamentalist view has trouble explaining precisely what counts as part of the body. More precisely, it doesn't provide an account of whether an inorganic pacemaker, or a bone temporarily extracted for radiotherapy, could be a body part. Resolving these ambiguities requires an explanation of why the body matters and what wrongs we commit when we violate bodily boundaries. As a consequence, the fundamentalist view can't be the correct account.

One alternative is to adopt a dissolutionist view according to which bodily wrongs are wrong because they are harmful, violate autonomy, or are undignified. This view, however, cannot explain cases of 'bare wronging', such as someone being interfered with without their knowledge in a non-harmful way.

In his talk, Dr Aas defended a third option: considering bodily morality a distinctive moral domain in need of its own distinctive explanation. The reason bodily wrongs are wrong, on Aas' account, is because we have distinctive interests in how we are embodied which form the basis for the explanation for why bodily wrongs are, indeed, wrong.