Theoretical Foundations and Critical Frameworks

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On Impairment and Disability

To me, ›disability‹ encompasses physical impairment, sight loss, hearing loss, mental health conditions, intellectual impairments and neurodiversity. It is the term I use with reference to any lasting mental or physical health condition. Immediately, you can see that ›disability‹ is rather complex, because it is both multi-dimensional and scalar: it can be more or less significant in its impacts. However, both to make things simpler, and because this is what Elizabeth Barnes does in her book *The Minority Body. A Theory of Disability* (2016), and a key part of this paper is an examination of her work,[1] let me restrict ›disability‹ in what follows to impairments which are not primarily of the mind. In other words, let me bracket mental illness and intellectual impairment and neurodiversity and have you only consider physical impairments as ›disability‹.

Human beings are animals and we have bodies and minds which have evolved over millennia. In my view, while bodies and minds vary, there is a narrow band of ways of being which comprise evolved functioning for *homo sapiens* (cf. Christopher Boorse 1975).[2] Negative departures from that narrow band would be what I call illnesses and impairments. Of course, there are a few positive departures occasionally, for example optimal fitness or an amazing talent, but these are fewer and less interesting to me for the purposes of this paper.

I think human beings have these negative departures from species-typical functioning all the time, most of them minor. The body is mostly invisible, meaning we take it for granted, but sometimes it becomes visible, usually because of these departures. I am thinking of mouth ulcers and muscle strains and joint aches and influenza, and worse. None of us are free from these troubles. Social and economic disparities expose some of us to more of this.

However, some people have such major departures, such considerable predicaments that they become classed as disabled. Whereas illness and impairment could be seen as a natural kind, the classification as disabled

1 Elizabeth Barnes: The Minority Body. A Theory of Disability, Oxford 2016.
2 Christopher Boorse: On the Distinction between Disease and Illness, in: Philosophy and Public Affairs 5 (1975), pp. 49–68.

is certainly a social and cultural artefact, which is different across time and place, depending on context, epistemology, welfare and politics. It is not automatic that you have a certain intensity of predicament and you become a disabled person, it depends on social and cultural factors.

To recap: to be embodied is to have impairments, from time to time, but to be disabled is to be socially classified as having a certain amount or intensity of impairments, such that someone is seen as being a disabled person. Mostly, people resist being classified as a disabled person because it is stigmatised as a pathological state.

Moreover, in society, there are stereotypes as to what disability is like, and who a disabled person is, and so despite functional difficulties, a person may not be seen as disabled, perhaps because they look ›normal‹, or because they are seen as a frail older person, not a disabled person.

I mentioned politics before, because this label which can be applied by a census or a social protection system can also become a badge, as people classified as disabled decide that this label has become their identity, and that they are going to gather with others on this basis and demand the right to be listened to.

This new social movement of disabled people, or people with disabilities – and that distinction itself connotes a particular ideological emphasis – this new political identity[3] has gone down a certain conceptual and political path, which I believe is mistaken. Whereas my account of impairment would emphasise that everyone's embodiment is vulnerable to frailty, illness and impairment, much of the new identity politics has sought to dislodge the connection between impairment and the state of being a disabled person. It has done so in a number of ways.

For example, the British social model approach makes a distinction between impairment and disability and has redefined the latter. People are disabled by society not by their bodies. Disability is the exclusionary relationship between people whose bodies or minds work in different – not inferior – ways, and a society which has grown up on the basis of that exclusion. Emancipatory disability research is about disabled people's groups researching exclusion, following the social model, and with the aim of promoting inclusion.

3 Cf. Ian Hacking: Making up people, in: Thomas C. Heller, Morton Sosna, David E. Wellbery (eds.): Reconstructing Individualism. Autonomy, Individuality, and the Self in Western Thought. Stanford 1986, pp. 222–236.

In my work, particularly my book *Disability Rights and Wrongs*, I have tried to say that although discrimination and prejudice are a major part of the problem, we are wrong to deny or overlook the role of impairment, which itself is a problem (cf. Shakespeare 2006 and 2014).[4] So far, it has not been hard to show the contradictions or inaccuracies of the social model of disability. However, now a very rich philosophical account which revalidates impairment is available, in the form of the work of Elizabeth Barnes, and her abovementioned 2016 book *The Minority Body*. So I need now to demonstrate why this book is also wrong.

In *The Minority Body*, Barnes does two things. First, she redefines disability, so it is no longer rooted in impairment, but becomes those forms of life for which the disability rights movement should be trying to secure justice. Second, she describes disability as »Mere-Difference«, removing the association with negative forms of embodiment.[5] Barnes does not make the distinction I make between biological impairments and social disability. She uses one word, disability, to refer to everything. But what does she mean by it?

Barnes' first claim: what is disability?

Let me present how I understand Barnes' first claim. She makes much of the diversity of physical impairments, and says it makes up too many different phenomena to be a useful category, if it is based in bodily departures. She sees attempts to root disability in limitation of functioning, or departs from species typical functioning, or pain as incoherent. Moreover, she objects to accounts which see disability as intrinsically pathological, because she is trying to avoid normative judgements. Having rejected these attempts, as no doubt she would reject my account, she concludes:

> »Disability is all and only the things that the disability rights movement ought to consider as things they are promoting justice for […].«[6]

Note, this is not the actual things which any disability rights movement does, which may sometimes be mistaken or inconsistent. Barnes focuses on what a disability movement should do, actions which follow from the disability rights approach. Note also that this is an ingenious but also very unusual account.

4 Cf. Tom Shakespeare: Disability Rights and Wrongs, Abingdon 2006; idem: Disability Rights and Wrongs Revisited, London 2014.
5 Barnes: Minority Body, p. 7 passim.
6 Ibid., p. 46.

It enables us to distinguish between positive talent, and negative limitation; it enables us to distinguish between a person who is naturally petite, and a person of short stature. It is not normative. It allows us to consider different eras of history, and construct a counterfactual account of what a disability rights response to a person's exclusion might have been. So as an approach, it has lots of strengths.

In response to Barnes, I think it is necessary to be clear-eyed about the disability rights movement, because it does a lot of heavy lifting in her argument. Our data suggests that worldwide, less than 10% of people with disabilities are in organisations of persons with disabilities. In Britain, far fewer people would be members, I doubt it is much different in America. Only 50% of people with rights under the former Disability Discrimination Act would even think of themselves as disabled.[7] In Britain, data suggests that 50% of disabled people are over 60[8] yet disabled people's organisations have traditionally been dominated by younger activists.

Moreover, I do not think that the movement always speaks for its members in the views it holds. One survey found that only 3% of disabled people had heard of the social model of disability.[9] Most disabled people consider that health issues are a major part of being disabled, even more so that non-disabled people.[10] Another survey found that a majority of disabled people supported assisted dying.[11] So disabled people's organisations and activists are perhaps out of touch as to what disability is. I am sceptical, for these and other reasons, as to whether Barnes' ingenious solution to defining disability in non-bodily terms survives cold reality.

As someone who broadly holds to a functioning or species-typical account of disability, I need to understand what she believes is wrong with defining disability in bodily terms? Barnes says:

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7 Cf. Department for Work and Pensions: Disabled for Life?, London 2023.

8 Cf. Office for National Statistics: Measuring Disability, 2019, www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/measuringdisabilitycomparingapproaches/2019-08-06#disability-prevalence-by-age (24.9.2024).

9 Andy Rickell: Key Notes, in: Disability Now, 20.1.2006.

10 Office of Disabled People, London: Public Perceptions of Disabled People. Evidence from the British Social Attitudes (2009), 2012, assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/325989/ppdp.pdf (24.9.2024).

11 Graham Box, and Kenneth Chambaere: Views of Disability Rights Organisations on Assisted Dying Legislation in England, Wales and Scotland. An Analysis of Position Statements, in: Journal of Medical Ethics (2021), 47:e64.

> »There is nothing about what disabled bodies are like that *by itself* unifies or explains the category of disability.«[12]

Disability, as Barnes says, is a heterogeneous category. If one thinks about visible and invisible, congenital and acquired, and all the many types of impairment (achondroplasia, spinal cord injury, cerebral palsy, multiple sclerosis being just four of the major forms of impairment), we can see just how heterogeneous it is. This being so, there will always be debates about boundary cases: is overweight and obesity to count as disability? What if someone has a gene associated with impairment, but currently does not have symptoms of the condition? What if a person has an underlying health condition (for example epilepsy) but it is currently well controlled by medication?

But unlike Barnes, I do not think that this heterogeneity means that the concept itself is not helpful. I would turn to Wittgenstein's notion of family relationships in *Philosophical Investigations*. In paragraph 66, he writes about

> »a complicated network of similarities overlapping and criss-crossing: sometimes overall similarities«[13]

continuing in the following paragraph to suggest:

> »I can think of no better expression to characterize these similarities than ›family resemblances‹; for the various resemblances between members of a family: build, features, colour of eyes, gait, temperament, etc. etc. overlap and criss-cross in the same way.«[14]

It seems to me that the varieties of disability are exactly overlapping and criss-crossing in this way. I supplement this thought with reference to Peter Winch, where he talks about human behaviour following rules – in this case, the rule of understanding what we mean by disability.

> »I want to say that the test of whether a man's actions are the application of a rule is not whether he can formulate it but whether it makes sense to distinguish between a right and wrong way of doing things in connection with what he does.«[15]

Within a culture, there is often a broad agreement as to what to disability is, which is to say we know the rules: few people would have difficulty distinguishing between having restricted growth and simply being normally petite, to use Barnes' example. In other words, ›disability‹ is a helpful category,

12 Barnes: Minority Body, p. 23.
13 Ludwig Wittgenstein: Philosophical Investigations, Oxford 2009, p. 31.
14 Ibid., p. 32.
15 Peter Winch: The Idea of a Social Science and its Relation to Philosophy, Abingdon 2007, p. 58.

which does not mean that there is complete agreement as to who counts as disabled: as Winch says, we have to have the possibility of being mistaken about applications of the rule as well.[16]

We say ›often‹ and ›mostly broad agreement‹, because there is not always consensus. Here we would introduce a key distinction which Barnes seems to side-step, which is the distinction between ›subjective‹ and ›objective‹ judgements as to what constitutes disability. A subjective judgement would be the belief of an individual about themselves, or about another individual or group of individuals. An objective judgement would be the application of a measure such as the Washington Group short set or long set of questions about disability, or the WHO World Health Survey or Multi-country Disability Survey, or the national equivalents, or else a clinical examination. There is a debate as to which approach is more precise, cost-effective, and as to who is left out from the category in each approach. There is a choice of which tool to use, showing that ›disability‹ definitions in practice are always the artefact arising from the social approach taken to define the category.

However, despite all the debate about definitions and tools, we still consider an objective approach to be preferable to a subjective approach, for several reasons. Because disability is so culturally stigmatised, many people are reluctant, if they are able to have a choice about the matter, to consider themselves disabled. Someone can have impairment to a considerable degree, but still not see themselves as a disabled person. If they have an invisible condition – such as a chronic illness – they may often claim to be non-disabled, even if the condition is very disabling to them. A related example is how rarely older people with impairments see themselves as disabled, despite their frailties: they will tend to say this is ›normal ageing‹, not least because they do not want to adopt the stigmatising description of ›disabled‹.[17]

Barnes' second claim: is disability ›mere difference‹?

As the title of her book highlights, for Elizabeth Barnes, to be a person with disability is not to be in a damaged or incomplete body, but is to be in a minority body. Note that she does not deny that persons with disabilities cannot do everything – it is obvious, for example, that many people with

16 Cf. ibid., p. 32.

17 Cf. Ann Leahy: Disability Identity in Older Age? Exploring Social Processes that Influence Disability Identification with Ageing, in: Disability Studies Quarterly 42 (2023), 3–4.

hearing loss cannot enjoy music in the usual way, and many people with sight loss cannot appreciate many aspects of nature or visual art, and someone with my own combination of physical impairments will not be able to dance tango ordinarily or play conventional rugby. Barnes says:

> »The mere difference view need not deny that disabled people miss out on some intrinsically good abilities or experiences – it's just that they have access to other, different good things.«[18]

So overall, Barnes claims that disability is neutral with respect to well-being.

Note that Barnes is saying something a little more complex than a conventional social model approach. Let me take a quick detour. Empirically, it is evident that the lives of disabled people are often harder than those of the rest of the population. The Office for National Statistics found that working age disabled people's average well-being ratings in the UK were poorer than those for non-disabled people for happiness and life satisfaction measures, while average anxiety levels were higher for disabled people at 4.47 out of 10, compared with 2.91 out of 10 for non-disabled people. Disabled people over 16 were almost four times as likely to be lonely as non-disabled people. Half of working age disabled people were employed, on average, compared to four fifths of non-disabled people; only a fifth of autistic people were employed.[19]

However, a social model theorist would say that of course disabled people have a hard time in actuality, but that is due to disabling barriers, to discrimination, or to ableism. Eliminate the material barriers and negative attitudes that cause these problems, and it will be fine to have an impairment. But I think Barnes is saying more than the social model theorist would. Whereas the social modelist thinks that impairment is fine, Barnes is happy to concede that there are bad things about impairment. She just thinks that impairment overall is a Mere Difference, not a bad thing, because there are other aspects of impairment which are good.

Barnes contrasts her Mere Difference view with the conventional account, which she calls the Bad Difference view. The Bad Difference view is willing to accept that having an impairment may lead to good things, because it enables you to join a community, but that the impairment itself is not a good thing:

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18 Barnes: Minority Body, p. 58.

19 Cf. Office for National Statistics: Disability, Well-Being and Loneliness, 2019, www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/bulletins/disabilitywellbeingandlonelinessuk/2019 (9.1.2025).

> »If she could keep her friends, her interests, and her community but lose her disability, most people would think she would be better off.«[20]

So she recognises that many would accept the instrumental benefits of having an impairment, even if they would not see impairment as neutral. Barnes is even willing to concede that impairment may have bad aspects, while still defending the Mere Difference view:

> »We can maintain that disability is mere difference without maintaining that everything about disability is perfectly fine and shouldn't be ameliorated.«[21]

For a Mere Difference like that of Barnes, it is necessary to say that on balance, impairment is not bad, even if some aspects of it might be difficult. She says that these would be local bads – such as not being able to see your baby's face – but do not add up to general bads.

After all, there are some benefits to having an impairment.[22] She is not taking what she calls the ›X Men view‹, that disabled people have compensating extra abilities. Instead she talks about how having an impairment might liberate you from beauty norms, or gender stereotypes, or provide perspective. Following Rosemarie Garland-Thompson, she argues that impairment can be a narrative resource or an epistemic resource. But it seems to me that many of these benefits to having an impairment could be had by anyone, without having to have an impairment, and indeed many people with impairments do not experience this perspective or liberation.

Barnes uses a string of what I consider questionable arguments to challenge the Bad Difference view. Let me mention a couple of these. For example, noting that the Mere Difference view is not the common-sense position, she rightly points out that common sense can often be wrong. Even the most rational people can be prejudiced and reflect their own times – she points out that Hume and Kant said things that were either racist or sexist. Yet while we should obviously be careful to examine our intuitions, that does not mean they are always wrong. The fact that Hume and Kant were wrong about race and gender does not mean we have to think differently about disability. Our common sense might be wrong – common sense has been wrong in the past, and often reflects cultural and historical contexts – but it might well not be wrong, just as Hume and Kant were arguably correct about many things despite some of their intuitions being wrong.

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20 Barnes: Minority Body, p. 65.
21 Ibid., p. 75.
22 Cf. Ibid., p. 96.

Another argument relates one of the main reasons that disabled people find life difficult, which is pain, the symptom most commonly reported by disabled people. Barnes points out the known complexity of pain,[23] for example how men and women and different ethnicities report pain, concluding:

> »The assumption that physical pain is *neatly and directly* correlated with reduction in wellbeing is a crude oversimplification.«[24]

But pain remains a very difficult aspect of many illnesses and impairments, and one which cannot easily be eliminated by better medication or social conditions.[25] So while Barnes' argument is right, in terms of the complexity of pain; I think that she is wrong, in terms of the significance of many forms of pain to many people who experience it.

Barnes even accepts that some impairment can be a global bad for some people without maintaining that it is not bad simplicitur.[26] But why take that view, when it is more plausible that impairment is good for some people without being good simplicitur?

Importantly, Barnes also argues that we should listen to the perspectives of persons with disabilities, when they maintain that impairment is not a problem and they value their experience of it. She draws parallels with gay people and women and other minorities. It is not difficult to find disability activists maintaining that impairment is not a problem, at least in public. But while in general I think she should listen more to disabled people, I have some scepticism here, as I have suggested earlier.

For a start, I think the comparison with gay people, women and other minorities is a false analogy. In these other cases, there is usually nothing physically exceptional, overall, about being a member of this identity group. In the case of disability, there is often something different and difficult about having an impairment. In making this analogy, I think Barnes is assuming what she needs to prove. And she does it all the time, to argue that surely we would not attempt to change someone from being gay, for example, and therefore are we sure we are doing the right thing by assuming it is axiomatic that impairment should be prevented.

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23 Cf. Sarah E.E. Mills, Karen P. Nicolson, and Blair H. Smith: Chronic Pain: A Review of its Epidemiology and Associated Factors in Population-Based Studies, in: British Journal of Anaesthesia 123:2 (2019), e273–e283. doi.org/10.1016/j.bja.2019.03.023.

24 Barnes: Minority Body, p. 74 (emphasis in original).

25 Cf. William Raffaeli, and Elisa Arnaudo: Pain as a Disease: An Overview, in: Journal of Pain Research 10 (2017), pp. 2003–2008. doi.org/10.2147/JPR.S138864.

26 Cf. Barnes: Minority Body, p. 96.

I think Barnes may be mistaken, because my experience of more than three decades of adult life is that many disabled people publicly state their faith in the social model, while in private acknowledge the difficulties of impairment. In the Twitter/X era, some publicly talk about the difficulties of impairment while simultaneously arguing that disability is all social barriers and oppression, and not at all health issues.

I think several things are going on here. First, disability is an example of identity politics, and this means ideologies can become dominant in a group, which are not necessarily true. Ask any disabled person whether they would mind if they were given a second impairment, or whether they would mind if their existing impairment got worse, or if their baby was born with an impairment. In fact, it is not just disabled people who value their own form of life, even if that life is very hard. Once you have an identity-forming experience, then you would not be celebrating you and valuing yourself, unless you also valued that experience.[27] At the same time, you might not wish that experience on others. Often, consistency breaks down at this point.

Second, as I suggested at the start of this paper, I think that the disability rights movement has gone down the wrong road in terms of impairment. Rather than acknowledging that impairment is a problem, but that everyone is at risk of impairment, and so we should be building a world in which impairment is not an issue, disability rights advocates have said that impairment is not a problem. Understandable, but ultimately unhelpful.

Because this is where I agree with the disability rights movement: people with impairment are not a problem. Disabled people are of equal moral worth to everyone else. You can lead just as good a life with impairment as you can without. But to me, that does not mean that impairment has to be a Mere Difference. Impairment can be bad, while life with impairment is good. It is an apparent paradox.

Let me give several other illustrations of this paradox. Barnes highlights people by whom impairment is celebrated, and to whom impairment means a lot. They certainly exist. But by analogy, we agree that poverty is bad. Yet remember Woody Guthrie, British and American folk music and all the other flowerings of the culture of disadvantaged people who celebrated their lives, which meant a lot to them, even while we do not want other people to have to live these lives, even knowing that without these experiences, we would not have the music or the brass bands or whatever. You could retort that might

27 Cf. Hartmann: Ethics.

be an example of us benefitting from other people's hard lives, so we need to focus on them living that life and celebrating it. Cancer is bad, but people with cancer are not bad, and people who have had cancer may lead better lives subsequently. So these are examples of an individual themselves benefitting from a bad thing. By that might be an example of an instrumental benefit. We agree that divorce is bad, but people can be much better off as a result of divorce.

In the case of impairment, I think that people can adapt to impairment and lead good lives. Human beings are almost infinitely adaptable, to cancer, impairment, divorce, poverty. We cannot conclude from this empirical fact that impairment might be a Mere Difference, just as we cannot be blasé about poverty or divorce or any other bad thing. On balance, a world with less impairment in it is a better world than a world with more impairment in it.

Conclusion

To conclude by restating my view of disability. To be human is to be embodied. We all have transient illnesses and impairments. In a particular time and place, and when one has accumulated a certain number or intensity of conditions, one may come to be defined, or to see oneself, as disabled. This is a social and psychological process, it is not automatic and disability is not a natural kind. But, accepting that, I think having a very significant impairment, or a cluster of impairments, is difficult, and we should do what we can to avoid it.

Our options for decreasing disability are multiple. We can prevent people accumulating illnesses or impairments, or can offer rehabilitation or assistive devices to ensure that these impairments do not permanently affect functioning. We can offer counselling and other psychological inputs so that a person does not redefine themselves as disabled, or at least not as passive and non-functional. We can change the environment, through accessibility and reasonable adaptations so that fewer people encounter the mismatch between their abilities and the demands of the environment. We can change society, so there is more acceptance of different ways of functioning and different ways of being in the world. We can legislate for more inclusion and participation. In practice, in a high-income setting, we probably offer a range of these options, or all at once.

I do not think that the option of decoupling disability and negative forms of embodiment is promising. I think, if it discourages us from all or any of

these ways I have listed of reducing disability, that would be unfortunate. The consequences of Mere Difference are broadly to inhibit disability prevention, which I would regret, although perhaps not as much as Guy Kahane and Julian Savulescu (2009) and the consequentialists.[28] I am not persuaded by either the social model of disability, or the Mere Difference account of disability. There are many intrinsic difficulties of impairment, and no amount of ingenuity can remove them. Elizabeth Barnes is a very good and ingenious philosopher, but I cannot accept her attempt to base disability in the efforts of the disability movement, nor to see impairment as neutral.

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28 Cf. Guy Kahane, and Julian Savulescu: The Welfarist Account of Disability, in: Brownlee, Kimberley, and Cureton, Adam (eds.): Disability and Disadvantage, Oxford 2009, pp. 14–53.

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