University of Southampton

Faculty of Arts and Humanities

Department of Philosophy

Disability as Subordination

by

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Abstract

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This thesis advances an account of disability on which to be disabled is to be socially subordinated in virtue of being believed by others to have bodily features that are taken to be evidence of a defective body, in combination with a societal ideology on which those features motivate and justify that subordination. I motivate the account by showing that it serves the political project of overturning the oppression of disabled people in the ways that defenders of the popular 'social model' of disability demand, and does so while bypassing many of the problems the social model faces. I defend the account from its principal objections in the literature: that it problematically leaves out a role for the body in disability; and that it cannot accommodate disability pride. The thesis's principal contribution to the literature is in its offering a substantial motivation, development, and defence of the account – Disability-as-Subordination – for the first time. Disability-as-Subordination has previously received a small amount of attention in the literature, but has been inadequately motivated, and thought to obviously be unviable in virtue of straightforward objections. Additional contributions include the clarification of the debate between the traditional medical and social models of disability – where I find that the social model minimally commits its adherents to less than is often thought – and a novel treatment of the requirement that accounts of disability must be able to accommodate disability pride – where I find that this demand is unclear in content and less able to do useful work in adjudicating between candidate accounts of disability than previously thought.

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Research Thesis: Declaration of Authorship

Print name: Liam Alexander Livesley

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I declare that this thesis and the work presented in it are my own and has been generated by me as the result of my own original research.

I confirm that:

1. This work was done wholly or mainly while in candidature for a research degree at this University;
2. Where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated;
3. Where I have consulted the published work of others, this is always clearly attributed;
4. Where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work;
5. I have acknowledged all main sources of help;
6. Where the thesis is based on work done by myself jointly with others, I have made clear exactly what was done by others and what I have contributed myself;
7. None of this work has been published before submission.

Signature: .... Date: 26/09/2025

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Introduction

Disability is a messy, complicated thing. The set of things that we normally consider to be disabilities is remarkably heterogenous – what, if anything, do blindness, achondroplasia, and multiple sclerosis have in common? – and disability is implicated in such a diverse range of normative debates that it can be hard to see how we might even approach answering the question of what disability is, let alone what the answer might be.

This thesis, ultimately, answers the question “what is disability?” in terms of what it would be *useful* to think of disability as being with respect to contributing to the political project of overturning the oppression of disabled people. In particular, it advances an account – Disability-as-Subordination – on which to be disabled is to be socially subordinated in virtue of being believed by others to have bodily features that are taken to be evidence of a defective body, in combination with a societal ideology on which those features motivate and justify that subordination.

For a long time, mainstream philosophy’s interest in disability was largely limited to considering cases of disability in the context of wider normative debates – consider, for instance, the long-running debate on the permissibility of killing disabled infants (see e.g., Harris 1995; Giubilini and Minerva 2013; and Singer 2011). Happily, in more recent years, philosophy has begun to take the question of the nature of disability itself as a subject worth attending to – see e.g., E. Barnes 2016; Begon 2023; Gregory 2020; Kahane and Savulescu 2009; Koon 2022; and Lim 2018. Elsewhere and meanwhile, however, disability activists and disability studies theorists have been extensively engaged in articulating an account of disability intimately related to the concerns of liberatory disability politics. This thesis takes the latter tradition as its starting point, and tries to draw insights from it in order to articulate an account of disability in philosophical terms. It begins, therefore, with a mapping of the traditional medical-versus-social-model debate, but settling that debate per se isn’t the project I’m involved in. Rather, I try to provide an account of that debate in such a way that some persistent confusions about it are resolved and it becomes more palatable to philosophers who don’t heavily engage with the disability studies literature, in the interests of providing some of the groundwork on which to build my own account.

Before setting out the contribution and structure of the thesis, I should outline three things this thesis is *not* about. First, this thesis exclusively considers physical disability. I have no grand narrative about why this should be. Rather, I'll just say here that physical disabilities are already varied and complex enough without adding cognitive/psychological/mental disabilities into the mix, and projects like this one have to be circumscribed somehow. I'm not alone in this; it's not uncommon for philosophers of disability and disabilities studies theorists alike to just address physical disability. Second, although this thesis is concerned with disability justice – that is, correcting the oppression of disabled people – it is not concerned with the relationship between disability and theories of justice. There's a range of interesting and worthwhile work on this – see e.g., Becker 2005; Brighouse 2001; Nussbaum 2007; Simplican 2016; and Wolff and De-Shalit 2013. But I take these projects to often be doing something different to what I'm engaged in here. Third, and similarly, this thesis is not about the relationship between disability and well-being – for work on this, see e.g., E. Barnes 2014; Crawley 2020; 2022; Goering 2008; Gregory 2019; and Nadelhoffer 2022. Well-being does come up, in passing, in a few places – principally in my responses to Elizabeth Barnes's work – but I'm not engaged in trying to answer, for instance, the question of whether disability is a cost to well-being.

This thesis's principal contribution to the literature is in offering, for the first time, a sustained case for Disability-as-Subordination as a viable account of disability. Disability-as-Subordination has received a small amount of attention in the literature before now, but hasn't been extensively motivated, and has been thought to fail in virtue of obvious objections. This thesis provides that motivation, by appeal to what Disability-as-Subordination offers to liberatory disability politics, and shows that the account fares significantly better against those objections than previously supposed. Further contributions include clarifications of the medical and social models of disability – and in particular that the social model of disability minimally commits its adherents to rather less than is often thought – and a novel treatment of the requirement that accounts of disability should accommodate disability pride that finds that what this requires of accounts is deeply unclear.

The thesis is structured as follows:

- Chapter One characterises the medical model of disability, and provides context for the traditional debate between the medical and social models of disability.
- Chapter Two characterises the social model of disability, and sets out what adopting the social model definition of disability minimally commits one to.

Chapters One and Two are shorter chapters that can be read individually, or together as one longer piece that maps out the whole medical-versus-social-model debate.

- Chapter Three builds a case for not endorsing the social model, particularly in light of the relationship that I establish the social model has with the medical model in their shared understanding of impairment.
- Chapter Four characterises Disability-as-Subordination as an account of disability, and sets out the case for adopting it in light of resources it provides to disability politics.
- Chapter Five defends Disability-as-Subordination from a broad class of objections from the literature to the effect that the account problematically leaves out a role for the body in how disability is constituted. Much of the chapter is devoted to setting out a way of understanding extensional objections to the account, and overcoming those objections.
- Chapter Six defends Disability-as-Subordination from the objection that the account cannot accommodate disability pride. In fact, it turns out that what it would take for any account to meet this objection is unclear.
- Chapter Seven surveys five alternative revisionary accounts of disability from the literature, and argues that we should find these unsatisfactory for reasons independent of my defence of Disability-as-Subordination.

The thesis also includes one appendix: Appendix A. This offers some relatively brief discussion of my project in light of two important debates in the conceptual engineering literature. This may be of interest to some readers and not to others. It is included largely to offer something to readers who worry that I lean on understanding my account in terms of revisionary conceptual engineering in dealing with objections in Chapter Five but don't otherwise contend with conceptual engineering-type problems that understanding the account in this way exposes it to.

Chapter 1 The Medical Model of Disability

1.0 Introduction

Much of the traditional debate on the nature of disability – particularly when what disability is thought to be is envisaged as bearing significantly on how we should respond to disability and the shape disability politics should take – centres on the “medical model” of disability and the “social model” of disability. This chapter begins the process of offering a view of this debate by trying to determine what the medical model of disability actually says about disability. As we’ll see shortly, this isn’t straightforward; various factors make finding a clear, positive statement of the view tricky. This chapter navigates the history of the medical model, and social model advocates’ views of it, in order to arrive at a characterisation of it on which disability is understood as being the restriction, resulting from an impairment, of ability to perform an activity in the manner or range considered normal for a human being.

I begin in §1.1 by providing some context for the medical model, and setting out why it is often thought to be so hard to pin down as a view. In §1.2, I tell a story about the historical development of thinking about bodily abnormality, in order to arrive at a view of the contemporary medical model. In §1.3, I consider some apparently competing characterisations of the medical model in order to defend the view of it that I’ve presented. §1.4 concludes the chapter with a summary.

1.1 Locating the Medical Model

In the decades since the Union of the Physically Impaired Against Segregation proclaimed that “individuals are disabled not by their physical impairments but by societal barriers” (UPIAS, 1975), the contrary position has become something of a spectre haunting the background of theorising about disability.[1] Although not referred to as such in the UPIAS *Fundamental Principles* or in early work building on this foundation (e.g., Finkelstein 1980;

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[1] This is not to say that a distinction between social and medical understandings of disability had not been raised prior to UPIAS – see Chapter Two for some discussion of pre-UPIAS social approaches.

Oliver 1983; Sutherland 1981), this position – that disability arises from individuals' bodily states, and not from individuals' relation to society – has become widely known as the "medical model" of disability. We are led to understand, as we work through the post-UPIAS literature on the nature of disability, that this position is widely held and argued for by real people and institutions. After all, why else would UPIAS and subsequent interlocutors devote so much energy to opposing it? Similar characterisations of the medical model view of disability appear again and again:[2]

> [On the medical model] it has been assumed that disability is caused by a mental or physical condition that can be prevented or ameliorated through medical, biological, or genetic intervention. (Rioux, 1997: 105)
>
> The central focus of [the medical model] lies in its location of disability as an individual problem tied to the functional limitations of the bodies of people with impairments. (Swain, French and Cameron, 2003: 22)
>
> The medical model defines disability as an individual defect lodged in the person, a defect that must be cured or eliminated if the person is to achieve full capacity as a human being. (Siebers, 2008: 3)

But these characterisations rarely, if ever, attribute this view of disability to a particular proponent. The common pattern is for the medical model to be briefly referenced and dismissed, then relegated to lurk in the background as we are told what we should prefer to it. So, where does the medical model come from, what does it involve, and who, if anyone, are its defenders?

Those defenders may be hard to find. As Jonas-Sébastien Beaudry (2020: 7) notes, it is a challenge to find a positive philosophical proposal that disability should be seen as a purely medical condition. Tom Shakespeare goes even further, claiming that '*no* authors have *ever*

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[2] Observant readers will note that these are not, in fact, identical views of disability. I address this is in §1.3, but they are sufficiently similar for our purposes at this point.

explicitly affiliated themselves to this medical model' (2006: 15, my emphasis).[3] So where is the medical model to be found? Have advocates of social approaches to disability simply been proposing alternatives to a straw person? In a sense, Shakespeare thinks so. He argues that, more than being a mere definition of disability, the medical model has come to stand for a host of traditional attitudes to disability, including the neglect of actual disabled people in disability research, the medicalisation of disability and the sovereignty of the professional, and the assumption that the disabled are defined by their deficits. But, more than this, for Shakespeare it has become a 'slur' – a quick way of dismissing and silencing one's opponents – and fails to be either useful or coherent (2006: 18).

Perhaps Shakespeare is right, and "medical model" is often shorthand for "all of the attitudes to disability that I, as an advocate of a social approach, reject". This reading of the medical model as a vague, multifarious rhetorical device might go some way to explaining the lack of both attributed proponents and critical discussion in the examples I cited earlier in this section. But even if we accept that this is what the medical model has *become*, Shakespeare's characterisation of the model belies two important points. First, that the medical model does represent some particular definition of disability, even if that has been distorted by the way social approaches advocates have represented it. Second, that emerging movements and schools of thought often define themselves in opposition to that which they are seeking to replace. Trying to work backwards from the way social approaches define disability to arrive at a better understanding of the medical model and its proponents is unlikely to get us anywhere, due to precisely the kind of distortion Shakespeare suggests may be occurring. But a related strategy is available to us; namely, to examine what the medical model itself may have sought to replace and been defined in opposition to. I now turn to taking up this strategy, in the next section of this chapter.

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[3] Although note that Justis Koon (2022) has recently defended what he sees as a version of the medical model. But one case hardly overturns the spirit – if not the letter – of Beaudry and Shakespeare's observations.

1.2 Moral, Legal, Then Medical: The Rise of Medicalisation

I now turn to the project of understanding the medical model in relation to its forerunners. But three provisos before we begin. First, I don't intend for the story I tell here to be all-encompassing or definitive. The history here is complicated, with lots of parts, and I won't cover it all. Instead, I aim to give a plausible skeletal story of one central part, in order to get us to a clearer understanding of the medical model. Second, my broader project does not hang on this story. Of course, my account of the medical model may need revision if the historical facts turn out to be different, but readers finding fault with this illustration need not reject my conclusions elsewhere. Third, I don't claim to be tracking the same concepts through time here. That is, I'm not committing to a view on whether pre-medical model thinking involved the same concept of disability, or merely some ancestors out of which the concept of disability emerged.

Medical sociologists and historians have identified two clear phases of thinking about bodily, mental, and social "deviance" or "abnormality" immediately prior to the emergence of what we would recognise today as the beginnings of modern medicine in the European Enlightenment.[4] For the larger part of the post-classical, pre-secular age, such abnormality was seen as both the sign and the consequence of an individual's theologico-moral failings; the mark of, and punishment for, their sins (C. Barnes, 1991; 1997; Conrad and Schneider, 1992; Kittrie, 1974).[5] As Colin Barnes (1997: 15) notes, the Bible is rife with references linking bodily abnormality to moral failing, from blindness being declared a punishment for sin in the Book of Deuteronomy, to Christ curing a paralytic by forgiving his sins in the Book of Matthew. In the Late Medieval Period, and continuing through into the Early Modern Period, bodily abnormality came to be particularly linked with witchcraft, especially abnormality in children. The 1486 witch-hunters' manual *Malleus Maleficarum* in particular

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[4] Although my discussion here focuses on the West, it is interesting to note that similar patterns of progression of thought have been observed in, for example, India – see Ghai 2002.

[5] However, it is not the case that bodily abnormality was always reviled. As Goffman (1990: 11) notes, certain bodily signs – particularly skin blemishes, or 'stigma' – were sometimes taken as indicators of moral virtue and divine grace. Epilepsy has been taken as a sign of both divine and demonic possession, sometimes within the same period (Manning and Oliver, 1985: 77).

singles out children with bodily abnormalities as evidence of their mothers' sins in consorting with the devil (C. Barnes, 1991; 1997; Conrad and Schneider, 1992; Haffter, 1968; Manning and Oliver, 1985). In practice, this moralised fear of, and revulsion at, those with deviant bodies frequently manifested as their ridicule, persecution and ostracisation. So, in this phase, thinking about bodily abnormality is primarily concerned with causal explanation – how it is one comes to have that kind of body – and not with definitions or accounts of the nature of bodily abnormality per se. Similarly, responses to bodily abnormality are derived from wider views about the appropriate treatment of sinners rather than to bodily abnormality in itself.

Moving forward in time, as religious power waned in favour of the rising secular state, attitudes to bodily, mental, and social abnormality also shifted. State bureaucracies replaced the church as the primary arbiter of the status of those with abnormal bodies, and exerted legal control over them (Manning and Oliver, 1985). Those unable – or perceived as unable – to work were frequently confined, under legal powers, to institutions. In the case of those with bodily abnormalities, some measure of hardship relief may have been provided, but those wrongly perceived as able to work may have been punitively confined to correct their "idleness". The mentally and socially abnormal were also frequently confined, either in those same institutions, in the burgeoning asylum sector, or – if their abnormality was characterised as poor character or criminality – in houses of correction for reformation or in prisons for punishment (Kittrie, 1974). In this phase, then, we see the control of those with abnormal bodies through legal power, and their removal from mainstream society either under the guise of *pares patriae* paternalism or as a corrective for their perceived indolence. Here we see a shift in thinking about bodily abnormality from the causal mode of explanation – and attendant responses – in the theologico-moral phase, to one where the response is given primacy; the removal of those with abnormal bodies from society either for their own good, or to reform or punish them.

The rise of modern medicine brought with it a radical shift in attitudes towards bodily abnormality. Advances in biomedical science made it possible to describe and explain bodily abnormality in a new way. Indeed, the narrative of the (purportedly) descriptive distinction between the "normal" body versus the "abnormal" – rather than the evaluative distinction between the body of the sinner versus the virtuous, or of the unable or unwilling versus the productive worker – may only begin to emerge with the advent of modern medicine. There is a range of views on the question of at what point medicine becomes “modern” and adopts this descriptive distinction. For Jackie Leach Scully (2002: 49–50), this begins in the 17th century with the Cartesian view of the mechanical body, and develops further through the European Enlightenment. Indeed, for Leach Scully, it continues to develop as technologies evolve to increase the range of things that can be objectively quantified for diagnostic purposes, supplanting patients’ subjective self-reporting. For C. Barnes (1997: 18–9), modern medicine arrives in the 19th century, as an end product of Enlightenment ideals of science, reason, and individuality. Peter Conrad and Joseph Schneider (1992: 9–13) squarely give 1850 as the emergence of the modern medic, citing increasing professionalisation and a focus on “science” as opposed to models of abnormality we would now regard as superstitious. Finally, Nick Manning and Mike Oliver (1985: 8) come in latest, locating the turning point as the turn of the 19th and 20th centuries, as medical science and social reform meet in progressive political movements.

Whenever the precise historical moment that the shift was completed, by the 20th century a mechanistic understanding of the body had developed, and bodily abnormalities came to be understood through this biomechanical lens. Here, the body is understood in terms of interrelating systems and organs, just as a machine might be understood (Conrad and Schneider, 1992; Manning and Oliver, 1985). Therefore, a bodily abnormality is understood as a disturbance or breakdown in the biological machine, and can be described and explained through the observation and testing of the body’s systems. Consequently, the abnormality can be treated by correcting this disturbance and raising the system and body’s functioning back to normal levels (Manning and Oliver, 1985: 87). This understanding of the body is not limited to the clinic, however. As medicine achieved more success in managing bodily malfunction and made high-profile “breakthroughs” in the treatment of illnesses, it established a seeming monopoly for the biomechanical understanding as the sole approach to bodily abnormality (Conrad and Schneider, 1992). Other sectors of society found that if they too wanted to assert their expertise and be recognised as professions, they had to adopt and espouse this understanding of the body, with social workers being a notable target for condemnation by social approaches advocates on these grounds (see Conrad and Schneider 1992; Oliver and Sapey 2006; and Wilding 1982). This phase in attitudes to bodily abnormality is not, therefore, merely the rise of a medical *approach*, with clinical responses being the foremost amongst a range of approaches. Rather, it is the rise of the "medicalisation" of the abnormal body; the rendering of the abnormal body as dominantly understandable, definable, and treatable by orthodox medicine, and the marginalisation of non-medical ways of understanding those bodies (Barnes and Mercer, 2003).

As medicalisation takes hold of the way we understand the body, a medical understanding of disability becomes the only one available: the medical model. Seeing the medical model through the broader lens of medicalisation allows us to address the points I raised over Shakespeare's dismissal of the medical model in the previous section – we can see how the medical model defines disability. Indeed, the model breaks down into three claims: the first about *what* disability is, the second about *why* disability is, and the third about how we should *respond* to disability. First – and unlike the prevailing views of the previous phases – the medical model gives a clear, non-causal definition of disability: disability is or, results from, the malfunction of a bodily system or organ.[6] But this is not to say that the medical model has nothing to say about why disabilities arise; merely that causation is excluded from the definition of disability. Indeed, second, the medical model rejects the pre-medicalisation aetiologies of disability. Disability does not arise due to a person's moral conduct or character, but rather because of the interworking of the body's systems, and perhaps by a chance of birth or an accident in life.[7] And, third, disability involving breakdowns of bodily systems prescribes that we intervene to correct those breakdowns and return the body to normality. Additionally, disability arising from misfortune prescribes that we view it as personal tragedy, and respond with pity and perhaps compensation, rather than with moral condemnation or state control of the disabled.

We can see here that many of the things Shakespeare alleges that "medical model" is used as a proxy for are, in fact, features of the picture of disability that the model produces. The medicalisation of disability is of, course, intimately related to the medical model, because

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[6] I address whether the medical model sees disability *as* the bodily malfunction or as *resulting from* bodily malfunction in §1.3.

[7] This might explain why some conditions – e.g., obesity – are often discounted as disabilities; the thought being that they stem from personal choice rather than unfortunate chance.

the medical model is the expression of the medicalised approach to the body as it applies to disability. The same is true of the dominance of professionals in clinical, social, and research responses to disability; medicalisation means that is difficult to work with the disabled body except through the medical lens. Finally, the assumption that disabled people are defined by their deficits falls naturally out of the medical model, too, since on the model the bodily deficit is the totality of what *makes* them disabled.[8] Is Shakespeare right that "medical model" has been used as a lazy shorthand for these complex aspects of medicalisation, or cynically as a way to shut down interlocutors one doesn't care to hear? Perhaps. Does that mean that the medical model is incoherent, or that it is a straw position drawn up by social approach advocates to argue against? I don't think so. As we have seen, the medical model, as a particular expression of the wider phenomenon of medicalisation, is a coherent position with a historical basis.

If the medical model is not the straw position that Shakespeare paints it as, how then do we account for the apparent lack of vocal proponents of it? I propose that the sketch of the historical development of medicalisation above has already provided us with the tools to answer this question. When we see the medical model as a smaller part of the larger picture of medicalisation, we can see the ubiquity of the medical approach to the body. There's some ambiguity in the accounts of the emergence of medicalisation – e.g., in both C. Barnes and Mercer's (2003: 27–30) and Conrad and Schneider's (1992: 9–14) – as to whether medicalisation merely entails the dominance of the medical understanding body, or, stronger, the epistemic exclusion of non-medical understandings. But even proceeding on the weaker interpretation, we can see how medicalisation would mean that, often and widely, disability would be understood in medical terms. As such, accounts of social approaches to disability, especially those early ones prior to the emergence of "medical model" as a phrase, were not responding to clearly delineated positions advanced by nameable individuals, as we might expect in the literature of the debate between, say, naïve

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[8] It should be noted that there have been recent attempts to show positives to medicalisation, or downsides to de-medicalisation, in some cases and contexts – see e.g., Sholl 2017; Spencer and Carel 2021; and Wardrope 2015. I'll set these aside since I'm interested here in trying to characterise medicalisation in terms of the existing medical vs. social approaches debate in the literature, rather than trying to argue that we *ough*t to de-medicalise disability.

and indirect realists about perception. Rather, they were responding to the default position, often just assumed to be the case. This was a position so ubiquitous that, to return to Shakespeare's phrase, no authors *needed* to explicitly affiliate themselves with it for it to be sustained and perpetuated. As Bradley A. Areheart puts it:

> [The medical model] does not so much reference an intellectual position advanced by contemporary scholars as it provides a way of describing the norms that have traditionally governed disability in Western society. (2008: 185)

Prior to the advent of social approaches, disability *just was* as the medical model defined it, and no active defence was needed. The answer to our initial question of "who are the proponents of the medical model?" is, then, roughly, "most people", at least prior to the emergence of the alternatives proposed by social approaches pioneers. This also tells us something about those early social approach accounts and the conditions under which they were written. Rather than being pieces of debate with rival intellectual positions within the academe, they were intended as immanent responses to, and protests against, a daily reality in which disabled people were reduced to their bodily abnormalities.[9] Indeed, part of the force of such accounts comes from the very fact that they are responding not to a few named theoreticians but to a popular understanding of disability woven throughout the social fabric.

Where our story of the medical model takes us next is, by turns, surprising and unsurprising. When looking for explicit definitions of disability in line with the medical model, the following are bound to appear:[10]

> *Disability*: Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being. (UN, 1983: 1.C.7)

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[9] Although as Jonathan Flowers (2022) argues, we should be careful not to entirely reduce such work merely to "activism".

[10] It should be noted that more contemporary definitions of disability from both of these organisations include a social element – see UN 2006 and WHO 1999.

> In the context of health experience a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being. (WHO, 1980: 28)[11]

At first, it might seem surprising that there are such definitions from the household names of the United Nations and World Health Organization, contra Shakespeare and Beaudry's pessimism about the existence of explicit proponents of the medical model view.[12] But when we consider medicalisation and the ubiquity of the medical understanding of disability, perhaps we shouldn't be surprised at all to find these organisations defining disability in those terms. Rachel Hurst calls the WHO definition the 'the official, international underpinning of the medical model', and attributes slow progress on the part of social approaches to its dominance (Hurst, 2000: 1083). But we can also read this the other way around; that the primacy of the WHO definition is a reflection of how underpinned by the medical model our ways of understanding the disabled body already were when their definition was formulated, even if explicit definitions were lacking prior to that point.

We have, then, in the UN and WHO definitions, candidates for a clear, explicit, medical model definition of disability, from named proponents of understanding disability in this way. We have our answer to our questions about how the medical model views disability and who holds this view. These answers, however, might be complicated by various competing readings of the medical model, as we will see in the next section.

1.3 Competing Characterisations

I said in §1.2 that the story I told about the emergence of the medical model was merely intended to be illustrative, and isn't foundational going forward. In contrast, what we understand the medical model to be will matter greatly. So, we need to address two

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[11] Both of these definitions employ a notion of "impairment", which I discuss further in §1.3 – and in Chapters Two and Three – but for now can be roughly understood as a bodily abnormality in the sense we've been discussing up to this point.

[12] Although, to be maximally generous to Beaudry and Shakespeare, perhaps such definitions aren't explicit defences of the medical model in the way they have in mind.

difficulties before proceeding: first, a claim that there's no such thing as the medical model after all, and, second, an ambiguity in how we should understand the picture of the medical model I've painted in this chapter.

1.3.1 No Such Thing as the Medical Model?

By any measure, one of the most prominent voices within the United Kingdom's intellectual and activist movement for social approaches to disability was Mike Oliver. Unfortunately for the neat conclusion at the end of the previous section of this chapter, one of Oliver's more striking positions is that 'there is no such thing as the medical model of disability' (Oliver, 1990a: 1). Fortunately, this is not as alarming a claim for the stakes of this chapter as it first appears. Oliver is not denying the reality of the medicalisation of disability. Nor is he making a point quite like Shakespeare's, that the medical model has become, through the way it has been used by its critics, an unhelpful notion. Rather, Oliver's point is part terminological and part conceptual, with the first in service to the second. Rather than calling the foil or antithesis to social approaches – to borrow Anita Silvers's (2009: 19) characterisation of the divide – the "medical model", Oliver has preferred to refer to it as the "individual model" (Oliver, 1990a; Shakespeare, 2006). In part, then, Oliver's denial of the medical model is born out of a desire for us to use his terminology, and perhaps a frustration at the proliferation of the term "medical model" in the social approaches literature by 1990. But why does Oliver prefer "individual" over "medical"? Put simply, he argues that the term "medical model" improperly centres the traditional conception of disability on the medicalisation of disabled bodies and sidelines other aspects.

The individual model, or 'personal tragedy model' as Oliver sometimes calls it (e.g., 1990b: 1; 1996a: 31), is intended to capture not just the medicalisation of disability, but to highlight two further aspects of his view of the traditional, non-social conceptualisation of disability (1990a: 2). First, that the traditional view sees disability as inhering solely in the limitations or losses of the *individual* – that the 'individual is the locus of the disability', to use Areheart's phrase (2008: 186). Second, that the traditional view sees disability as a horrible misfortune that happens to unlucky individuals by chance – as we have already picked up on in §1.2. Oliver seeks to establish the relation between the individual and their society as the locus of disability, to challenge the common idea that bodily abnormality was necessarily a tragedy, and to show that disability was not the result of happenstance but social relations of oppression. Calling the traditional view of disability the “medical model”, he argues, draws attention away from these points.

In a sense, Oliver is right to worry that the term “medical model” distracts from these aims, and there would be an irony if the term commonly used to describe the medicalisation of disability caused us to only think of the medical *approach* to disability. But when we take medicalisation in the way I have characterised it in §1.2, we see that the location of disability in the individual and the view of disability as misfortune are *aspects* of medicalisation. Oliver’s rejection of the term “medical model” should remind us to think of the medicalisation of disability beyond medicine’s interactions with the disabled body in the confines of the clinic. However, the substantive difference he imagines there to be between the medical and individual models doesn’t seem to turn out to be there. If, then, the dispute becomes merely terminological, I will continue to refer to the “medical model” of disability, but leave readers free to write in “individual model” if they prefer.

1.3.2 Is Disability Just Impairment?

The threat from Oliver defused, we can turn to an ambiguity at the heart of my characterisation of the medical model of disability so far. To illustrate, let’s return to two expressions of the medical model’s view of disability cited in earlier sections of the chapter:

> The medical model defines disability as an individual defect lodged in the person, a defect that must be cured or eliminated if the person is to achieve full capacity as a human being. (Siebers, 2008: 3)
>
> In the context of health experience a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being. (WHO, 1980: 28)

It will be helpful here also to have the accompanying WHO definition of “impairment”:

> In the context of health experience an impairment is any loss or abnormality of psychological, physiological or anatomical structure or function. (WHO, 1980: 27)

If we substitute in the WHO definition of impairment, on Siebers's characterisation the medical model sees disability *just as* impairment – the disability is the "defect".[13] This is contrary to the WHO definition, on which disability is a lack of ability (subject to further specifications) that *results from* an impairment, but is not itself the impairment. And there's space for a third view here, too – that disability is impairment, but only when that impairment leads to a restriction of ability. To set these three candidates out clearly:[14]

> **Candidate 1:** Disability is impairment.
>
> **Candidate 2:** Disability is a restriction of ability resulting from impairment.
>
> **Candidate 3:** Disability is impairment, but only where an impairment leads to a restriction of ability.

Candidate 1 represents the Siebers characterisation, and Candidate 2 the WHO characterisation. Candidate 3 seems, at first glance, to be compatible with the Siebers characterisation but not the WHO characterisation.

The three candidates might seem substantively different, in a way that can't be merely put down to terminological variation between sources. And the lack of explicit proponents of the medical model means we can't survey a wide range of further sources and plump for the candidate that seems to have the widest support. Moreover, all three seem compatible with the story that I told in §1.2. Perhaps all three candidates are legitimate versions of the medical model.[15] So, I propose that we proceed with the most *plausible* of the three candidates. That is, the one that best overcomes obvious objections. That way, when we turn to the social model in Chapter Two, we can see how that view stacks up against the best version of the medical model.

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[13] Perhaps Siebers doesn't intend to give a full characterisation of the medical model definition here. In any case, his characterisation is a useful way in to one way we might understand the medical model, even if he is not himself endorsing that definition.

[14] I have omitted the further particulars about types of structure and function, and normal ranges, for simplicity's sake.

[15] Indeed, see e.g., Koon 2022 and Rioux 1997 for discussion of further views that may or may not be compatible with the medical model.

Candidate 1 seems like it will quickly run into trouble. First, if disability just is impairment, then it's not obvious that disability is distinct from illness. But perhaps this reflects something interesting about medicalisation – a view that disability isn't really distinct from illness – so let's set that test aside. Instead, consider that many things might count as bodily abnormalities/impairments that paradigmatically aren't cases of disability. Heterochromia, vitiligo, and even oversized benign moles – call these "minor differences" – could all plausibly count as impairments but aren't usually thought of as disabilities. Candidate 1 seems to just get the wrong result in these minor difference cases, in that it would count them as disabilities. These cases don't involve restrictions of ability, so there's nothing at all for Candidate 2 to grip onto in such cases, and Candidate 3 explicitly rules impairments without lack of ability out as counting as disabilities. So, let's reject Candidate 1 as a candidate for our medical model definition of disability on extensional grounds.

Adjudicating between Candidates 2 and 3 is somewhat murkier; there isn't an obvious extensional problem that one faces that the other overcomes. But one thought is that if restriction of ability is what distinguishes mere impairment from disability, then the restriction of ability is what's interesting and distinctive about disability. In identifying disability with that restriction of ability, perhaps Candidate 2 captures that better than Candidate 3. If Candidates 2 and 3 are thought to be substantively distinct, then perhaps that gives us reason to prefer Candidate 2 over Candidate 3. Alternatively, we might conclude that they're simply different formulations of the same view: that disability is a restriction of ability where that restriction arises from an impairment. I propose, therefore, the following characterisation of the medical model definition of disability, which is compatible both with the view that Candidate 2 ought to be favoured and with the view that there's little – if any – daylight between the two:

> **Disability$_{\mathrm{MM}}$:** Disability is the restriction, resulting from an impairment, of ability to perform an activity in the manner or range considered normal for a human being.

It's this characterisation of the medical model definition of disability that we will proceed with.

1.4 Chapter Summary

This chapter began (§1.1) with the observation that the medical model of disability is often referred to in the literature on social approaches to disability, but that quite what it is and who favours it are usually left unclear. To start to clarify this, (§1.2) I sketched a history of thought about bodily abnormality, from a theological and moral phase, through a legal phase, and into a medical phase in which the dominant way of thinking about the abnormal body is as biomechanical failure. I suggested that this finds an expression in the WHO definition of disability as restriction of ability resulting from impairment. I then (§1.3) clarified some difficulties with this definition – Oliver's denial of the existence of the medical model, and ambiguity about the relationship between impairment and disability – to arrive at a view of the medical model on which disability is defined as restriction, resulting from an impairment, of ability to perform an activity in the manner or range considered normal for a human being. This stands us in good stead to turn to characterising the social model of disability, and social model advocates' objections to the medical model, in Chapter Two.

Chapter 2 The Social Model of Disability

2.0 Introduction

This chapter sets out a characterisation of the social model of disability. In particular, it tries to demonstrate what someone who adopts the social model definition of disability is at the least committed to in terms of an both an ontological and normative view of disability. In doing so, I clarify some persistent confusions over the social model, and find that social model advocates need only be committed to weaker views than those often attributed to them.

I begin in §2.1 by providing some context for the social model, and setting out the basic definitional distinction between it and the medical model. In §2.2 I consider what ontological picture of disability those who sign up to the social model definition commit themselves to. I identify two benefits this ontological picture of disability is meant to offer to liberatory disability politics. In §2.3 I consider what normative picture of disability those who sign up to the social model definition commit themselves to. I identify a further benefit this normative picture is meant to offer to liberatory disability politics. §2.4 concludes the chapter with a summary.

2.1 Introducing the Social Model

In trying to locate the medical model in Chapter One, we've already seen glimpses – through comments from Oliver, C. Barnes, and others – of an alternative view: that disability involves social arrangements at least in addition to bodily defectiveness. This is an idea with some history behind it. In the US, Irving Zola points to evidence that some in the medical field were already drawing a distinction between impairment as a medical matter and disability as a social one as early as the 1950s (Zola, 1994). In the UK, politician and activist Alfred Morris was legislatively concerned with the social disadvantage and exclusion he and other disabled people faced by 1969, if not earlier (see Morris and Butler 1972: 9–10). Similar developments were happening around the same time in Canada, Sweden, and elsewhere (see Shakespeare 2006: 19–22; and Wasserman 2001). Subsequently, a range of views, centred on the idea that social arrangements play some role in what disability is, have emerged. This includes the North American “minority group” model (see e.g., Hahn 1985; and Rioux 1994), the “relational” model common in the Nordic countries (see e.g., Roulstone 2013; and Tøssebro 2004), and the “critical realist” approach advanced in Tom Shakespeare’s (e.g., 2014) more recent work.

All of these social approaches might reasonably be called “social models” of disability. But the view I want to focus on – “*the* social model” as I will call it – is the one often referred to as the “British”, “UK” or “strong” social model (Shakespeare, 2014: 11). This is not an arbitrary choice. The social model – as we’ll see in this chapter – both grew out of, and has been deeply influential in, the British Disabled People’s Movement (“DPM”). It is – as Frances Hasler (1993: 280–81) puts it – the DPM’s ‘big idea’, recontextualising the work of the DPM prior to the model’s emergence and shaping that work ever since.[16]

Earlier social approaches notwithstanding, the canonical narrative (see Shakespeare 2014: 17) is that the social model owes its origins, in the 1970s, to the work of the Union of the Physically Impaired Against Segregation (UPIAS). From them, we get:

> In our view, it is society which disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society. *[...]* Thus we define *[…]* disability as the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities. (UPIAS, 1975: 14)

The accompanying UPIAS definition of “impairment” is also worth stating:

> We define impairment as lacking part of or all of a limb, or having a defective limb, organ or mechanism of the body. (UPIAS, 1975: 14)

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[16] The social model has also significantly occupied the attention of contemporary philosophers of disability – for recent instances see e.g., E. Barnes 2016; Begon 2023; Greogry 2020; Howard and Aas 2018; Jenkins and Webster 2021; Lim 2018; and Reynolds (forthcoming).

Distilling this down, we can then schematise the social model view of disability as a definition:

> **Disability$_{SM}$:** Disability is oppression that results from social responses to impairment.[17]

We can then contrast this with the medical model definition that we arrived at in Chapter One:

> **Disability$_{MM}$:** Disability is the restriction, resulting from an impairment, of ability to perform an activity in the manner or range considered normal for a human being.

So, on the medical model, disability is a restriction of ability, relative to the normal human range, resulting from an impairment. On the social model, disability is oppression that results from social responses to impairment.

We have, then, the basic distinction between the medical and social models of disability. But as we've already seen in Chapter One, the medical model can be understood to bundle together ontological claims about disability with implied normative claims about how we should respond to disability. The social model is often understood to do something similar and, moreover, there has been confusion and disagreement about quite what those claims are. So, in what remains of this chapter, I want to set out the range of claims social model advocates make or appear to make. Somewhat mirroring my approach in §1.3, it may be that a range of these are legitimate versions of the social model, but what I want to get to is a sort of "minimum viable product" for the social model. That is, if one buys the Disability$_{SM}$ definition of disability, what is the least one is committed to? That way, we'll have both a clear view of the social model to proceed with into later chapters, and will have clarified some of the murkiness around the social model.

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[17] There may turn out to be some value in distinguishing weaker – e.g., "...*often* results..." – and stronger – e.g., "...*always* results..." – versions of this. But if disability just is oppression that results from social responses to impairment, it's not clear what the difference between these versions will be. If oppression does result from the social responses to impairment, then per the social model that's disability. If it doesn't, then it isn't.

2.2 The Ontological Social Model

The most immediate difference between the medical and social models as I characterised them in §2.1 is one of the definition of disability. That is:

> **Definitional Medical Model:** Disability is a restriction of ability (resulting from impairment).
>
> **Definitional Social Model:** Disability is oppression (resulting from social responses to impairment).

But there's something more going on here than the definitional picture of the distinction suggests. That is, the two models offer different pictures of the causation of disability:

> **Ontological Medical Model:** Disability (as restriction of ability) is caused by impairment.
>
> **Ontological Social Model:** Disability (as oppression) is caused by social responses to impairment.

On the medical model, impairment causes disability. On the social model, it's the *social responses* to impairment that cause disability.

It's worthwhile to note that the disagreement here isn't about the causation of disability in the sense of how it is individuals come to have the impairments in virtue of which they are disabled, although some social model advocates (see e.g., Abberley, 1987; Oliver, 1983) have focused on that question at times. The Ontological Medical Model isn't describing how disabilities come to be in the way that, say, the theologico-moral account of bodily difference discussed in §1.2 does. Rather, it's describing how those bodily differences that count as impairments cause disability. Similarly, the Ontological Social Model isn't giving an account of how social forces cause impairments. Rather, it's giving an account of how social forces, in response to impairments, cause disability.

We might wonder at this point what the causal role for impairment is on the Ontological Social Model. Amongst Oliver's more striking claims is that the social model insists that disability is nothing to do with the body (1996a: 35), and this might be thought to have some bearing here.[18] That is, perhaps we ought to distinguish stronger and weaker versions of the Ontological Social Model:

> **Strong Ontological Social Model:** Disability (as oppression) is *just* caused by social responses to impairment.
>
> **Weak Ontological Social Model:** Disability (as oppression) is caused by social responses to impairment, and by impairment.

I'll discuss the causal role of impairment on the social model further in Chapter Three, where I'll suggest that – despite the impression claims like Oliver's might give – nobody seems to seriously hold the Strong Ontological Social Model view. But for our purposes here it's enough to say that you can be a social model advocate just by holding the Weak Ontological Social Model view, since it departs from the Ontological Medical Model sufficiently in allowing some causal role for social responses, even if impairments themselves also have a causal role. Adopting the Disability$_{SM}$ definition only need commit you to the Weak Ontological Social Model.

A further disambiguation we might want to make concerns the scope of the Ontological Social Model. Claims like Oliver's "nothing to do with the body" one, as well as his allowing that illnesses may sometimes have 'disabling consequences' (1996a: 35), sometimes lead people to think that social model advocates are committed to the view that *all* disadvantages or restrictions disabled people face must result from oppressive social responses to impairment (see Thomas 1999: 41). Call this view:

> **Universal Ontological Social Model:** All disadvantages and restrictions faced by disabled people are caused by social responses to impairment.

An advocate of the Universal Ontological Social Model would have to explain how the apparently directly disadvantageous effects of some paradigmatic disabilities, like chronic

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[18] Note that Luke Beesley (2025) has recently argued – by appeal to an anchoring/grounding distinction – that Oliver should be understood as having a distinctly different set of social ontological commitments about disability to other post-UPIAS writers. I'll set this aside here as venturing into distinctions in metaphysical determination is beyond my scope, and just say that perhaps there are further distinctions to be made over the Ontological Social Model.

pain syndromes, are actually caused by social responses to impairment.[19] The social model in general has come in for attack on the assumption that social model advocates must hold the Universal Ontological Social Model view, most notably from feminists within disabilities studies arguing that the social model problematically disregards the disadvantage and restriction that having an impaired body can directly impose (see e.g., Crow 1996; French 1993; Morris 1991).[20] Happily for social model advocates, it's not clear that anyone does in fact endorse the Universal Ontological Social Model. Rather, as Thomas (1999: 38–45) has argued, these attacks seem to stem from confusing the Universal Ontological Social Model view with a more moderate one:

> **Restricted Ontological Social Model:** Disability just consists in the disadvantages and restrictions caused by social responses to impairment.

It's quite easy to see how this confusion comes about; "disability is just the bad things that arise from social responses to impairment" can sound, even if superficially, rather like "the only bad things that there are for disabled people arise from social responses to impairment". But social model advocates can – at least for our purposes here – stay neutral on whether there are any directly disadvantageous effects of impairments. It's consistent with the Disability$_{SM}$ definition that it's only those disadvantages and restrictions – or oppression – that are caused by social responses to impairment that are constitutive of disability. That is, the Disability$_{SM}$ definition only commits one to the Restricted Ontological Social Model.

The last thing to consider regarding the Ontological Social Model is how it might be motivated. That is, how might someone sympathetic to that general thought behind social approaches – that disability involves social arrangements at least in addition to bodily defectiveness – arrive at the more robust conclusion that disability is oppression caused by social responses to impairment? It might be possible to motivate the Ontological Social Model independently – that is, without needing a rich set of commitments elsewhere about social ontology, or history, or so on. One thought here is that advocates might present it as

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[19] I don't rule out the possibility of such an explanation, but it's not obvious how a defender of the Universal Ontological Social Model would go about giving one.

[20] I discuss this kind of objection further, with reference to my own account, in Chapter Five.

an answer to the heterogeneity problem. That is, that despite the varied differences between all of those things we ordinarily think of as disabilities, they all have oppression – caused, at least in part, by social responses to impairment – in common. Susan Wendell has before now suggested an argument along these lines (1996: 31). As a prima facie case for the Ontological Social Model, along inductive or argument from best explanation lines, this seems to do the job. Now, it might turn out that the correlation between impairment, oppression, and disability is weaker than first thought, or can be more compellingly explained in a different way. But as a way to initially get the Ontological Social Model off the ground, showing it answers the heterogeneity problem seems promising.

Pointing to the Ontological Social Model as an answer to the heterogeneity problem might also help explain its appeal to social model advocates beyond this prima facie motivation. The Ontological Medical Model, in identifying disability with restrictions of ability resulting from impairment, leaves disabled people as discrete individuals with a wide variance in conditions and experiences. Indeed, as Hurst (2000: 1085–6) notes, proponents of the medical model have before now explicitly claimed that there are no universal pan-impairment experiences amongst disabled people (see also Bickenbach *et al* 1999). In contrast, in having disability be constituted by oppressive social responses to impairments, the Ontological Social Model creates commonality between disabled people despite the diverse range of impairments they are thought to have as individuals.[21] Various social model advocates have explicitly held this up as a virtue of the model. Oliver (2004: 22) writes that this commonality played 'a crucial role in enhancing the collective consciousness of disabled people and in the emergence of the Disability Movement' (see also Campbell and Oliver 1996). The British Council of Organisations of Disabled People (1997) contrasts the individualising nature of the medical model with the collectivising nature of the social model as a basis for organised political action.[22] Paul Abberley (1987: 17) and Vic Finkelstein (2001:

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[21] Although Shakespeare (e.g., 2014: 17) is a notable critic of a focus on pan-impairment organising – see Chapter Five for some discussion of this.

[22] I don't want to delve too deeply here into the inner workings of the British Disabled People's Movement as it's often irrelevant to my purposes, but the BCODP was formed, as an explicitly pan-impairment organisation, by UPIAS in collaboration with a number of other organisations – see Baldwinson 2019 for a useful recent history.

10) make similar points. So that we can easily refer back to it for later purposes, call this apparent virtue of the Ontological Social Model:

> **Commonality:** Establishing something in common between people with an otherwise heterogeneous set of conditions, facilitating collective action.

The value of Commonality, then, can provide further motivation for endorsing the Ontological Social Model beyond answering the heterogeneity problem.

In addition to Commonality, a further virtue of the social model's ontological picture emerges out of the literature. As Alex Gregory (2020: 43) remarks, one of the functions of the definition is to express its advocates' hopes and desires for the future. As Liz Crow (1996: 56) writes:

> The social model of disability has enabled me to confront, survive and even surmount *[…]* exclusion and discrimination *[…]* It has enabled a vision of ourselves free from the constraints of disability.

Carol Thomas (1999: 15) echoes Crow's sentiments, and David Hevey says something similar (1992: 1–2). On the inverse, Jane Campbell and Oliver (1996: 106) quote early DPM activist Maggie Davis as wondering, on a medical model understanding of her disability, as 'what sort of future is there at all?'. What lives in these quotations is the picture of the future that the social model presents. In setting up disability as the oppression that results from responses to impairment, the social model allows a vision of a future in which there is no disability because nobody is oppressed in the relevant way.[23] Social model advocates have clearly found this personally transformative, as in Crow's case. But it also presents a view of what disability politics should be working towards: a future free of disability. We can capture this as:

> **Futurity:** Making the ideally-just future one in which there are no disabled people, because there is nobody oppressed in the relevant way.

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[23] See also Beckett and Campbell 2015 for some more recent discussion along these lines, albeit wrapped up in a Foucauldian setup that makes it too difficult to discuss at length here.

Like Commonality, then, Futurity is a way in which the social model's ontological picture is meant to contribute to disability politics, and this contribution might provide further motivate endorsing the Ontological Social Model.

It might be tempting, at this point, to think that social model advocates entirely place their ontological commitments as subordinate to political – and other normative, as we'll see in §2.3 – concerns. That is, that in motivating the Ontological Social Model, the thought process is something like "we want to change how disability is responded to, so the only consideration in formulating our ontological picture of disability is that it motivates those different responses". On this picture, the social model would be the kind of ameliorative conceptual engineering project – offering an account of disability that isn't concerned with describing what disability *is*, but rather what we should think of it as in order to best serve some socio-political goals – that I'm concerned with in later chapters.[24] It's certainly the case that part of social model advocates' investment in the model is what they see as its ability to do useful political work. Oliver has described the purpose of the social model as being to replace the view of disability as individual personal tragedy with a view of it as oppression and therefore generate policies to alleviate that oppression (1990b: 2). C. Barnes has called the social model an 'heuristic' and a 'tool' for identifying the ways in which a society disables its members and generating solutions to that (2012: 18).[25] And recent work by Elizabeth Cantalamessa (2021) supports the idea that some of the time social model advocates have been engaged in something that looks a lot like ameliorative conceptual engineering.

Plausibly, this ameliorative conceptual engineering route might be one way to motivate the Ontological Social Model, and I'll leave it open as one way someone sympathetic to the basic social approaches idea might come to endorse the Ontological Social Model.[26] But I think it would be factually incorrect to characterise – at least very many – social model advocates as

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[24] See Chapter Four for a fuller characterisation of ameliorative projects.

[25] In both cases, a plausible non-ameliorative reading of these claims is as a defence of offering a *model* of disability, rather than a full *theory* (see Oliver 2004).

[26] Although I'm doubtful that the Ontological Social Model is what an ameliorator would end up defending, given that I argue that the social model is ultimately lacking when it comes to serving the anti-ableist political project – see Chapters Three and Four.

coming to endorse the Ontological Social Model in this way. The social model broadly emerged out of an explicitly Marxist, materialist intellectual background, as reflected in the work of C. Barnes (e.g., 1996), Oliver (e.g., 1996b), Abberley (e.g., 1996), Finkelstein (e.g., 1980), and others (see UPIAS 1974). That is, the idea – broadly – is that material, economic conditions produce the category of disability and the oppression of disabled people. I won't explore this in detail here, not least because even within the materialist camp there is disagreement about quite how disability is produced – but see Bengtsson 2017; Priestly 1998; and Thomas 1999: 56–61 for helpful overviews. The principal implication for our purposes here is that this another way one might motivate the Ontological Social Model – by offering an account of how the category of disability comes to be produced by material, economic forces. Or perhaps that's backwards; if you think that the category of disability is produced by those forces, then you will arrive at the Ontological Social Model.

None of this is to say that you must be a Marxist to accept the Ontological Social Model. Neither do you need to be an ameliorative conceptual engineer, nor think that the Ontological Social Model's providing a solution to the heterogeneity problem is sufficient to endorse it. And, indeed, endorsing the Ontological Social Model doesn't necessarily commit you to any one of these positions. But we can now see *why* one might endorse the Ontological Social Model, and, indeed, how some social model advocates came to. And we've also got a clear view of the ontological picture that adopting the Disability$_{SM}$ definition, at minimum, signs you up to: the Weak Ontological Social Model and the Restricted Ontological Social Model. With that established, we can turn to the normative side of the social model.

2.3 The Normative Social Model

At this point, it should already be quite clear that the social model is very much a product of the Disabled People's Movement. UPIAS was born, in part, from members of the Disabled Income Group (DIG), an earlier organisation focused on campaigning for a right of disabled people to receive an income from the state (Finkelstein, 1991: 23–5). UPIAS was formed, in 1972, out of campaigning over the previous decade on income, employment and the rejection of institutionalised care for disabled people, but led by and for disabled people themselves and focusing on the social integration of disabled people in the round, rather than on single issues (Campbell and Oliver, 1996: 20–1; 63–4). It was not, then, merely a conceptual project, but an activist one. As I noted in Chapter One, social approaches to disability were intended not as pieces of intellectual debate, but as immanent responses to the situation those considered disabled on the medical model were in.

As was the focus of DIG, and later one of the inequalities identified by UPIAS (1975: 14), financial poverty was a key social disadvantage faced by those considered disabled on the medical model.[27] While the Disabled People's Movement had clearly long known this, it would be more widely established by reports including Harris, Cox, and Smith's *Handicapped and Impaired in Great Britain, Economic Dimensions* (1971) and Peter Townsend's *Poverty in the United Kingdom* (1979) (see also Bury 1996: 20). How this should be remedied has been a source of disagreement both between the Disabled People's Movement and advocates of the medical model, and within the Disabled People's Movement itself. As Richard K. Scotch (2000: 14) has noted, the medical model response to economic inequality is either to "cure" the impairment seen as the barrier to employment, or to attempt to alleviate the inequality via compensatory payments from the state. This latter strategy was also favoured by DIG. UPIAS opposed these views, advocating instead for integrated employment through changes to how the world of labour is organised (1975: 14–5; see also Thomas 1999: 16–7). Reliance on welfare payments creates, social model advocates argue, dependency on the state at the cost of autonomy and dignity, and reinforces the view of the disabled as sufferers of personal tragedy to be pitied (Oliver, 1996a: 64–5).

It should come as no surprise that "cure" is the primary response to disability on the medical model; recall from Chapter One that medicalisation involves medicine's dominance in understanding, defining, and treating bodily abnormality. Advocates of the social model have widely rejected the idea that the correct response to disability is to try to cure or rehabilitate the underlying impairment. The principal motivation for this rejection is what social model advocates see as medicine's insistence on "restoring the patient to normal"

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[27] Income inequality and poverty are still, of course, suffered by disabled people today – for recent accounts see e.g., Clifford 2022; Fitzpatrick *et al* 2023; Joseph Roundtree Foundation 2025; and Ryan 2020.

regardless of the cost to the patient in terms of the pain and suffering involved (Oliver, 1996a: 36–7). Siebers also points to a further cost to the patient; the reinforcement in the social sphere of the medical sphere's judgement that the patient is "defective", and vice versa (2008: 72).

In cases where cure or rehabilitation are not possible and welfare payments insufficient – and perhaps even where this is not the case – the response under the medical model has often been that of institutional residential care. This has, as noted earlier, been another focus for disability rights activism. Finkelstein's (2001) account of residential care is particularly stark. He recounts the events in the early 1970s around research by Eric J. Miller and Geraldine V. Gwynne into the running of residential homes for the disabled (see Miller and Gwynne 1972). Those considered disabled on the medical model, and who were seen as unable to function independently and could not be medically restored to "normality", were committed to these homes, whereupon they were considered "socially dead" – that is, that they were no longer considered to be socially significant. The function of those institutions, Finkelstein argues, was merely to manage the residents until social death became physical death. Far from recommending that this model of residential care be amended or disposed of to prevent this social death, Miller and Gwynne's research proposed measures to better manage this process. Understandably, the residents of the homes involved in the study – one of whom was Paul Hunt, who would later be a UPIAS representative at the meeting where the *Fundamental Principles* were drawn up – were horrified and entirely rejected this model of residential care, agitating instead for one where residents had far greater control over their own lives (Finkelstein, 1991: 20–1). The Disabled People's Movement's response, again, was to campaign for a reformulation of social arrangements, replacing this kind of institutional "care" with arrangements where disabled people were empowered to exercise independence and autonomy over lives lived within their communities rather than segregated from then. A notable product of this is the Centres for Independent Living movement; organisations run by and for disabled people that provide resources to live just such lives (C. Barnes, 2012: 15).[28]

Boiling down these characterisations of the medical and social model pictures of the appropriate responses to disability we initially get:

> **Normative Medical Model:** We should solve the difficulties faced by disabled people by curing or rehabilitating their bodies.
>
> **Normative Social Model:** We should solve the difficulties faced by disabled people by changing society, not their bodies.[29]

This picture of the Normative Medical Model looks suspect, however. We've already seen that sometimes, on the medical model, disability is responded to through financial means, or through residential care. And it's unclear, even on the medical model's own terms, that these responses would count as "solving" the difficulties faced by disabled people. Rather, they seem more like steps to be taken when cure or rehabilitation are unavailable as solutions. So, instead, we should distinguish:

> **Strong Normative Medical Model:** Always, we should respond to the difficulties faced by disabled people by curing or rehabilitating their bodies.
>
> **Weak Normative Medical Model:** Often, we should respond to the difficulties faced by disabled people by curing or rehabilitating their bodies (and at other times through e.g., financial means, or residential care).

I take it that the Weak Normative Medical Model is straightforwardly what those who sign up to the Disaiblity$_{MM}$ definition will go on to endorse. More interesting is the equivalent distinction for the Normative Social Model:

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[28] Per SPECTRUM's – an early and still-running CIL in Southampton – characterisation, the aim is to 'help Disabled People to become empowered to live the lifestyle of their choice, and realise the same opportunities and control that non-disabled people take for granted' (SPECTRUM, 2025).

[29] The shape of these schematisations is indebted to Gregory's (2020) version of a normative social model.

> **Strong Normative Social Model:** Always, we should respond to the difficulties faced by disabled people by changing society, not their bodies.
>
> **Weak Normative Social Model:** Often, we should respond to the difficulties faced by disabled people by changing society, not their bodies.

C. Barnes, and Oliver, are both keen to point out that social model advocates need not reject medical intervention on impairments *entirely* (C. Barnes, 2012: 18; Oliver, 1990a: 5). Rather, the objection is that medics are all too willing to medically intervene in cases without regard for the patient's own perception of their quality of life or the suitability of "treatment" (Oliver, 1990a: 5). Crow also notes (1996: 64) that cases where rehabilitative programmes will – in the name of "restoration to normality" – insist on a person spending hours painfully dressing themselves rather than providing assistance are common.

At first glance, these observations seem to lend weight to the idea that social model advocates must sign up to the Strong Normative Social Model. But there may be a problem here – C. Barnes and Oliver are talking about medical intervention on *impairments*. It's not clear whether medically intervening on an impairment – on the underlying "bodily abnormality" – counts as responding to the difficulties faced by disabled people by changing the body. If we endorse the Restricted Ontological Social Model – per §2.2 – then we're signed up to the idea that there are difficulties faced by disabled people that aren't caused by social responses to impairment. This is compatible with intervening to change a disabled person's body, even on the Strong Normative Social Model, because the difficulties in question aren't difficulties faced *qua* disability.

But I take C. Barnes and Oliver to be saying more than just that it's acceptable to medically intervene on impairments as a response to difficulties faced by disabled people when those difficulties aren't caused by social responses to impairment. They're saying that, sometimes, social model advocates can accept medical intervention on an impairment, even when the disadvantage related to the impairment *does* arise via social responses. So – purely as an example – it might be tolerable to social model advocates for a d/Deaf person to have cochlear implants installed, even if the disadvantage they face stems from social responses to d/Deafness, rather than directly from the underlying impairment. But in other cases, social model advocates will argue for the alteration of social arrangements such that the individuals concerned enjoy similar economic and social rights and access as the non-disabled. This can be achieved, for example, by the removal of ‘such things as flights of steps, inadequate public and personal transport, unsuitable housing, rigid work routines in factories and offices, and a lack of up-to-date aids and equipment’ (UPIAS, 1974: 1).[30] Given this, we can conclude that social model advocates only need sign up to the Weak Normative Social Model. That is, adopting the Disability$_{SM}$ definition only minimally commits you to the view that often we should respond to disability by changing society rather than disabled people’s bodies, but that intervening on those bodies may also sometimes be permissible.

The Weak Normative Social Model quite neatly follows the Restricted Ontological Social Model. That is, if you think that disability just consists in the difficulties and restrictions caused by social responses to impairment, then it makes sense that very often our response to disability should be to change society, because it’s the social responses to impairment that are causing the problem. In UPIAS’s call for changes to the built environment, labour practices, and resource provision we’ve seen some specific examples of changes that could be made. But social model advocates also point to a more general shift that the model calls for. In replacing the view of disability as individual tragedy with one of disability as oppression, we’re to think about alleviating that oppression in our responses to disability. Oliver is explicit that this general refocusing on oppression is in part intended to help in generating policies that alleviate it (1990b: 2–3). Similarly, C. Barnes (2020: 20) writes that the social model is meant to ‘provide insights into the disabling tendencies of modern society in order to generate policies and practices to facilitate their eradication’. Paralleling Commonality and Futurity, this is held up as another virtue of the social model, and can be captured as:

> **Centring:** Placing the oppression of disabled people at the heart of theorising about disability, to aid in exposing and overturning that oppression.

Even if, as I’ve argued, the Disability$_{SM}$ definition only commits one to the Weak Normative Social Model, often we should respond to disability by taking steps to alleviate the

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[30] Of course, this poses the question of *when* a medical intervention is appropriate versus a social intervention, and how we tell. This isn’t clear from the literature, and I won’t try to adjudicate the matter here.

oppression – the “restrictions and disadvantages” – of disability. We’ll proceed on the view that social model advocates endorse, at minimum, the Weak Normative Social Model, but that – as captured by Centring – this still represents a substantive shift away from medical model responses to disability and towards changing social arrangements.

2.4 Chapter Summary

This chapter began (§2.1) with the basic distinction between the medical model of disability – on which disability is the restriction of ability resulting from impairment – and the social model – on which disability is the oppression that results from social responses to impairment. I then (§2.2) distinguished the ontological claims that the basic medical and social model definitions of disability might commit one to. I argued that adopting the social model definition of disability commits you to, at least, the Weak Ontological Social Model and the Restricted Ontological Social Model. That is, to the views that disability is caused by social responses to impairment and by impairment, and that disability just consists in the disadvantages and restrictions caused by social responses to impairment. I showed that, however the social model’s ontological picture comes to be motivated, the highlighting of something in common between people with a diverse set of impairments – “Commonality” – has been held up as a particular virtue of adopting the social model. I also showed that the view of the ideally-just future as one with no disabled people in it, because nobody is oppressed in the relevant way, is held up as a virtue of adopting the social model. I captured this as “Futurity”. Turning to the normative (§2.3), I distinguished normative versions of the medical and social models, and showed how the DPM’s opposition to “cure” as the primary medicalised response to disability motivates the social model’s promotion of changing society, rather than bodies, as a response to disability. However, I argued that adopting the social model definition of disability only commits one to the Weak Normative Social Model – that is, to the view that in some instances responding to disability by changing disabled people’s bodies may be acceptable. However, even on the Weak Normative Social Model, the social model is thought to motivate a broad move towards thinking about disability in terms of oppression – “Centring” – and its advocates hold this up as a further virtue of adopting the social model.

The minimal picture I've given here clarifies some of the confusion about what social model advocates must be committed to. This is worthwhile for its own sake, in that it shows that the social model only need commit one to rather less than is sometimes thought. But it also stands us in good stead to look deeper at the role the notion of impairment plays for the social model – and which I'll ultimately argue gives us reason to want to look past the social model – in Chapter Three.

Chapter 3 Against the Social Model

3.0 Introduction

In this chapter, I turn from chiefly characterising the medical and social models of disability – as in Chapters One and Two – to arguing that we shouldn't be satisfied with the social model.

I begin in §3.1 by arguing that, contrary to what is sometimes thought, the social model allows a role for impairment in the causation of disability. I further argue that the social and medical models share the same concept of impairment. In §3.2, I argue that the social model faces problems in light of the conclusions of the previous section. The social model fails to be properly explanatory, and the retention of the medicalised concept of impairment sits poorly with the political aims of the model and its advocates. In §3.3 I consider whether an alternative understanding of impairment could save the social model from these problems, but conclude that the likely candidates aren't promising. §3.4 concludes the chapter with a summary.

3.1 Impairment and Causation

The social model has come to find itself pressed from both sides. From one side, critics argue that the social model too deeply divorces disability from the impaired body (see e.g., Shakespeare 2014; Siebers 2008; Terzi 2004). From the other, critics argue the inverse – that the social model insufficiently divorces disability from impairment (see e.g., E. Barnes 2016; Tremain 2002). In this chapter, I take up this latter strand of thought.[31] To begin, we first need a better understanding of what social model advocates understand impairment to be. That is, what concept of impairment are they using? Prior to this point, I've been loosely treating the medical model and social model as using the same concept of impairment. This, it will turn out, is correct, but it's as well to say so explicitly, because my objections to the

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[31] I explore the former kind of criticism, with reference to social construction and my own account, in Chapter Five.

social model in §3.2 turn on this point. Recall the WHO definition of impairment from Chapter One:

> In the context of health experience an impairment is any loss or abnormality of psychological, physiological or anatomical structure or function. (WHO, 1980: 27)

Recall also the UPIAS definition of impairment from Chapter Two:

> We define impairment as lacking part of or all of a limb, or having a defective limb, organ or mechanism of the body. (UPIAS, 1975: 14)

For our purposes, it should we clear that we can take these two definitions to correspond to the same concept.[32] There are no obvious differences in intension or extension between the two. Absent some striking reason to think otherwise, "loss" and "abnormality" in the WHO definition and "lack" and "defect" in the UPIAS definition seem interchangeable. Likewise, "anatomical structure or function" and "limb, organ or mechanism" seem to capture the same range of things. So, both the medical and social models make use (with room for some haggling on the exact wording) of:

> **IMPAIRMENT:** Loss or defect of a limb, organ, or mechanism of the body.[33]

There's a worry that's worth briefly addressing before we move on – that even if the UPIAS characterisation of the social model makes use of IMPAIRMENT, later social model advocates might not. But there's little indication that this is the case.[34] The canon is full of citations of the UPIAS definition and implicit or explicit endorsement thereof (see e.g., C. Barnes and Mercer 2003; Morris 1993; Oliver 1983; 1996a). The disagreement with the medical model is always framed as being about disability – and the relationship between disability and

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[32] Omitting the reference to psychological function in the WHO definition given my focus on physical disabilities, that is.

[33] I'll use SMALL CAPS to pick out concepts themselves going forward.

[34] One notable deviation is the Disabled People's International (1982) definition of impairment, on which impairment is the functional limitation caused by an impairment. I'm going to set this aside as, at best, perplexingly circular.

impairment – rather than about the nature of impairment. So, we'll proceed on the view that both models employ IMPAIRMENT.

In Chapter Two, I largely parked the question of the social model's view of the causal relationship between impairment and disability beyond distinguishing the following:

> **Strong Ontological Social Model:** Disability (as oppression) is *just* caused by social responses to impairment.
>
> **Weak Ontological Social Model:** Disability (as oppression) is caused by social responses to impairment, and by impairment.

I suggested that the Disability$_{SM}$ definition only commits one to the Weak Ontological Model, and that it wasn't clear that anyone holds the Strong Ontological Social Model view. I want to turn to this properly now. Social model advocates and opponents alike sometimes seem to claim that the model holds no link between disability and the body – compare Oliver's (1996a: 35) claim that disability 'is nothing to do with the body', and Shakespeare's (2014: 26) claim that the social model 'breaks the link between disability and impairment'.[35] These claims would seem to suggest that there is no causal role for impairment on the social model, and that the Strong Ontological Social Model ought really to be the one that the Disability$_{SM}$ definition implies. That is, that the social model ought to be understood as saying that social arrangements are the entire cause of disability, and that the body – and impairment – play no causal role.

What should we make of this? The first thing it will be helpful to do is to disambiguate the question of the role of impairment in the causation of disability from two separate debates – both of which I gestured at in Chapter Two – with which it is sometimes unhelpfully confused. The first is a question about the role of social arrangements in the causation of impairments. At times – in, for example, Paul Abberley's (e.g., 1996) work – discussion of whether impairments are socially *caused*, as in an instance where one acquires arthritis because of one's job, can be mistaken for discussion of whether impairments are socially *constructed* (see also Doyal and Pennell 1979; and Oliver 1983). If one accidentally comes to

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[35] I'll understand references to "the body" and to "impairment" as equivalent, since impairment just is the bodily component of the social model.

the view that impairments are socially constructed in this way then it might seem that the social model view of disability does deny a role for the body, because both disability and impairment are entirely explained by social arrangements. But I take it that this is not a view that social model advocates should be read as espousing. The question of whether social arrangements play a causal role in people coming to have impairments is a distinct question to that of whether impairment plays a causal role in disability.

The second debate that sometimes muddies the water is that of whether impairments can directly contribute to disabled people's disadvantage. That is, the question of "do impairments cause disadvantage?", rather than "does impairment (partly) cause disability?". It's easy to sometimes conflate these two. Shakespeare, in his critique of the social model, objects to the idea that impairments play no causal role in disability – i.e., to the Strong Ontological Social Model – not because he believes that the social model is wrong to deny impairment as only a part of the causal picture, but because he believes that the effects of impairments contribute to disabled people's disadvantage (2014: 31). The objection is framed as being to the Strong Ontological Social Model, but actually addresses the Universal Ontological Social Model. Similarly, Crow (1992; 1996), French (1993), Morris (1991), Terzi (2004), and Thomas (1999; 2004) are all at times critical of the social model on the grounds that they see impairments as contributing to the problems disabled people face. But as Thomas (1999: 41–5) herself identifies, these criticisms again target – what I've called – the Universal Ontological Social Model. The Strong/Weak Ontological Social Model and the Universal/Restricted Ontological Social Model come apart, and we should be careful not to confuse discussion of the latter with the former. That is, you can hold the (Strong Ontological Social Model) view that disability is just caused by social responses to impairment, without holding the (Universal Ontological Social Model) view that all of the disadvantages and restrictions faced by disabled people are caused by social responses to impairment.

With the scope of the question clarified, what sense should we make of claims to the effect that disability has nothing to do with the body? Such claims are perplexing. On the Disability$_{SM}$ definition of disability, it seems straightforwardly the case that all disabled people have impairments, and that, since they are disabled in virtue of social responses to those impairments, it's true that impairment is a part cause of disability on the social model. That is, the Disability$_{SM}$ definition seems to straightforwardly imply the Weak Ontological

Social Model. So why not dismiss claims that disability has nothing to do with the body as hyperbole, or confusion between the different ontological claims the social model might involve, or so on, and move on? Simple framings in terms of specific accounts of causation would seem to recommend this – a counterfactual analysis on which impairment counts as a cause because one wouldn't be disabled if one weren't impaired; a necessary and sufficient conditions analysis on which impairment is necessary but not solely sufficient for disability, so counts as a cause; and so on. But it's not clear that more robust accounts of causation would all lead us to the conclusion that impairment is at least a part cause of disability on the social model picture.

Happily, it's not necessary to divert here into an extended exploration of the metaphysics of causation – and, at any rate, there's little in the literature to go on in terms of trying to work out which metaphysics of causation, if any, people like Oliver are committed to.[36] Instead, I propose that Oliver, and those social model advocates that make similar claims about there being no causal link between impairment and disability, are making claims about the *pragmatics* of our causal explanations. That is, they're advocating for a particular way of *talking about* or explaining the causes of disability, rather than making a metaphysical claim about those causes.[37] The social model's ontological picture of disability is a denial of the medical model ideas that impairment is the *sole* cause of disability and that – as Shelley Tremain (2002: 41–2) puts it – disability is a necessary consequence of impairment. What many social model advocates are arguing is that the *other* necessary but not sufficient condition for disability – socially oppressive responses to impairment – is the one that is interesting, that we should really care about, and should shape our normative stance toward disability. Recall from Chapter Two that even on the Weak Normative Social Model, where medical intervention can be acceptable, the social model is still intended to reorientate our

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[36] There might be a fruitful and interesting project to be had in trying to derive a platform of general metaphysical positions from the politics of early social model advocates like Oliver – see Beesley 2025 for some (fruitful and interesting) discussion in this direction. But that's beyond the scope of my project here.

[37] I'm not trying to make a wider point about causation here in the vein of, say, R. G. Collingwood (e.g., 1938). Rather, I'm just trying to make specific sense of claims like Oliver's about the impairment-disability relationship.

responses to disability as primarily contending with oppression, per Centring. On this view, impairment isn't the *sole* cause of disability, and we're being misguided if we're focusing on impairment, rather than on the social cause of disability. This is how we make sense of claims like Oliver's to the effect that impairment, or the body, is nothing to do with disability. What disabled people's bodies are actually like – for Oliver, impairment is 'nothing less than a description of the physical body' (1996a: 35) – often shouldn't matter to our responses to disability, since our interest should be in, and our responses should be to, disabled people's oppression. Claims like Oliver's can, then, be read as entirely compatible with the Weak Ontological Social Model.

An alternative explanation might be that we shouldn't read Oliver's claim as being about the ontological relationship between impairment and disability at all. Elsewhere (1990a; 2004), Oliver talks about the "problems" of disability being nothing to do with the body and entirely to do with society. It might be, then, that understanding the "nothing to do with the body" claim as a claim about the ontological relationship between impairment and disability is to get embroiled in the kind of confusion I discussed earlier in this chapter. That is, perhaps we should understand this claim as being about the *difficulties* disabled people face in virtue of disability being caused by society and not their impairments, rather than as being about *disability* not being caused by impairment. It might be that this is another instance where discussion of the Universal/Restricted Ontological Social Model distinction has been mistaken for discussion of Strong/Weak Ontological Social Model Distinction.

In either case – whether Oliver is making a pragmatic move, or whether this is another instance of confusion about the ontological claims under discussion – Oliver's claim turns out not to be a battle cry for the Strong Ontological Social Model after all. Absent Oliver's claim, and understanding criticisms of the social model in Strong Ontological Social Model terms to actually be addressing the Universal Ontological Social Model, it's not clear that anyone holds the Strong Ontological Social Model view. This clarifies matters. The Disability$_{SM}$ definition only commits one to:

> **Weak Ontological Social Model:** Disability (as oppression) is caused by social responses to impairment, and by impairment.

Impairment is therefore a part cause of disability. It wouldn't be right to say that, were social model advocates committed to the Strong Ontological Social Model, then IMPAIRMENT would have no role to play in the social model. But in virtue of my conclusions in this section, we shouldn't understand claims like "disability is nothing to do with the body" to mean that IMPAIRMENT has no role to play in the social model view of disability. Just as disability depends on impairment for social model advocates, the social model depends on IMPAIRMENT. And it's because of this that it runs into trouble.

3.2 The Trouble with Impairment

A full knock-down rejection of IMPAIRMENT and the social model along with it would be a thesis-length project by itself. In future chapters – see especially Chapter Four – I will argue that we can get what's valuable about the social model as an account of disability without needing to hold on to IMPAIRMENT. So, rather than aiming for that knock-down rejection, in this section I want instead to say just enough to show why we might be dissatisfied with the social model, and why we might therefore want to move past it and adopt an account like my own. Put another way, what I want to set up here is that – given I'll later argue we can do without it – IMPAIRMENT is a lot of trouble for what it's worth. I'll first (§3.2.1) take up an objection from E. Barnes to the effect that the social model fails to be properly explanatory, and that trying to resolve this by reference to a normal functioning account of impairment fails. I'll then (§3.2.2) argue that retaining IMPAIRMENT is damaging to social model advocates' political project.

3.2.1 Impairment and Normal Functioning

E. Barnes (2016) has produced one of recent years' more popular and influential post-social-model social constructionist accounts of disability. I discuss her positive proposal in Chapters Six and Seven, but what's relevant for our present purposes is her own motivation for wanting to move past the social model. E. Barnes's principal reason for rejecting the social model is its reliance on IMPAIRMENT (2016: 24–5). In her terms, the social model fails to be properly explanatory because it places a great deal of the burden of explaining what disability is on IMPAIRMENT. E. Barnes sets a good deal of store by accounts' ability to be unifying or explanatory regarding the paradigm cases of disability (2016: 12). The thought with the social model, then, is that while cases of disability might be unified by oppression – see Chapter Two – the account fails to be properly explanatory because it doesn't tell us enough about impairments.

At first glance, E. Barnes's critique seems somewhat ungenerous to the social model, given our discussion in §3.1. We have a view of the concept the social model makes use of:

> **IMPAIRMENT:** Loss or defect of a limb, organ, or mechanism of the body.

This is readily gleanable from social model advocates' writing. But I take it that E. Barnes's real complaint is that IMPAIRMENT isn't good enough.[38] That is, that we lack a view of what it takes for something to be a loss or defect of a limb, organ, or mechanism of the body. E. Barnes's further suggestion is that in trying to get to that view, we'll have to fall back on one of the naturalistic accounts that she's already rejected (as accounts of disability) by this point in her project (2016: 25–6).

E. Barnes considers two kinds of naturalistic account: "inability" accounts (2016: 16–20), and the "normal functioning" account (2016: 13–16). The former of these I'm going to set aside here, on the grounds that we've already seen in this chapter that social model advocates identify impairments with bodily states themselves, in a way that seems incompatible with understanding the bodily losses or defects involved in impairment in terms of inabilities – but see Amundson 1992; Buchanan *et al* 2000; and Gregory 2020 for a range of inability accounts of disability.[39] And, indeed, E. Barnes herself recognises that some inability accounts require IMPAIRMENT to do some work in picking out the relevant inabilities, so some simply won't be able to do the job required (2016: 18). So, we'll instead focus on the latter category of the two naturalistic accounts: the "normal functioning" account.

As E. Barnes presents the normal functioning account, it was popularised by Norman Daniels (see 1985) but formulated and developed by Christopher Boorse (see e.g., 1977; 1997; 2014). As Ron Amundson (2000) and Erik Krag (2014) note, Daniels seems to take Boorse's position to be straightforwardly correct and doesn't set it up at great length, so we'll focus

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[38] Or, perhaps, that this readily gleanable definition of IMPAIRMENT isn't good enough.

[39] Additionally, we've already seen *disability* defined in terms of restrictions of ability on the Ontological Medical Model, and too much inability talk now is apt to become needlessly confusing.

on Boorse's own formulation of the view. An intuitively appealing view on bodily functioning is that, for example, the heart's function is to pump blood around the body, and that when it does this within a given range of efficiency it is functioning normally. We might, additionally, think that this range within which functioning is normal is a matter of mere statistics. The thought might be that for any bodily function, there will be a statistical norm for that function's level of efficiency or performance, surrounded by "normal variation". A departure from this normal variation would constitute abnormal functioning. The statistical norm for cardiac pumping efficiency might be ninety percent of maximum capacity, with the normal variation being between eighty and one hundred percent. An efficiency of less than eighty percent would count as abnormal functioning. Abnormal functioning, understood in this way, would count as an impairment – answering the question of what counts as a defect of a limb, organ, or mechanism of the body.

But, as Boorse notes (1977: 546–7), there are statistically abnormal conditions – e.g., having red hair, or type O blood – that just don't seem like impairments.[40] And there are some conditions – e.g., dental caries, or minor lung inflammation – that we might well think count as impairments, but are statistically normal. If cavities and hay fever don't quite give the idea, then we can easily imagine more severe instances of this – a heavy drinking society where liver cirrhosis is the statistical norm, for instance. So, the purely statistical conception of normal functioning needs some kind of relativisation mechanism that sets a standard to measure against even in cases where some condition is present in the majority of an actual population.

Boorse introduces two relativising mechanisms in his account of normal functioning, in the pursuit of a view of what he calls 'theoretical health' – an empirical, value-free account of health and functioning in line with medicine and physiology (1977: 542–3). The first is that of "reference classes". A reference class is a 'natural class of organisms of uniform functional design' (Boorse, 1977: 555). Reference classes are limited to age groups and sexes of a species (Boorse, 1997: 7). In part, these serve to prevent obviously implausible extensional

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[40] Boorse's original account predominantly discusses normal functioning in terms of health and disease, but he has since explicitly endorsed his account as a way of filling out what counts as a defect for the purposes of IMPAIRMENT (see 2010: 65).

results, like males having impairments in virtue of being unable to bear children. Members of the reference class of “adult male” do not have the necessary anatomy to bear children, so it is not abnormal for them to “lack” the relevant organs, and so this lack doesn’t constitute an impairment.

The second relativising mechanism centres on Boorse’s understanding of what exactly a “function” is. For Boorse, a biological function is a contribution to a goal. These goals (and thus functions) exist within a hierarchy, with an organism’s survival and reproduction at the apex of that hierarchy (1977: 555–6; 1997: 8–9). A crude example sketch of such a functional hierarchy might look something like: the function of the lens of the eye is to focus light on the retina; the function of the retina is to convert that light to a nervous signal; the function of the occipital lobe is to process this image data; and processing the image data allows for better avoidance of threats and location of mates. Of course, each aspect of this hierarchy will be part of other hierarchies, from the functions of the individual cells in the lens, optical nerve, and occipital lobe upwards. We can therefore judge the functioning of any body part or process in this chain based on its contribution to these overarching goals of survival and reproduction. Crucially, these function statements are about the *typical* or *standard* contribution of a part or process to the hierarchy of functions and goals. The existence of people with cataracts does not, for Boorse, make it false that the lens of the eye’s function is to focus light, because it is typical for the lens to contribute to goals in the way described above (Boorse, 1977: 557). For any reference class, there is a statistically idealised organism, where each aspect of its interlocking functional hierarchies is statistically typical. Boorse calls this the ‘species design’ (1977: 557). Species design also underpins the idea of reference classes. Some variation can be handled disjunctively, so it is typical for human blood type to be A, B, AB or O, or for human eye colour to be blue, brown, grey, or green, for example (1977: 558; 1997: 32). However, functions are too different in males and in females, and in infants and in mature adults, for this disjunctive strategy. Different sexes and ages groups must, then, constitute different species designs and therefore different reference classes (1977: 557–8).

Putting all of this together, then, we have the Boorse’s account of normal functioning: normal functioning of a bodily part or process is the performance of its statistically typical functions with at least statistically typical efficiency – that is, within the normal distribution for the reference class. This would give us a view of what it takes for something to be a loss or defect of a limb, organ, or mechanism of the body; where a bodily part or process does not perform its statistically typical functions within the normal distribution for the reference class, that counts as a loss or defect, and therefore as an impairment. We have, then, an answer to how turning to the normal functioning account could make IMPAIRMENT, and thereby the social model, sufficiently explanatory, in principle, to meet E. Barnes's demands. But as I've already noted, she rejects the normal functioning account – but why? E. Barnes's principal objection is that the normal functioning account is extensionally suspect. She points out that Michael Phelps, the competitive swimming virtuoso, has a variety of conditions which involve departures from normal functioning. For instance, Phelps has hypermobile joints, and muscles that produce little lactic acid. But E. Barnes thinks it's clearly the case that Phelps, despite these divergences from normal functioning, doesn't have an impairment (2016: 14).[41] I think it's debatable whether Phelps is *paradigmatically* non-impaired per the way E. Barnes sets up how she'll understand extensional objections (see 2016: 10–11), but I accept that it does still seem to be a surprising to conclude that he does have an impairment. So, on a normal functioning view of impairment, the view overgeneralises to cover Phelps, and that, for E. Barnes, is reason enough to reject it.

E. Barnes does point to an additional case where the normal functioning view of impairment appears to overgeneralise that is also worth discussing, however. As she notes, if – per Boorse (e.g., 1977: 555–6) – part of what makes functioning abnormal, and therefore an impairment, is a failure to make a statistically typical contribution to a hierarchy of functions topped by individual survival and reproduction, then it looks like being gay counts as an impairment (2016: 14). Indeed, Boorse has at times (see Boorse 1975) explicitly argued that

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[41] E. Barnes discusses normal functioning, and the Phelps case, in terms of disability, rather than impairment – as I noted earlier, she rejects naturalistic accounts in discussion preceding her social model material, and then refers back to those accounts in terms of how they might be used in an account of impairment. But she also says (2016: 5) that she frequently uses "disability" in the way "impairment" is often used. So, I'm going to help myself – for the sake of simplicity and consistency – to talking about impairment here.

homosexuality counts as abnormal functioning.[42] For E. Barnes, it straightforwardly counts as an extensional failure for an account to conclude that being gay is an impairment. In getting the wrong conclusions on Michael Phelps, and on being gay, a normal functioning understanding of impairment is unacceptable to E. Barnes. This might also be enough for some readers to conclude that, if we must adopt a normal functioning understanding of what counts as loss or defect per IMPAIRMENT in order for the social model to be satisfactorily explanatory, then we should look to move on from the social model. If so, then that suits my purposes just fine. But the reason for discussing the homosexuality case is largely to set up a different reason we might find the normal functioning account objectionable.

I suspect that part of the force of the homosexuality counterexample to the normal functioning view stems from a widely held implicit view that it's *bad* to have an impairment, and that being gay isn't bad for you in the way that we imagine many of the things we ordinarily consider to be impairments are.[43] But for Boorse, even if homosexuality does turn out to be a case of abnormal functioning, we need not find that conclusion 'disturbing' (2014: 691). Recall that Boorse's account is intended to be value-free. Something counting as an impairment is meant to merely be a descriptive matter. But as E. Barnes herself comments (2016: 15), the longer we look at the normal functioning account, the more it appears to be implicitly normative. Boorse's use of reference classes plays a large role in moving his account away from the clearly implausible merely statistical account. But we might wonder why Boorse only allows age and sex (and possibly race – see 1977: 558; and 2014: 702) as the variables in the setup of each class. We could think up all sorts of potential reference classes, from "left-handed humans" to "humans with paraplegia". But if we were to allow a reference class like "humans with paraplegia", then the account would produce the conclusion that, at least with regards to the functioning relevant to mobility, people with paraplegia were not impaired. If paraplegia is a paradigmatic case of impairment, which we tend to think it is, then this would be the wrong result. But to rule out a potential reference

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[42] This is usually considered principally in mental terms (see Krag 2014: 430), which is beyond the scope of both mine and E. Barnes's projects. But let's grant for the sake of argument that sexual orientation might have a physiological basis.

[43] Indeed, E. Barnes herself makes some use of the broad assumption that impairment/disability is bad for you elsewhere in her project – see e.g., 2016: 55–6.

class on the basis of it producing this kind of result would be circular, since reference classes are part of the accounts process for determining whether a condition counts as an impairment. And, as Elselijn Kingma (2007: 129) points out, Boorse can't just stipulate which things count as reference classes.

It's hard to see a way that the normal functioning account can non-stipulatively, non-circularly limit what can count as reference classes – in such a way that it avoids the kind of overgeneralisation in the paraplegia case – without recourse to some normative judgments, either explicitly or as 'deep underlying normative commitments' (Kingma, 2007: 132). This isn't merely a "gotcha" to the effect that Boorse's account isn't as value-free as he presents it as being. Rather, it's a worry that the normal functioning understanding of impairment either has more widespread problems with extensionality than E. Barnes's handful of counterexamples suggest, or it involves adopting some normative commitments that weren't advertised as coming along with it. Of course, these might turn out not be objectionable normative commitments.[44] But relying on the normal functioning account to supplement IMPAIRMENT may be significantly more burdensome than it initially appeared to be.[45]

There is a wide range of other objections to the normal functioning account – see e.g., Amundson 2000; Ananth 2008; Krag 2014; van der Steen and Thung 1988; and Vácha 1985 – that I won't cover here. It needn't be the case that the Boorsean account is the only one that can do the work of fleshing out IMPAIRMENT by appeal to normal functioning. And it certainly isn't the case that showing that normal functioning is suspect conclusively shows that IMPAIRMENT should be dispensed with from the social model. But what I have suggested here is that if you, like E. Barnes, find the social model insufficiently unifying or explanatory in virtue of its reliance on IMPAIRMENT, the obvious candidate solution to that is unappealing.

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[44] An obvious candidate for an objectionable set of normative commitments here would be the medicalisation package, given the dominance of the medicalised view per Chapter One. But I won't make that case here, partly because the extensional worries already outlined are enough to move on with, and partly because I discuss medicalisation's infiltration of the social model in §3.2.2 without needing to assume the normal functioning account.

[45] Additionally, the normal functioning account might be intolerable to many social model advocates on the grounds that they don't hold with "normalcy" – see §3.2.2 for discussion along these lines.

Having done that, I now want to turn to a different reason we might have to want to move past the social model: that the social model moves insufficiently far away from the medicalised view of disability.

3.2.2 Impairment and Medicalisation

Part of my aim in §3.1 was to finish clarifying the ontological picture of disability that the Disability$_{SM}$ definition minimally implies, and to resolve the confusion over how we should understand claims that seem to promote the Strong Ontological Social Model. But I also set up the idea that the medical and social models share the same concept of impairment in:

> **IMPAIRMENT:** Loss or defect of a limb, organ, or mechanism of the body.

To begin with, I want to distinguish two broad worries that we might have about the social model in light of its sharing IMPAIRMENT with the medical model. The first is that the social model sharing a concept of impairment with the medical model is – as a matter of general principle – a strike against the social model. The second is that IMPAIRMENT in particular is a poor fit with the politics of social model advocates and the DPM.

The first of these worries arrives via Bill Hughes and Kevin Paterson (1997). Hughes and Paterson argue that social model's move to understanding disability principally in terms of oppressive social arrangements has left it with little to say about the bodies of disabled people. Admittedly, Hughes and Patterson seem to interpret social model advocates as being committed to the Strong Ontological Social Model (see 1997: 330) – which I've established in this chapter that they needn't be, and very often aren't – but it remains true that the social model is substantially more concerned with the social world than with the body. An upshot of this, they argue, is that this leaves 'the impaired body in the exclusive jurisdiction of medical hermeneutics' (1997: 330). That is, that impairment, and the bodies of people with impairments, remain understood in medical terms. So, the social model's break with medicalisation is, the thought goes, incomplete, in that impairment remains medicalised – defined, understood, and treated in medical terms. Indeed, as we saw in Chapter Two, C. Barnes and Oliver seem at least somewhat aware and accepting of this, given that medical intervention on impairments can be compatible with even the Strong Normative Social Model.

It's unclear how severe we should understand this worry to be. On the one hand, Hughes and Paterson seem to be right in that the move to a social understanding of disability without also turning away from a medicalised understanding of impairment does make the social model's break with medicalisation incomplete. But we could admit this and yet still hold that the social model has been successful in demedicalising disability – even on the Weak Normative Social Model there are instances where changing society is to be preferred to changing the body. On the other hand, if we understand the social model as an anti-medicalisation project – which its origin story per Chapter Two suggests we should – then the revenant of medicalisation clinging on via IMPAIRMENT might be enough to deem it a failure. I'm inclined to think that Hughes and Paterson demonstrate an irony of the social model, but that a more substantive account of how IMPAIRMENT compromises the social model is more damning. I'll turn to this – the second broad worry – now.[46]

In the remainder of this section, I'll argue that sharing IMPAIRMENT with the medical model compromises the social model's pursuit of its aims and sits poorly within the wider context of the DPM, in more concrete ways than a general incomplete break with medicalisation per the Hughes and Patterson worry. I'll argue that, in retaining IMPAIRMENT, the social model problematically retains a role for individual personal tragedy, sits poorly with wider DPM commitments about rejecting distinctions between disabled and non-disabled bodies, and hampers efforts to turn away from medicalised responses via disabled people's knowledge.

First, recall from Chapter One – both from my own characterisation, and from Oliver's objections to the term "medical model" – that, on the medicalised picture of disability that lives in the medical model, bodily defectiveness is treated as a result of an individual's tragic misfortune. For Oliver – see e.g., 1986; 1993 – and others – e.g., Amundson (2005), C. Barnes and Mercer (2003), Finkelstein (1980), and Alan Sutherland (1981) – this is part of what motivates the Normative Medical Model's prescription of cure, rehabilitation, or compensation. That is, the view of disability as individual tragedy pulls us towards individualised responses to disability, rather than to the collective, social responses that the

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[46] I return to Hughes and Paterson's critique in Chapter Five, where I argue that accounts like my own are largely unscathed by it.

Normative Social Model prefers. But in retaining IMPAIRMENT, it's not clear that the social model escapes this.

I've argued in this chapter that we should understand the social model in Weak Ontological Social Model terms, with impairment a part cause of disability. Given IMPAIRMENT still locates the relevant defects etc. in the individual body, the social model hasn't entirely de-individualised disability. If what an individual's body is like still matters greatly to whether they're disabled, then the turn to a primarily collective response in the Normative Social Model looks both less motivated and less merited. Recall Commonality and Centring:

> **Commonality:** Establishing something in common between people with an otherwise heterogeneous set of conditions, facilitating collective action.
>
> **Centring:** Placing the oppression of disabled people at the heart of theorising about disability, to aid in exposing and overturning that oppression.

Both Commonality and Centring look less like they are successfully secured by the social model and less like they're appropriate for structuring the DPM's response to the picture of disability the social model turns out to present in light of IMPAIRMENT. Furthermore, the social model seems less successful than it initially might have appeared in overturning the personal tragedy narrative. Disability might be partly caused by socially oppressive responses to impairment, but the social model fails to make a case that impairment is not the result of personal tragedy (and thus that personal tragedy is not a distal cause of disability). This is exacerbated by the fact that I showed in Chapter Two that the Disability$_{SM}$ definition only needs commits one the to the Weak Normative Social Model, on which medical intervention to correct the problems disabled people face as part of disability – not merely as part of impairment – can be acceptable. We're left, then, with a social model picture of disability on which personal tragedy still has a role to play in how disability is caused and how we might respond to it. Admittedly, accounts of the social production of impairments – e.g., Abberley's work (see 1996) that I noted in in §3.1 – could, if successful, show that impairments are the product of social, material, or historical forces in such a way that the personal tragedy explanation is pushed out. But even in such a case, the social model retains a causal role for impairment, with IMPAIRMENT as the relevant concept. This leaves a significant role for individuals' bodily defects, and so fails to robustly motivate the kind of turn to collective, social responses to disability that social model advocates envisage.

Second, IMPAIRMENT is framed in terms of "loss" and "defect". I noted in §3.1 that I'm open to some haggling on the exact wording of the definition of the concept. But it's hard to see how we could definite IMPAIRMENT without recourse to words like "loss", "defect", "malfunction", "lack", "abnormality" and so on, give IMPAIRMENT's emergence out of the medicalised understanding of the body.[47] One thought here as to how this could be a problem for the social model is that it makes IMPAIRMENT a thick concept in a way we should find objectionable. I won't pursue this line, on the grounds that doing so will likely involve retreading a lot of preceding discussion on personal tragedy. Instead, my worry is that impairments involving a loss, a defect, etc. – a departure from the norm – sits poorly with the project of some social model advocates – and disability studies and the Disabled People's Movement more broadly – to oppose this way of thinking about disabled people's bodies.

Oliver (e.g., 1996a: 88; 1989) argues that we should understand bodily difference as ubiquitous, and thus that there is no standard by which to measure deviation from the "normal" body. Abberley (1989) and Wendell (1996) hold something similar. Jenny Morris (1991: 15) accepts that disabled people's bodies are different, but rejects the idea that they are "abnormal" in the negative, medicalised sense. This somewhat anticipates E. Barnes's (2016) recent account of disability on which disabled people have "minority" bodies rather than "tragic" bodies. Disability studies theorist and activist Simi Linton's work (e.g., 1998; 2006; 2017) is littered with discussion of, and opposition to, the idea of normality, including the position that the normal/abnormal distinction is part of what devalues and oppresses disabled people (1998: 23). This isn't to say that in signing up to the Disability$_{SM}$ definition you're thereby committed to any particular – or, indeed, any – rejection of an abnormal/normal, defective/functioning, etc. distinction. Lorella Terzi (2011: 90–2), in her critique of the social model, identifies such a rejection as being a core social model commitment, but I'm not persuaded that this is the case. Such a commitment doesn't seem

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[47] This seems to somewhat mirror the problem of value-free references classes on a Boorsean account of impairment as departure from normal functioning that I discussed in §3.2.1.

to drop out of any of the varieties of social model I considered in Chapter Two. Indeed, such a commitment seems to be at odds with the social model given its relationship with IMPAIRMENT – and this, I argue, is the problem.

It would be wrong to say that all social model advocates want to both commit to the Disability$_{SM}$ definition and mount a deep critique of the abnormal/normal distinction and are therefore inconsistent. Adopting the Disability$_{SM}$ definition, by itself, is entirely compatible with holding that impairment involves bodily abnormality in the medicalised sense. Rather, what I want to say is that many social model advocates, and many in the DPM, clearly do want such a critique as part of their disability politics. Given that IMPAIRMENT imports a distinction between the defective and non-defective – or however we end up framing the distinction – body into the social model, it's hard to see how the social model is going to best serve a disability politics where that critique is thought to be important. So, the social model, via IMPAIRMENT, seems a poor fit for the wider political purposes of those who advocate for it.

Third, and finally, I want to turn to another site of disagreement between social model advocates and the medical model: knowledge and expertise. I noted in Chapter One that medicalisation involves the dominance – if not the epistemic exclusion in favour of – medical ways of understanding bodily abnormality, and therefore disability. This obviously involves clinicians assuming a position of prominence in matters of bodily abnormality, but – as Conrad and Schneider (1992), Oliver and Bob Sapey (2006), and Paul Wilding (1982) suggest – other professions that engage with disability may come to take on this medical view of disability. For many social model advocates, this dominance of the medical view of disability is one of the objectionable parts of the medical model. Although many social model advocates discuss this, I didn't include it as part of my characterisation in Chapter Two as it's not clear to me that adopting the Disabilty$_{SM}$ definition commits you to any particular epistemic views. So, let's outline the view, and then turn to where the problem arises given IMPAIRMENT.

Per some social model advocates, the medicalised understanding of the body disregards disabled people's understanding of their bodies. They have had their knowledge of, and perspectives on, their disadvantages and restrictions disregarded by the medicalised professions and dismissed as being merely emotional (Crow, 1996: 64). This, Oliver (1990b:

5) argues, reduces disabled people to mere objects of intervention, rather than involving or engaging with them as knowers and persons. Disabled people's rejection of this is perhaps best embodied by the slogan – first adopted by Disabled Peoples' International but since widely adopted as a battle cry for the Disabled People's Movement – "Nothing About Us Without Us". This is sometimes taken, as it seems it is by WHO definitions co-author Michael Bury (1996: 28), as something like a claim that because disabled people have privileged or more immediate knowledge of disability, research and practice not wholly carried out by disabled people themselves will be unacceptably alienating. Perhaps it's true that disabled people have some privileged epistemic access regarding matters of disability. But I don't take this to be the claim of people like Crow and Oliver.[48] Rather, the claim is that excluding disabled perspectives – or, perhaps, the perspectives of those who endorse the Disability$_{SM}$ definition – as not subscribing to the medicalised view and therefore irrelevant, professionals remain stuck in the medical approach and disabled people remain stuck being oppressed by it. Ken Davis (1986), Linton (1998), and Oliver (1990b) variously argue that the approach of these professionals is part of what oppresses disabled people, in that it keeps our responses to disability locked in the curative mode and disregards perspectives which could serve as evidence that addressing oppression could be effective instead.

The thought, then, is that in removing medicalisation's stranglehold over how we understand and respond to bodily abnormality, we can more readily respond to disability in what the social model often sees as the correct way: by addressing oppression. But, again, in retaining IMPAIRMENT, the social model fails to fully free disability from the medical view of the body. Impairments remain to be understood in medicalised terms, and so medicalised understandings of the body still have some grip disability on the Disability$_{SM}$ definition. Perhaps it's enough, for social model advocates, for the social model to create the space for disabled people to resist medical responses when it's clear that a social response instead is called for. It's not clear how total they intend for the removal of the medicalised understanding from disability to be – indeed, we saw in Chapter Two that Oliver and C. Barnes are happy to accept medical intervention, in at least some cases, to correct the ill

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[48] Similarly, there are sometimes hints in the literature of what we'd now understand as the medical dominance of ways of knowing as being epistemically unjust in Miranda Fricker's (e.g., 2009) sense. But, again, I take it that this isn't the substantive point being made by social model advocates.

effects of both impairments and disability. But this is another case where the social model appears not to deliver Centring as well as is intended – the angle of the turn to social responses to disability is restricted by the space still occupied by medical responses.

Readers may vary in how concerning they find E. Barnes's line that the social model fails to be properly explanatory in virtue of IMPAIRMENT, and my further suggestion that trying to answer this by filling in the gaps with the normal functioning account involves either accepting further extensional problems or risking taking on some unclear normative commitments. Independently of those worries, though, I've shown that, by retaining IMPAIRMENT, the social model looks to be less useful for disability politics than we might have first thought – both in that it does a poorer job in terms of Commonality and Centring, and sits poorly with some of the wider political commitments of its advocates. All of this gives us a case to look for an alternative to the social model. But before moving on to that search, we should – to be fair to the social model – address whether the problems I've raised in this section might be avoided by looking to simply replace IMPAIRMENT, rather than throwing the baby out with the bath water.

3.3 (Not) Rescuing Impairment?

Up to this point I've treated IMPAIRMENT as if it must come as part of the social model package. But it needn't – in theory you could accept that Disability$_{SM}$ definition without adopting IMPAIRMENT. But in that case, something else would need to do the job of telling us what counts as in impairment for the purposes of then counting as a disability in virtue of oppressive social responses to it. In this last section of the chapter, I survey some possible alternatives to IMPAIRMENT. I commented in §3.2.1 that I don't rule out the possibility that a naturalistic account of bodily abnormality – other than the Boorsean normal functioning account – could resolve E. Barnes's extensional and explanatory objections to the social model. Equally, I don't rule out that a standalone naturalistic account of impairment couldn't replace IMPAIRMENT. But it's hard to see how that wouldn't leave the social model as still facing at least some of the problems I set out in §3.2.2. So, rather than considering further naturalistic options, I'll instead consider list-type and conventionalist-type options, and then ways that impairment might be accounted for in terms of social arrangements.

An initial thought might be that social model advocates could just endorse a list of impairments. That is, rather than looking to IMPAIRMENT to tell us whether some condition is an impairment, we instead look to a list that includes all and only the conditions that are ordinarily thought of as impairments. But this immediately faces a challenge common to list-type strategies elsewhere in philosophy: that it is insufficiently explanatory. The only explanation we can give for something counting as an impairment is that it appears on the list. If you ask why having MS counts as an impairment but having red hair does not, my replying that the former is on the list and the latter isn't just doesn't seem like a proper answer to your question. If the social model isn't sufficiently explanatory, when it employs IMPAIRMENT, to meet E. Barnes's challenge from §3.2.1, then the list strategy clearly won't be either.

Some explanatory heft might be brought to the list strategy by expanding it into a fuller conventionalist-type account – that is, the things that are on the list are there because of agreement (among the relevant parties) that they ought to be. But the explanatory power of this kind of account will turn on who the relevant parties are, why they're the relevant parties, and possibly on what grounds those parties judge that, say, MS ought to be on the list of impairments but having red hair ought not to be. I won't assess different possible conventionalist accounts with respect to their answers to those questions here. E. Barnes (2016) defends a conventionalist account of disability – on which the DPM is the relevant party – that I argue in Chapter Seven fails in part because it's likely that the DPM will appeal to IMPAIRMENT in their determinations. For our purposes here, it's enough to say that it looks like the grounds the relevant parties have for including conditions on the list of impairments will matter significantly to the explanatory power of a conventionalist account, and assessing that account will then collapse into assessing some non-conventionalist account of impairment.

So, I've suggested that alternative naturalising accounts of impairment don't seem promising, and that a conventionalist strategy will ultimately depend on some other account of impairment. This leaves us with a third and final direction to turn in: a social account of impairment – that is, an account on which impairment is explained in terms of social arrangements. Social model advocates, at times, themselves bemoan the lack of a social account of impairment. Oliver (1996b: 42; see also 1990b) remarks that the social model is not a substitute for an account of disability that involves a social account of impairment, and that the latter would be desirable. Abberley (1987; 1992), for all of his enthusiasm for mapping out the social *causation* of impairment, suggests that social model advocates have been remiss in not giving a social account of the *nature* of impairment. More recently, Ellen Clifford (2022), has suggested that a social account of impairment is desirable in large part because some groups who view themselves as disabled in virtue of their being oppressed understand impairments in terms of bodily defectiveness and so deny that they have impairments. Unfortunately, these demands do not come with an answering candidate account.

There are a few instances in the literature around the social model that might initially appear promising, but don't turn out to deliver social accounts of impairment. Shelley Tremain (2002; see also 2017) argues that impairment is not, as often understood, biological and pre-discursive, but rather is just as socially constructed as disability. But in doing so, she – deliberately – collapses the impairment/disability distinction. Her account of impairment serves as an objection to the social model's ontological picture of disability, rather than being something that can be plugged into the social model in IMPAIRMENT's place. Meanwhile, Wendell (see 1996) is sometimes credited – see e.g, Thomas 1999: 36–8 – with attributing a larger role to social arrangements than the social model picture of impairment allows. But Wendell is primarily concerned with the social production of impairments, and with how social arrangements cause disability in their interaction with impairment as understood in biological terms. The closest we get is Thomas's (1999: 104–12) proposal to replace IMPAIRMENT with an understanding of impairment as deviation from social norms about how bodies should be.[49] Let's proceed in that vein, then.

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[49] Note, per E. Barnes's (2016: 14) helpful way of drawing it, the distinction between impairment as deviation from normal functioning and impairment as deviation from social norms about functioning.

In light of a recent proposal from Katharine Jenkins and Aness Kim Webster (2021), we might try to understand impairment in terms of "marginalised functioning".[50] For Jenkins and Webster (2021: 737), a person has marginalised functioning in a given context iff:

> (i) there is a set of social norms which serve as a default for the purposes of constructing common social environments and structuring common social interactions in that context; and
>
> (ii) they cannot physically function in such a way as to satisfy one of those norms.

To illustrate, suppose that a society has the norm that people (with the appropriate level of education, and so on) can read printed books. Now suppose that you are blind. You cannot read printed books, and so you cannot physically function to satisfy the norm. In this case, you have marginalised functioning. Importantly, the norms have to "serve as a default" for structuring social arrangements. This means that being unable to ride a bicycle – at least in a society where bicycle riding is not something that we structure our lives and environments around – won't count as marginalised functioning. Equally, where some modification to social structuring is thought of as an "accommodation" for those not physically functioning in such a way as to satisfy the norm – like installing alternatives for stairs for those unable to climb them while still maintaining the stair-climbing is the default way to change elevation – still counts as marginalised functioning.

Could a move to understanding impairment as marginalised functioning be helpful to social model advocates, given it would give them an account on which what counts as an impairment is determined by social arrangements? My worry with this move is that it maps poorly onto the social model's wider set of commitments. Jenkins and Webster are clear that marginalised functioning comes apart from oppression; just because one has marginalised functioning that doesn't automatically mean that one is oppressed, or actually marginalised (2021: 739–41). This might initially look helpful to the strategy of replacing impairment with

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[50] Jenkins and Webster don't necessarily offer up their picture marginalised functioning as a replacement for IMPAIRMENT, but they do say that it could play this role – see 2021: 15–6. I also discuss this further in Chapter Seven.

the marginalised functioning account, in that if the oppression were built in then the social model's ontological distinction between impairment and disability would collapse. But this turns out to happen anyway because society's being structured according to norms such that some people can't physically function to meet those norms looks like part of what social model advocates consider to be socially oppressive response to impairment. Recall, from the UPIAS definitions quoted in Chapter Two:

> Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society. *[...]* Thus we define *[…]* disability as the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities. (UPIAS, 1975: 14)

The structuring of society according to norms that exclude people in virtue of their bodies is part of what constitutes oppression, and therefore disability, on the social model view. A move to understand impairment in terms of marginalised functioning would involve moving this from being constitutive of disability to being constitutive of impairment, or duplicating it in both the accounts of disability and impairment, in a way that is unsustainable for the social model. So, turning to this account of marginalised functioning won't successfully replace IMPAIRMENT.

A similar problem faces trying to substitute IMPAIRMENT with an appeal to something like the "ideology of impairment". That is, a view on which to have an impairment is to have a body that others judge to be impaired in the IMPAIRMENT sense. There's some initial appeal here, in that it would avoid the social model depending on IMPAIRMENT in the way I've argued that it problematically does in this chapter. But the judgments that pick out a (thought to be) "defective" body – bodies to be 'pitied, stigmatised, and excluded' as Dana Howard and Sean Aas put it (2021: 1128) – are, on the social model, again, part of the social responses that cause disability.[51] It might be protested here that others' judgments of a body as defective in the impairment sense needn't come bundled with these additional evaluative judgments, and perhaps it would be possible to offer an account along these lines were that is true. But, as I argued in §3.2.2, it's difficult to separate IMPAIRMENT from these evaluative judgments. Where the social model employs IMPAIRMENT directly, the medicalised view of the body taints the model's relationship with disability politics. But on a view where what counts as an impairment is outsourced to others' judgments of bodies in virtue of IMPAIRMENT, some of the oppressive social responses that are thought to constitute disability would end up playing a role in what counts as impairment. So, this strategy doesn't look viable either.

All of this is to say that there's no clear way that the social model can pivot from employing IMPAIRMENT to an alternative view of impairment. It might be protested that I haven't given some of the possible alternatives a fair hearing here. But, as I've already said, I will argue that we can get what's valuable about the social model – Commonality, Futurity, and Centring – without appealing to impairments at all. I leave open that there might be some alternative to IMPAIRMENT that can solve the social model's problems. But what that would be is not apparent, and – as I'll argue in Chapter Four – we can keep what's good about the social model without getting bogged down in trying to find that alternative.

3.4 Chapter Summary

This chapter has clarified the picture of the relationship between impairment and disability that you are committed to if you buy the Disability$_{SM}$ definition. In light of this, and the social model sharing the same concept of impairment as the medical model, I've argued that the social model runs into problems. I began (§3.1) by establishing that the medical and social models have the concept IMPAIRMENT in common, on which an impairment is the loss or defect of a limb, organ, or mechanism of the body. I then argued that we should understand

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[51] Howard and Aas's appeal to the ideology of impairment forms part of their own account of disability, rather than being offered as a replacement for impairment. But the former plays a similar role in their account of disability to IMPAIRMENT's role for the social model. I discuss Howard and Aas's account further in Chapter Seven.

the Disability$_{\text{SM}}$ definition as committing one to the Weak Ontological Social Model, on which impairment and oppressive social responses to impairment are both part causes of disability. Next (§3.2), I argued that the social model's view of disability as partly depending on impairment, where impairment is understood in IMPAIRMENT terms, causes problems for social model advocates. I showed that supplementing IMPAIRMENT with a Boorsean normal functioning account doesn't answer E. Barnes's charge the social model is insufficiently explanatory. And, I argued that, in retaining IMPAIRMENT, the social model sits poorly with its advocates political aims and wider commitments. Finally (§3.3), I argued that obvious candidate replacements for IMPAIRMENT – including list- and conventionalist-type strategies, and accounts of impairment in terms of social arrangements – do not seem to be viable options for social model advocates.

I've said previously that rather than trying to resolve the problems for the social model that I've raised in this chapter, I'll instead argue in favour of an account that bypasses these problems while still retaining what the social model offers to disability politics in Commonality, Futurity, and Centring. It's to this I turn next, in Chapter Four.

Chapter 4 Revising Disability

4.0 Introduction

This chapter presents my account of disability: Disability-as-Subordination. Drawing on Sally Haslanger's account of gender, I build an ameliorative account of disability, on which to be disabled is to be socially subordinated in virtue of being believed by others to have bodily features that are taken to be evidence of a defective body, in combination with a societal ideology on which those features motivate and justify that subordination. This move to a Haslangerian framework isn't arbitrary or ad hoc. Readers familiar with Haslanger's work might already see the appeal given her project of accounting for social categories by appeal to ideology and beliefs about bodies, rather than actual bodily features. Furthermore, both E. Barnes (2016) and Howard and Aas (2018) have previously considered using Haslanger's account of gender to provide a framework for an account of disability. But neither E. Barnes nor Howard and Aas fully map out, nor motivate, such an account – I do both in this chapter.

In §4.1, I characterise Haslanger's revisionary account of gender. I set out her view of genders as hierarchically socially constructed. I then characterise her project in ameliorative terms – that is, proposing the concepts that we ought to be using given some legitimate purposes we have. In §4.2, using Haslanger's framework, I map out Disability-as-Subordination as an account of disability. I motivate it by arguing that it secures the resources that the social model provides to the anti-ableist political project – Commonality, Futurity, and Centring – as well as, if not better than, the social model, in virtue of features it inherits from the Haslangerian framework. §4.3 concludes the chapter with a summary.

4.1 Haslanger on Gender

Haslanger (e.g., 2012: 221–47) gives – now well known – accounts of gender and race, and of gender and race concepts.[52] It is her account of gender that I'll focus on here; we might just as well look at her account of race, but the gender account is somewhat easier to follow

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[52] See also Haslanger 2000. I'll cite the 2012 version going forward.

while still being sufficient to provide a framework to build an account of disability on. I'll largely consider Haslanger's account of gender apart from her broader programme for social ontology (see e.g., 1995; 2015; 2017 2020a; 2020b) for similar reasons.[53] I'll begin (§4.1.1) by setting out Haslanger's account and definitions, focusing on her view of genders as socially constructed and hierarchical. I'll then (§4.1.2) consider how we should understand Haslanger's project methodologically.[54]

4.1.1 Hierarchical Social Construction

Haslanger takes it that one of the reasons we might want an account of gender is for it to be of use in fighting gendered inequality. I'll discuss this motivation more substantively in §4.1.2, but for now it's enough to understand that, for her, this generates a range of desiderata for such an account. These include a need to explain persistent inequalities between males and females, and a need to reflect differences and similarities within and between males and females (2012: 226–7). These relate to two general concerns in feminist theory: the "commonality problem" – explaining what all women have in common; and the "normativity problem" – giving a definition of what it is to be a woman without marginalising some people, and without reinforcing current gender norms (see also Jenkins 2016). I won't fully outline here how Haslanger gets from these concerns to the substance of her account, since I don't intend to argue in favour of Haslanger's account itself here. It's enough to say that, in light of materialist feminist commitments, Haslanger understands gender in terms of hierarchies of social positioning, where those positionings stand in relations of oppression to one another, and where sexual difference functions as the marker and justification for those positionings (2012: 229–30).

Ultimately, Haslanger arrives at two definitions, which I'll express here as definitions of concepts. Call the first "WOMAN*":

> **WOMAN*:** Some person, *S*, is a woman iff:

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[53] See also Stoppenbrink 2024 for an interesting recent treatment of disability in terms of this broader Haslangerian programme.

[54] This inverts Haslanger's 2012 way of doing things. This might seem odd, but I think readers will find §4.1.2 easier to follow with definitions from §4.1.1 already set up.

> (i) *S* is regularly and for the most part observed or imagined to have certain bodily features presumed to be evidence of a female's biological role in reproduction;
>
> (ii) that S has these features marks *S* within the dominant ideology of *S*'s society as someone who ought to occupy certain kinds of social position that are in fact subordinate (and so motivates and justifies *S*'s occupying such a position); and
>
> (iii) the fact that *S* satisfies *(i)* and *(ii)* plays a role in S's systematic subordination, that is, along some dimension *S*'s social position is oppressive, and *S*'s satisfying *(i)* and *(ii)* plays a role in that dimension of subordination. (Haslanger, 2012: 234)

Less schematically, on WOMAN*, for someone to be a woman they must be believed to have some bodily features that are presumed to be evidence of a female reproductive role, and to be subordinated in virtue of a societal ideology on which these features mark one out for justified subordination.

Call the second concept "MAN*":

> **MAN*:** Some person, *S*, is a man iff:
>
> (i) S is regularly and for the most part observed or imagined to have certain bodily features presumed to be evidence of a male's biological role in reproduction;
>
> (ii) that *S* has these features marks *S* within the dominant ideology of *S*'s society as someone who ought to occupy certain kinds of social position that are in fact privileged (and so motivates and justifies *S*'s occupying such a position); and
>
> (iii) the fact that *S* satisfies *(i)* and *(ii)* plays a role in S's systematic privilege, that is, along some dimension, *S*'s social position is privileged, and *S*'s satisfying *(i)* and *(ii)* plays a role in that dimension of privilege. (Haslanger, 2012: 234)

Less schematically, on MAN*, for someone to be a man they must be believed to have some bodily features that are presumed to be evidence of a male reproductive role, and to be privileged in virtue of a societal ideology on which these features mark one out for justified privilege.

Strictly, Haslanger's account of genders requires us to work with both WOMAN* and MAN*, but I'll focus on WOMAN* going forward, for simplicity's sake. There's a lot going on in the definition of WOMAN*, so let's take a few things in turn. First, Haslanger's account plainly makes gender socially constructed. That is, our gender categories don't exist or have the shape they do because of anything natural or pre-social, but rather because of social arrangements. More specifically, on Haslanger's account, membership of a given gender category is *constitutively* socially constructed. That is, one's being a woman is a matter of standing in a particular relation – in this case one of subordination – to others in society. Being a woman is constituted by one's relation to the web of social arrangements. This is as opposed to *causal* construction, on which, say, the features you have that make you a woman are brought into being by social arrangements, as in e.g., Kate Millett's (see 1971) view of gender. We could go further here and distinguish discursive and pragmatic construction, or the construction of representations and of objects. But this is unnecessary for our purposes here – see Haslanger 2012; Ásta 2015; Díaz-León 2015; and Marques 2017 for discussion of these concerns.

A further distinction regarding social construction that is worth making – both to refer back to in this and future chapters, and to better understand Haslanger's account – is one I want to draw myself between "moderate" and "strong" social constructionism. On a moderate social constructionist account of gender, there are particular bodily features involved in being a woman, but why it's those bodily features – rather than some other ones – is down to some feature of social arrangements (see E. Barnes 2016: 38–43). So, for example, it might take having particular reproductive organs to count as a woman, but why it takes those, rather than some other bodily features, is a matter of social arrangements. In contrast, on a strong social constructionist account there are no particular bodily features involved in being a woman, and all that matters is social arrangements. What your body is like is important to the extent that how it shapes how you are perceived, treated, etc., can feature in an explanation of your relationship with those social arrangements, but that's it.

Haslanger's account of WOMAN* is a strong social constructionist account. This distinction is important in large part because it highlights a crucial part of Haslanger's account: there are no particular bodily features involved in being a woman. Moreover, you don't even have to have the bodily features you're observed or imagined to have in order to count as a woman. What matters is that the features you're *perceived* to have mark you out for a particular kind of treatment as determined by your society's ideology.

An implication of Haslanger's account, then, is that you can count as a woman on it in virtue of, say, presenting yourself as having bodily features that others will take as evidence of a female reproductive role, or others "mistakenly" interpreting you as having such features. If this happens "regularly and for the most part", and you do go on to be subordinated in the relevant way, then you will count as a woman. Individuals we would not ordinarily count as women may, then, count as women on WOMAN*. On the flipside, Jenkins (2016) has argued that non-passing trans women – who we would ordinarily count as women – won't count as women on WOMEN*, and that this is a failure of Haslanger's account. I'll return to Jenkins's critique, relating it to my own account, in Chapter Five. For now, it's enough to see that WOMAN*, in virtue of Haslanger's strong social constructionism, may generate some surprising results.

Second, Haslanger's definitions make explicit reference to subordination and privilege; they are *hierarchical*. It's not enough on Haslanger's account to be believed to have bodily features taken to be evidence of a female reproductive role; you have to be subordinated in light of this to count as being a woman. An implication of this is that there are no non-oppressed women. Some people we ordinarily consider to be women, but who occupy positions of privilege – say, Queen Camilla, or L'Oréal billionaire Françoise Bettencourt Meyers – might not count as women on WOMAN* if the empirical facts shake out in the right way (see Mikkola 2009). A further implication here is that in a world without hierarchical gendered injustice, there would be no men or women at all. Again, Haslanger's account seems apt to generate some surprising results.

Readers unfamiliar with Haslanger's work might at this point think that her account sounds preposterous. No un-oppressed women! No women in the ideally-just future! But having characterised Haslanger's definitions, we can now turn to Haslanger's motivation for her account, and her methodological commitments, and begin to allay such worries.

4.1.2 Amelioration

Haslanger distinguishes three approaches we might take to answering a question like "what is it to be a woman?" – what I'll call the "conceptual", the "delineative", and the "ameliorative" approaches (2012: 367; Haslanger and Saul, 2006: 95).[55] A useful way of drawing this distinction is by looking at how each approach would look to answer the question "what is F?", where F stands for some concept. Let's look at each of these approaches in turn using this framing.

The conceptual approach to "what is F?" looks to give an account of *our* concept of F. A conceptualist inquiry into F will involve a priori methods, like introspection, considering intuitions to arrive at reflective equilibrium and, therefore, an answer to the initial question (Haslanger and Saul, 2006: 95). Conceptual inquiry yields the "manifest concept" of F-ness – that is, the concept of F-ness that we take ourselves to use (2012: 376). So, in the WOMAN case, a conceptual approach will yield the concept of WOMAN-ness that we understand ourselves to be using when we make gender judgments and so on.

A delineative approach to "what is F?" looks to answer that question in terms of determining what empirical kinds or objective types our linguistic item "F" tracks. This might involve, on a naturalist project, trying to determine the natural kinds that capture paradigm cases of F-ness. Alternatively, on a genealogical project, it would involve trying to account for the social factors – like historical forces, or power relations – that determine what we apply "F" to and what we don't (Haslanger 2012: 367; Haslanger and Saul 2006: 95). Delineative inquiry yields the "operative concept" of F-ness – that is, the concept that actually guides how we apply our term "F" (Haslanger, 2012: 376). It might turn out that our manifest and operative concepts of F-ness are the same – that is, the concept that we take ourselves to use might

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[55] Two notes on terminology: first, Haslanger calls this second approach the "descriptive" approach. I want to reserve this term to refer to both kinds of non-ameliorative approaches together, so I've opted for the roughly synonymous "delineative". Second, in early work, Haslanger (e.g., 2000) refers to the third approach as "analytical". I prefer "ameliorative" on the grounds that she's given more recently; that that the wider use of "analytical" to characterise the Anglo-American philosophical tradition creates unnecessary ambiguity here (Haslanger, 2012: 385).

indeed be the concept that actually governs our judgments. But it will, at least sometimes, turn out that the manifest concept of F-ness comes apart from the operative concept, and in light of the operative concept our manifest judgments are mistaken. On Haslanger's setup, showing this is the task that some debunking projects are engaged in (2012: 92–3).

In contrast to the descriptive inquiries of the conceptual and delineative approaches, ameliorative inquiries look to answer "what is F?" in terms of understanding our purposes in having a concept of F-ness at all, and then determining what concept of F-ness would best serve those purposes (Haslanger, 2012: 376; Haslanger and Saul, 2006: 95–6). Ameliorative inquiry yields the "target concept" – that is, the concept of F-ness that we *should* be using to best serve our legitimate purposes (Haslanger, 2012: 376). This target concept, as Jenkins (2016: 395–6) nicely puts it, is in part a normative proposal for how those who share the inquirer's legitimate purposes should use the term "F" and related vocabulary. Haslanger isn't especially forthcoming on what makes a purpose legitimate or not, but I take it that this will be settled by our normative commitments elsewhere – for example, perhaps having a concept of WOMAN-ness in order to aid in oppressing women would be illegitimate in virtue of our moral or political commitments, or having a concept of TRUTH-ness in order to hinder knowledge acquisition would be illegitimate in virtue of our commitments about epistemic norms.

There's an ambiguity in Haslanger's work as to how we should understand the purpose of ameliorative projects' target concepts. At times – e.g., 2005; Haslanger and Saul 2006 – she seems to see target concepts as being operative concepts that have been obscured from us by ideology. On this view, the point is to pierce through ideology in order to uncover the relevant operative concept, so that we can bring our manifest concept into line with it. At other times – e.g., 2012: 276 – she seems to understand ameliorative projects as explicitly revisionary. On this view, the point is to revise or replace an operative concept with the target concept, and bring our manifest concept into line with this revised concept. On this second view, ameliorative projects can be seen as a kind of conceptual engineering – that is, as projects of revising and improving our representational devices (Cappelen and Plunkett, 2020). Indeed, Haslanger's accounts of race and gender are often – see e.g., Ball 2020; Chalmers 2020; and Marques 2020 – now characterised as revisionary projects in the vein of conceptual engineering, and projects subsequent to Haslanger's – e.g., Jenkins's (2016) and

Kate Manne's (2017) – are framed in this revisionary way. I don't intend to adjudicate between these two ways of understanding Haslanger's work – perhaps the two are distinct but equally legitimate projects.[56] Rather, I'll proceed on a view on which Haslanger's account of gender is a revisionary one – that is, that WOMAN* and MAN* are intended to replace our ordinary concepts, WOMAN and MAN.[57]

Understanding Haslanger's ameliorative project in this way also helps to clarify something else that might be unclear. Haslanger is sometimes understood – see E. Barnes 2016: 39–41 – as motivating her turn to the ameliorative approach by presenting it as an alternative to eliminativism. That is, if it turns out that our manifest concept of, say, race is mistaken, then we have one of two options.[58] The first is to adopt an eliminativist position about race – on which there is no such thing – as, for example, Kwame Anthony Appiah (e.g., 1996) and Naomi Zack (e.g., 1997) do. The other is to pursue the ameliorative strategy. Motivating amelioration would then require showing that the concept in question is mistaken or faulty in such a way as to give a putative motivation for adopting the eliminativist position, thus forcing the choice. But it's not clear to me that amelioration needs to be motivated in this way at all. On the explicitly revisionary understanding of amelioration we merely need to observe that our current concept is not doing the best possible work given whatever our legitimate purposes are. This is serendipitous for me with respect to the account of disability I'll advance in §4.2, since I haven't shown – or tried to show – that absent pursuing an ameliorative approach to disability we'd have to be eliminativists about it.

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[56] See Díaz-León 2020 and Pinder 2022 for some useful discussion of the relationship between the two views.

[57] Of course, understanding Haslanger's project, and my own, in this way exposes them to debates about the nature, feasibility, and so on, of conceptual engineering. I don't discuss these concerns in the main body of the thesis, on the grounds that they're somewhat tangential to formulating and defending the account itself as an account of disability. But see Appendix A for discussion of conceptual engineering and some of those debates.

[58] I use the race example here as Haslanger is already so substantially committed to showing that gender is socially constructed – in preference to adopting an eliminativist view – that it's harder to set up the supposed choice in terms of gender.

With this understanding of the methodological context for Haslanger's account of gender established, we can turn back to the substance of the account. Haslanger approaches answering the question of "what is gender?" as an ameliorative inquiry – that is, by asking what legitimate purposes we have in possessing gender concepts, and what concepts would best suit those purposes. As we saw in §4.1.1, the legitimate purpose she identifies is that of aiding the feminist project of exposing, explaining, and overturning gendered injustice. WOMAN*, she thinks, is the concept of WOMAN-ness that best serves these purposes.

How is WOMAN* meant to serve the feminist project? First, in making being a woman be constituted solely by a particular social positioning in virtue of being marked for such subordination by perceived bodily features, all women share this positioning. This speaks to the commonality problem for feminist theory – it explains what it is that all women have in common (Haslanger, 2012: 239). But, beyond this, it's also meant to be useful for feminist politics, in that it means that all women have a shared interest in abolishing genders as they are presently constituted, facilitating collective action (Jones 2014: 102–3). This might sound surprising at this juncture, given I noted in §4.1.1 that some people we ordinarily think of as women may not count as women on WOMAN*.[59] What, then, are we to make of the extension of WOMAN*?

Haslanger is happy to accept that WOMAN* might not cover some cases of people we ordinarily think of as women, on the grounds that her account is just meant to capture a meaningful political category (2012: 239). Such cases don't serve as counterexamples to the account because it's not a descriptive account of our existing concept of WOMAN-ness. Rather it's an ameliorative account that proposes that, given feminist goals of ending gendered injustice, we should replace that existing concept with WOMAN*. As Jenkins (2016: 395) notes, ameliorative accounts need not comply with ordinary understandings of concepts and may generate target concepts that are highly revisionary so long as they serve the relevant legitimate purposes. This includes generating surprising extensional results. Indeed, it seems like it is precisely *because* target concepts do not accord with our ordinary understandings that they could be effective tools for social change. But this isn't to say that amelioration is

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[59] Note that Haslanger herself is dubious that there would be many, if any, such cases (2012: 239) – although Jenkins's (2016) discussion of trans women suggests that there, in fact, would be.

an extensional free-for-all. As Jenkins (2016) argues at length, who WOMAN* includes and excludes as a woman bears on its political utility to the feminist project. However, I won't discuss this further here – I return to it in Chapter Five when considering extensional worries for my own account – as I'm not trying to show that Haslanger's account does, in fact, best serve feminist goals of ending gendered injustice. For our present purposes, it's enough to say that straightforward extensional objections, to the effect that an ameliorative project's target concept isn't coextensional with our ordinary concept, don't have teeth.

Second, with respect to how WOMAN* is meant to serve feminist goals, Haslanger argues that its focus on a particular kind of oppression focuses our attentions, when responding to gendered difference, on the oppression of women (2012: 240). That is, given what feminists care about is – at least in large part – gendered inequality, this account places that inequality of social positioning at the centre of theorising about gender. In a sense, WOMAN* forces our hand when we theorise about gender; we can't do work on gender without engaging with oppression. Note, again, that the account's strong social constructionism serves this – in the absence of a role for actual bodily features in what it takes to be a woman, we have nowhere but social arrangements to turn to. Furthermore, WOMAN*'s appeal to being observed or imagined to have bodily features that are taken to be evidence of a female reproductive role satisfies Haslanger's demand for accounts of gender to highlight and explain how (perceived) sexual difference act as a marker that enables gendered treatment. But it does so without affirming the reality of sexual difference. Indeed, Haslanger's account is compatible with the idea that all instances of one person perceiving another as having bodily features that are evidence of a particular reproductive role are mistaken. Haslanger herself commits to the idea that there *are* sexual differences, and that these can have normative implications that feminists ought to be concerned with (2012: 253–4). But WOMAN* is compatible with a range of views here; what's important is that perceived sexual difference, whatever the underlying biological realities, acts as a marker for the purposes of picking out who is to be subordinated and who is to be privileged in a gendered way.

Finally, Haslanger's account paints a picture of what the ideally-just future would be with respect to gender: one in which there are no men and no women, because nobody is privileged or subordinated in the relevant ways. Haslanger takes this to be compatible with a range of feminist positions on what gender would look like more broadly in such a future

(2012: 244). I noted in §4.1.1 that on WOMAN* there would be no women in the ideally-just future. That is, in a future where we've done away with gendered oppression, nobody would count as a woman anymore – the extension of WOMAN* would be empty, at least insofar as people alive at that time go. But this is consistent with both the view that we should then set to work on constructing new, non-hierarchical genders (Haslanger, 2012: 248–72), or abolish gender entirely – which I take to mean undertake to empty out the extensions of all of the gender concepts we still possess in that future. The implication that the ideally-just future has no women in it has been one site of criticism for Haslanger's project – see e.g., Haslanger and Saul 2006; and Mikkola 2009. I won't try to adjudicate this dispute in any detail here, except to say that the view held by, for instance, Mari Mikkola (2009: 566) that Haslanger's project commits us to a view on which ending gendered injustice commits us to abolishing gender might misrepresent Haslanger's project. That is, it's true that ending gendered injustice will involve it coming to pass that there are no men or women per MAN* and WOMAN* anymore – abolishing genders *as they are presently constituted.* But Haslanger permits that in that future we might construct new genders. In that future, we might have different legitimate purposes such that an ameliorative inquiry into gender generates new target concepts, which might be alternative concepts of MAN-ness and WOMAN-ness, but could, equally, be wholly new altogether.

Putting all of this together, we have a view of how Haslanger's account could work. Haslanger gives us revisionary gender concept – WOMAN* – on which being a woman is constituted by being believed to have some bodily features that are presumed to be evidence of a female reproductive role, and to be subordinated in virtue of a societal ideology on which these features mark one out for justified subordination. WOMAN* is intended to be the concept of WOMAN-ness, per an ameliorative inquiry into gender, that best serves feminist goals of exposing, explaining, and overturning gendered injustice. It might do this, variously, through: creating commonality between women; centring our attention, in addressing gender, on oppression in light of perceived sexual difference while remaining neutral on the reality of that sexual difference; and being compatible with a range of feminist views on the ideally-just future. WOMAN* can generate some surprising extensional results, but these fail to serve as counterexamples to the account by themselves, since the account is revisionary.

I haven't argued here that Haslanger's proposed revisionary concepts *do*, in fact, best serve feminist goals of ending gendered injustice – indeed, for a range of views on which they don't, or might not, see e.g., Bach 2012; Cosker-Rowland 2023; Cull 2024; Haslanger and Saul 2006; Jenkins 2016; and Mikkola 2009; 2016. Instead, I've just tried to give enough of a characterisation of Haslanger's account to provide a framework for articulating an ameliorative account of disability, which I argue *does* meet what the goal of ending ableist injustice demands of an account. I'll turn to articulating that account now, in the next section of this chapter.

4.2 Disability-as-Subordination: The Account

I propose – in parallel with Haslanger's account's proposition that we should adopt WOMAN* – that we adopt a revisionary concept of disability in order to serve the project of exposing, explaining, and overturning ableist oppression. Call this account of disability "Disability-as-Subordination", and the concept that it puts forward "DISABILITY*". DISABILITY* is defined as follows:

> **DISABILITY*:** Some person, *S*, is a disabled iff:
>
> (i) *S* is regularly and for the most part believed to have certain bodily features presumed to be evidence of a defective body;
>
> (ii) that *S* has these features marks *S* within the dominant ideology of S's society as someone who ought to occupy certain kinds of social position that are in fact subordinate (and so motivates and justifies S's occupying such a position); and
>
> (iii) the fact that *S* satisfies *(i)* and *(ii)* plays a role in *S*'s systematic subordination, that is, along some dimension *S*'s social position is oppressive, and *S*'s satisfying *(i)* and *(ii)* plays a role in that dimension of subordination.

This definition closely follows Haslanger's definition of WOMAN*, and is broadly similar to the sketches of a possible Haslangerian account of disability considered by E. Barnes (2016: 31–2) and Howard and Aas (2018: 1123). Two differences are worth highlighting, however. First, it would clearly be inappropriate for clause (i) of DISABILITY* to appeal to "female reproductive role" – "defective body" plays that role instead. I'll say some more on why bodily defectiveness looks like the right thing to target shortly.[60] Second, I've swapped out "observed or imagined" from Haslanger's clause (i) with "believed". I don't intend this to be a hugely substantive change. Rather, I just want to allow for inferences like "Adam is in a wheelchair, so Adam's legs must not work, so Adam has a defective body". These aren't clearly cases of straightforward observation or imagination but I take it we would want them satisfy clause (i) of DISABILITY*.[61]

So, on Disability-as-Subordination – per DISABILITY* – being disabled is constituted by being socially subordinated in virtue of being believed to have bodily features that are taken to be evidence of a defective body, in conjunction with a societal ideology on which being believed to have those features motivate and justifies that subordination.[62] Like Haslanger's account, Disability-as-Subordination is a strong social constructionist account – there are no particular bodily features involved in being disabled. What your body is actually like can matter to whether you're disabled to the extent that in can feature in an explanation of why you come to be believed, or not, to have bodily features that are taken to be evidence of a defective body, but that's it. Indeed, as with Haslanger's account, you don't have to have the bodily features that you're believed to have – plausibly, someone who sufficiently regularly sits such that it appears to others that they have one leg could meet clause (i) of DISABILITY*. This will be the source of some of the more challenging objections to Disability-as-Subordination that I'll address in Chapter Five. But, for now, I'm going to hold up strong social constructionism, and clause (i) of DISABILITY*, as virtues of the account.

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[60] Some readers might already worry at this stage that the appeal to "defective body" might mean that DISABILITY* includes e.g., some racialised groups in racist societies. I address an objection along these lines in Chapter Five.

[61] I remain neutral on whether Haslanger ought to make a similar move with her account, but note that there's no obvious reason to think she would resist making that move or be unable to.

[62] Strictly, per the Haslangerian setup we need to pair DISABILITY* with NON-DISABILITY*, on which being non-disabled is constituted by being socially privileged in virtue of being believed to have bodily features that are taken to be evidence of a non-defective body, in conjunction with a societal ideology on which being believed to have those features motivate and justifies that privilege. NON-DISABILITY* won't come up again so I won't discuss it further here.

Disability-as-Subordination retains the core social model proposition – recall Chapter Two – that disability is oppression. Indeed, on Disability-as-Subordination, disability is entirely constituted by oppression. In appealing to others' beliefs about which bodies are defective in picking out which bodies we're concerned with Disability-as-Subordination retains the social model view – recall Chapters Two and Three – that it's the medicalised view of disabled people's bodies as defective, tragic, and so on, that picks out which bodies are subject to oppression. In one sense, then, Disability-as-Subordination doesn't depart too drastically from the social model – recall that, even on the Weak Ontological Social Model, where impairment is understood as a part cause of disability, it's the oppression that we should focus on.

In another sense, however, Disability-as-Subordination *does* drastically depart from the social model. By appealing just to how others' believe your body to be as the marker for subordination, Disability-as-Subordination bypasses impairment entirely.[63] Just as Haslanger's account doesn't require us to endorse that there really are sexual differences, merely that the perception of sexual difference serves as a marker for gendered subordination, Disability-as-Subordination doesn't require us to endorse that there are defective bodies. Whereas the social model gets into hot water – as I argued in Chapter Three – because of its dependence on IMPAIRMENT, Disability-as-Subordination doesn't face those problems, or have to contend with trying to formulate an alternative to IMPAIRMENT that resolves those problems. Strictly, Disability-as-Subordination is compatible with a range of views on bodily defectiveness – just as Haslanger's account is compatible with a range of views on the reality of sexual difference. It's compatible with the view that there are no "defective" bodies along the lines of some of the views of social model advocates that I outlined in Chapter Three. It's also compatible with the view that there *are* defective bodies (but that it's being believed to have such a body, rather than actually having one, that plays a role in being disabled). Some readers might wonder whether, because the account doesn't actively deny that there are defective bodies in the medicalised sense, this makes Disability-

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[63] Note that I take it that Disability-as-Subordination doesn't face the problem that I set out – in Chapter Three – for a view of the social model on which something like others' beliefs about a body substitute for an appeal to IMPAIRMENT, because this problem only arises if we're trying to hold on to the Disability$_{SM}$ bipartite distinction between impairment and disability.

as-Subordination vulnerable to the Hughes and Paterson-type worry I discussed for the social model in Chapter Three – I address this when I turn to objections to the account in Chapter Five. For now, it's enough to say that Disability-as-Subordination gives an account of disability in terms of oppression, as social model advocates want to do, without getting bogged down in the problems the relationship between impairment and disability, and appeals to IMPAIRMENT, cause for the social model.

That Disability-as-Subordination gets us an account of disability in terms of oppression without getting mired in the problems the social model faces regarding IMPAIRMENT might be a prima facie case for preferring it to the social model. But I didn't set the initial motivation for Disability-as-Subordination up in terms of just wanting an improvement over the social model. Rather, I set it up as an ameliorative account, intended explicitly to serve the project of exposing, explaining, and overturning ableist oppression. This will still involve comparison to the social model, however. Recall from Chapter Two that social model advocates hold up the social model as providing three valuable resources – Commonality, Futurity, and Centring – to the Disabled People's Movement, and anti-ableist politics more widely. For my purposes in this thesis, I take it that providing these three resources is what it takes for an account to serve the project of exposing, explaining, and overturning ableist oppression. If Disability-as-Subordination provides these resources as well as, or better than, the social model, then – in light of the fact that it also avoids the problems of the social model's relationship with IMPAIRMENT – we have a good case for endorsing Disability-as-Subordination.[64] I'll spend the bulk of the rest of this section – and chapter – showing that Disability-as-Subordination achieves this goal, in light of features it inherits from the Haslangerian framework it is based on.

First, recall Commonality from Chapter Two:

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[64] Of course, if the social model is motivated along ameliorative lines – as I suggested in Chapter Two that it can be – then this becomes an exercise in direct comparison of two ameliorative accounts of disability, which would suit my purposes just fine. But even if the social model isn't motivated in that way, we can still look to it as a guide for what it takes for an account to serve the anti-ableist political project.

> **Commonality:** Establishing something in common between people with an otherwise heterogeneous set of conditions, facilitating collective action.

Social model advocates hold that one of the ways in which the social model is useful to disability politics is that, in defining disability in terms of oppression, all disabled people have this oppression in common. This serves the purpose of overturning the individualising medical model view of disability, and serves as a basis for pan-impairment political organising. As we saw in §4.1, Haslanger’s account is meant to provide something similar for the feminist political project – all women have oppression in common, and a shared interest in abolishing gender as presently constituted in order to overturn that oppression. It’s straightforwardly clear that Disability-as-Subordination, then, secures something similar for the anti-ableist political project – disabled people (whether they actually have a bodily defect or not) have oppression in common, and a shared interest in bringing about a change in social arrangements such that that oppression is overturned.

Disability-as-Subordination secures Commonality at least as well as the social model, then. But I suggested in Chapter Three that the social model’s retention of IMPAIRMENT could compromise its ability to secure Commonality, in that the social model’s picture of disability retains some of the medicalised picture’s individualising nature through still allowing a causal role for individuals’ bodily defects. I grant, as I said earlier in this section, that signing up to Disability-as-Subordination doesn’t preclude the possibility of endorsing the reality of bodily defectiveness. But DISABILITY* doesn’t depend, in how it defines disability, on endorsing that reality. On Disability-as-Subordination, actual bodily defectiveness, if there is such a thing, comes apart from disability. So, this is a case where – beyond just avoiding the tangle I argued in Chapter Three that the social model gets into – dispensing with endorsing bodily defectiveness means that it looks like Disability-as-Subordination better serves the anti-ableist political project than the social model. So, Disability-as-Subordination performs at least as well – and looks to perform better – than the social model in securing Commonality, in virtue of a feature it inherits from the Haslangerian framework.

Second, recall Futurity from Chapter Two:

> **Futurity:** Making the ideally-just future one in which there are no disabled people, because there is nobody oppressed in the relevant way.

Per Chapter Two, social model advocates hold up Futurity as a useful contribution that the social model makes to disability politics, both in its role in allowing disabled people to imagine themselves free of disability, and in providing a vision of an ideally-just future that we can work towards. Disability-as-Subordination secures this same thing: a vision of the future on which there are no disabled people, because nobody is oppressed in the way DISABILITY* requires. Both the social model and Disability-as-Subordination secure Futurity in virtue of having oppression be a necessary condition for counting as disabled.[65]

I noted in §4.1.2 that it's controversial whether the vision of the ideally-just future that Haslanger's account presents with respect to gender is a legitimate vision of feminist futurity. I take it that a parallel controversy doesn't arise for Disability-as-Subordination, in that its vision of the ideally-just future is congruent with the social model's. Of course, "a future with no disabled people in it" can sound alarmingly eugenic if we talk about it too loosely. But Disability-as-Subordination implies that getting to that future takes emptying the extension of DISABILITY* by correcting oppression, not by eliminating all of the people that presently fall under that extension.[66] So an interesting, if tangential, implication of all this is that it looks like Disability-as-Subordination's vision of the ideally-just future might be a better fit for disability than Haslanger's account is for gender.

Finally, recall Centring from Chapter Two:

> **Centring:** Placing the oppression of disabled people at the heart of theorising about disability, to aid in exposing and overturning that oppression.

For social model advocates, what the social model offers to disability politics in Centring is the focusing of our responses to disability on addressing oppression. Per Chapters Two and

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[65] I don't take Disability-as-Subordination to imply that there will be a stable, final victory in the anti-ableist political struggle. That is, even in a world in which nobody falls under the extension of DISABILITY* anymore because nobody is oppressed in the relevant way, we'll likely have to continue to work to keep that extension empty.

[66] Strictly, we *could* empty the extension of DISABILITY* in this way and arrive at a future in which there are no disabled people because nobody is (left to be) oppressed in the relevant way. But I take it that we have all sorts of independent moral reasons not to do this, and it's not clear that a future arrived at in this fashion could reasonably be described as "ideally-just" anyway.

Three, even if the social model admits that sometimes we should respond to the difficulties faced by disabled people through non-social means, even the Weak Normative Social Model is intended to shift our stance in responding to disability to one where our focus is on addressing disabled people's oppression.

Just as Haslanger's account focuses our responses to gender on oppression, Disability-as-Subordination focuses our responses to disability on oppression. In having disability be constituted by a particular kind of oppression, how we think about and respond to disability just *has* to address oppression. To this extent, Disability-as-Subordination secures Centring at least as effectively as the social model does. But, as I argued in Chapter Three, the social model's retention of IMPAIRMENT seems to limit how effectively it can secure Centring. That is, the space left for medicalised responses to disability by the social model's retention of a role for bodily defects means that the social model doesn't motivate as full a turn to responding to disability by responding to oppression as its advocates desire. Disability-as-Subordination, in appealing to being merely believed to have bodily features taken to be evidence of bodily defect, doesn't have this issue. Just as Haslanger's account leaves us with nowhere to go *except* oppression when we want to understand and respond to gender, Disability-as-Subordination leaves us with nowhere to go except oppression when we want to understand and respond to disability. This seems to represent an upgrade on the social model in terms of securing Centring.

We might worry, at this point, that Disability-as-Subordination takes Centring *too* far – that is, it rules out the kind of medical intervention on (what the social model treats as) impairments that I said in Chapter Two that social model advocates like Oliver and C. Barnes are perfectly happy to permit. But it does so only in the sense that medically intervening on bodily defects – if there really are such things – doesn't count as responding to disability. Disability-as-Subordination doesn't say that responding directly to bodily defects is impermissible; it merely says that such responses aren't responses to disability. This is, in fact, consistent with the social model view that medically intervening on impairments doesn't count as medically intervening on disabilities, as I set out in Chapter Two. We should conclude, then, that Disability-as-Subordination successfully secures Commonality, and there's a case for thinking that it does this more effectively than the social model.

So: if we take an account of disability to serve the goal of exposing, explaining, and overturning ableist oppression to mean that it must secure Commonality, Futurity, and Centring, then Disability-as-Subordination is successful in serving that goal. Disability-as-Subordination retains (and in some cases improves on) what social model advocates take to be politically important about the social model, and it does so in virtue of features it inherits from the Haslangerian framework. And, also in virtue of features it inherits from the Haslangerian framework, it does this while neatly bypassing the mess that the social model ends up in over IMPAIRMENT as I set it out in Chapter Three. Disability-as-Subordination, then, has its motivation. It might be protested at this point that ameliorative projects are meant to show that their target concepts *best* serve whatever goals we have in mind for them, and I haven't shown that DISABILITY* best serves the goal of aiding anti-ableist disability politics. I take it that definitively showing that a given target concept is the "best" one is an extremely difficult task, in that it involves proving a negative: that there are no better alternative target concepts available. I'm not going to take on this sprawling task here. In Chapter Seven I consider some rival revisionary accounts of disability, but they aren't rival proposals for direct competitor target concepts, and my purpose in discussing them is to show that, given they are unsuccessful in independent terms, there's a case for adopting Disability-as-Subordination instead. I've shown here that there's a case for thinking that DISABILITY* does do good work for the goal of aiding anti-ableist disability politics, and I'm happy to leave that as a presumptive case for adopting Disability-as-Subordination. But before getting on to those other accounts, and to specific objections to my account in Chapters Five and Six, I want to allay two general worries readers might have about Disability-as-Subordination at this stage.

First, some readers might think that Disability-as-Subordination is implausibly circular, in the vein of E. Barnes's (2016: 13) rejection of Wendell's (1996) account of disability. An account which says something to the effect of "to be disabled is to be subject to ableism, and ableism is the oppression that disabled people are subject to" *would* be implausibly circular. But Disability-as-Subordination doesn't define disability in this way. Rather, it says that to be disabled is to be subject to a particular kind of oppression. Characterising that particular kind of oppression – subordination in virtue of being believed to have bodily features taken to be evidence of a defective body and a societal ideology per which being believed to have those features motivates and justifies that subordination – doesn't include an appeal to "disability". We don't need to already know who is disabled in order to determine what the relevant kind of oppression is. So, Disability-as-Subordination resists the charge of being circular.[67]

Second, it might be objected that Disability-as-Subordination doesn't tell us enough. That is, it doesn't tell us what kind of features *are* taken as evidence of a defective body, nor what being subordinated in the relevant way will look like. But, following Haslanger (2012: 241–2), I take this to be something of a virtue of the account. What features are taken to be evidence of a defective body, and what disabled people's lives will look like in virtue of their subordination, will vary across cultural and temporal contexts. Disability-as-Subordination is flexible enough to accommodate these different contexts, rather than only defining disability in one particular context and limiting its usefulness outside of that context. Further future work that applies Disability-as-Subordination to particular contexts of interest might be fruitful, but I won't try to do that work here.

4.3 Chapter Summary

This chapter characterised and motivated the account – Disability-as-Subordination – that I will spend most of the remainder of this thesis defending. On Disability-as-Subordination, disability is constituted as standing in a subordinate social position in virtue of being believed to have bodily features that are taken to be evidence of a defective body, and a societal ideology on which those features motivate and justify that subordination. I've motivated this account in ameliorative terms – that is, that it serves the goal of exposing, explaining, and overturning ableist oppression.

In §4.1, I set out a way of understanding Haslanger's account of gender. Haslanger's account makes gender constitutively socially constructed, in terms of hierarchies of oppression. As a strong social constructionist account, it doesn't depend on affirming the reality of sexual

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[67] I take it that a similar response is available to Haslanger if she were to be accused of circularity in the gender case, although I'm not aware of anyone seriously making that objection against her project.

difference, only the role that perceptions of sexual difference play in positioning people within the social hierarchy. As an ameliorative account, it is intended to serve the goal of exposing, explaining, and overturning gendered oppression. In §4.2 I mapped out an account of disability along Haslangerian lines. I argued that this account serves the goal of exposing, explaining, and overturning ableist oppression by securing Commonality, Futurity and Centring for that political project. And I argued that it does this as well as, and in some cases better than, the social model, in virtue of features it inherits from the Haslangerian framework.

Having characterised and motivated Disability-as-Subordination, we can now turn to objections to it as an account of disability. Next, in Chapter Five, I turn to objections along the lines that the account problematically excludes a role for the body in what it is to be disabled.[68]

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[68] I've kept to my word here and just developed an account of physical disabilities. But it's worth quickly saying that the framework in this chapter could be used to develop an account that also covers cognitive/mental/psychological disabilities by appealing to something like "bodily features presumed to be evidence of a defective body *or* mental features presumed to be evidence of a defective mind" in clause (i) of an alternative version of DISABILITY*.

Chapter 5 Challenges for Disability-as-Subordination

5.0 Introduction

Disability-as-Subordination faces two main classes of objection in the literature: that it problematically leaves out a role for the body in what it is to be disabled, and that it is incompatible with disability pride. This chapter addresses the first of these, while Chapter Six addresses the second. There is a range of ways that the general objection that Disability-as-Subordination leaves out the body can be understood, and this chapter disambiguates some specific versions of the objection and responds to each. Much of the chapter is devoted to responding to extensional objections to the account since – as we'll see – these are the most troubling kind when properly understood, and end up requiring the most legwork to respond to.

In §5.1, I consider objections to the effect that strong social constructionist accounts of disability – including Disability-as-Subordination – face some general problems in virtue of "disappearing" the body from what it is to be disabled. I distinguish three varieties: that such accounts conflict with our intuitions about disability; that they leave the body problematically undertheorised; and that they disregard disabled people's bodily experiences. I argue that these do not succeed as objections against Disability-as-Subordination. In §5.2 and §5.3 I discuss the objections that DISABILITY* problematically counts, and problematically fails to count, respectively, some cases as cases of disability. I argue that neither of these objections succeed. §5.4 concludes the chapter with a summary.

5.1 The Disappearing Body Problem

A common refrain in commentary on strong social constructionist accounts of disability is that they problematically "leave the body out" of disability. Recall from Chapter Four that, as I've characterised the distinction, on moderate social constructionist accounts there are particular bodily features involved in disability, but which features these are – why it's those features, rather than some others – is a matter of social arrangements. On strong social constructionist accounts, there are no particular bodily features involved in disability. On these accounts, what your body is like matters only to the extent that it can be part of an explanation of how you're perceived and treated. For E. Barnes, strong social constructionist accounts cause the body to 'drop out' of disability altogether (2016: 37; see also 2018: 1158–61). Jenkins and Webster echo this concern (2020: 735). Howard and Aas specifically object to Disability-as-Subordination on the grounds that it is 'detached from what bodies are actually like' (2018: 1123).

There is, then, a general view – especially among moderate social constructionists – that strong social constructionist accounts cause the body to "disappear" from our understanding of disability. That is, that such accounts of disability pay inadequate attention to the body as part of what it is to be disabled. Call this general thought the "Disappearing Body Problem". Why, exactly, is this taken to be a problem, though? In Chapter Four, I argued that Disability-as-Subordination is useful to the goal of overturning the oppression of disabled people in part precisely *because* it is a strong social constructionist account. So, it might be enough to point this out and say that's it's a feature, rather than a bug, of Disability-as-Subordination. But if we take the Disappearing Body Problem more seriously than that, and unpack the ways in which it might be thought to be a problem, we can give a more robust answer than that. There are three ways in which the general Disappearing Problem might be particularised: one concerns our intuitions about disability; another concerns leaving the body undertheorised; and the last concerns disabled people's bodily experiences. Let's take each of these in turn, before moving on to address extensional worries for Disability-as-Subordination on which a lack of appeal to actual bodily features causes a different sort of putative problem.

5.1.1 The Intuition Problem

A recurring objection in the literature to strong social constructionist accounts is that on these accounts disability *just doesn't* have enough to do with the body. E. Barnes, in her treatment of a sketch of a Haslangerian account, comments that being disabled and being *observed* to be disabled are not the same thing (2016: 32). Similarly, she comments that disability just isn't completely separable from what disabled bodies are like (2016: 36). Howard and Aas share similar worries in their treatment of Disability-as-Subordination. The account, they claim, in being concerned with interpersonal interactions and social positioning rather than actual bodily features, is so detached from what disabled bodies are like as to be suspect (2018: 1123). In neither case are these claims expanded upon, beyond this general feeling that the body *just ought* to have more of a role in an account of disability. Both E. Barnes and Howard and Aas go on to make points about extensionality – I take these to be separate objections and discuss them in §5.2 and §5.3. Rather, the worry under consideration here is that we'd expect the body to have a more substantive role in what disability is than strong social constructionist accounts admit. E. Barnes, and Howard and Aas's, underlying thought here, I think, is that our intuitions tell us that disability *just does* involve the body in a way that strong social constructionist accounts deny.

This seems an easy enough worry for strong social constructionists to set aside – or, at least, to demand more from the objector before they take the worry seriously. It may just be that our intuitions in this case are wrong. E. Barnes is herself distrustful of some of our intuitions and ordinary thinking about disability – particularly about its relationship with well-being – on the grounds that they're likely to be shaped by an inadequate understanding of disabled people's lives (2016: 156). At least in E. Barnes's case, it's reasonable for the strong constructionist to ask why we should be distrustful of *some* of our intuitions about disability – those about well-being – but not others like those about the role of the body. And, as we saw in Chapter One, medicalised thinking about disability is widespread. It's not farfetched to suppose that this, however unconsciously, might be the source of the intuition that disability *just does* involve the body in a substantive way, even among moderate social constructionists who admit some role for social arrangements. Of course, whatever the alleged source of the wrong intuition, significant further argument would be needed to fully build such a case. There isn't space here to engage in a full-on debunking project on the relevant intuitions. But this outline of a fuller response is enough for the strong social constructionist to put the burden on the objector to show why we should give weight to the relevant intuitions, especially where that objector is someone like E. Barnes who casts doubt on some of our other intuitions about disability.

In the particular case of Disability-as-Subordination, a reply is available to the intuition worry even if we grant that the intuition that disability more substantively involves the body is a "pure" one. Recall from Chapter Four that ameliorative accounts, like Disability-as-

Subordination, needn't respect our ordinary thinking about disability. As Jenkins (2016: 395) notes, ameliorative accounts need not comply with our ordinary thinking and may generate target concepts that are highly revisionary so long as they serve the relevant legitimate purposes. Indeed – as I suggested in Chapter Four – it might be precisely because ameliorative accounts generate conclusions that are surprising given our ordinary understandings and intuitions that they can serve as effective tools for socio-political change. I won't labour this point further here. It's enough to say that, even if our intuitions about the role of the body in disability turn out to be in good standing, the ameliorative nature of Disability-as-Subordination means the intuition problem is not, in fact, a problem for the account.

5.1.2 The Theoretical Gap Problem

As I set out in Chapter Three, Hughes and Paterson (1997) argue that the social model runs into a problem in not articulating an account of the impaired body that replaces the medicalised understanding. The thought here is that, in seeking to establish that disability is a social rather than biological matter, and to free disability from the medicalised understanding, the social model leaves itself without a suitable account of what disabled people's bodies are like. This, Hughes and Patterson think, leaves a theoretical gap that the very medicalised understanding that the social model sought to overturn moves into – 'the social model, in spite of its critique of the medical model, actually concedes the body to medicine and understands impairment in terms of medical discourse' (1997: 326). I flagged in Chapter Four that some readers might worry that Disability-as-Subordination faces the same problem in virtue of appealing just to beliefs about what disabled people's bodies are like.

Hughes and Paterson may be right that the social model doesn't shut medicalised thinking out of disability altogether – indeed, I argued in Chapter Three for some particular ways in which the social model fails here. But it's not clear to me that Disability-as-Subordination faces the same problem. It's true that – as I observed in Chapter Four – the account is compatible with a range of views, including one on which there are such things as defective bodies in the medicalised sense (but that whether one's body is "really" defective in this sense doesn't play a role in whether one is disabled). But unlike the social model, with its reliance on IMPAIRMENT, Disability-as-Subordination doesn't *depend* on such a view. Hughes and Paterson's complaint, properly understood, isn't that the social model doesn't say anything about the body. Rather, it's that it's historically had the same view of the body as the medical model. Disability-as-Subordination doesn't depend on such a view. And, while it's true that Disability-as-Subordination doesn't provide a non-medicalised account of impairment and that this leaves a "gap" for one, it's not clear that it *should* provide such an account, but nor does it preclude the possibility of giving one. Perhaps it would be something that would be nice to develop in addition to Disability-as-Subordination, but this would be a distinct project. Disability-as-Subordination gives us a – politically useful! – account of disability without depending on a medicalised understanding of the body, and that's sufficient to say that the Hughes and Paterson worry isn't a threat to the account.

5.1.3 The Experiential Problem

Shakespeare, in his critique of the social model, articulates a number of objections along the lines that the social model problematically disregards what the bodies of disabled people are actually like. One of these is that the social model's focus on the commonality of oppression entails a disregard for the differences between impairments *qua* impairments, and that this precludes the possibility of impairment-specific political organising (2014: 17). But I take it that the social model *doesn't* preclude impairment-specific political organising. As I argued in Chapter Two, signing up to the Disability$_{SM}$ definition doesn't commit one to the Universal Ontological Model – i.e., to the view that impairments don't cause difficulties of their own. Plausibly the social model denies that such organising should be described as *disability* organising, but it doesn't preclude that organising itself. Similarly, I take it that Disability-as-Subordination doesn't preclude such organising; it just entails that such organising isn't disability organising.

Instead, the objection from Shakespeare that I'm really concerned with here is that the social model neglects the importance of disabled people's bodily experiences. For Shakespeare, impairments themselves can place limitations on disabled people, and can cause distress and difficulty quite independently of their interplay with the social world (2014: 32–3; see also Shakespeare and Watson 2001).[69] The social model's rejection of these

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[69] See also Vehmas and Watson 2014 and Begon 2023 for slightly different framings of what I take to be the same point.

experiences as part of what it is to be disabled risks, Shakespeare thinks, ‘creating stories which many disabled people will not recognise as their own experience’ (2014: 32). It’s tempting to dismiss this worry as based on stemming from the assumption that social model advocates must be committed to the Universal Ontological Social Model; I’ve suggested before now – see Chapter Two – that Shakespeare sometimes makes this mistake. But a more generous interpretation of Shakespeare’s objection is this: in not including as part of disability the difficulties that impairments pose for people who have them, the social model picture of disability risks alienating people who experience these difficulties from disability politics.

It's a little difficult to know what to make of this objection. After all, part of the political usefulness of both the social model and Disability-as-Subordination is in securing Commonality – that is, in uniting people who may have a diverse set of actual bodily features through a focus on shared oppression. As far as Disability-as-Subordination is concerned, I think we can say that it’s not the case that the account *denies* that that people with chronic pain conditions, or multiple sclerosis, and so on, do have genuine difficulties in virtue of the way their bodies are and not of social arrangements. Rather, it just says that what people with these conditions have in common is a particular kind of oppression, and that for the purposes of addressing that oppression the effects of their conditions aren’t part of the political picture. Indeed, I wonder whether Shakespeare’s objection only has bite if one already thinks that impairments and their non-social effects are part of what constitutes disability. I take it, then, that the experiential problem doesn’t threaten Disability-as-Subordination.

With these three general criticisms of strong social constructionism addressed, we can turn to another set of objections to Disability-as-Subordination: that the extension of DISABILITY* poses a problem for the account’s usefulness to the project of overturning ableist oppression. These objections take the charge that Disability-as-Subordination “disappears” the body in a different direction; that in not appealing to actual bodily features, Disability-as-Subordination reaches mistaken conclusions in what it counts, or doesn’t count, as disability.

5.2 Overinclusion

It's fairly obvious that DISABILITY* will generate some surprising extensional results relative to who we ordinarily think of as being disabled – for a start, in virtue of clause (i), it will count as disabled many people who don't even have the bodily features they're believed to have. As I outlined in Chapter Four with respect to Haslanger's proposed concept of WOMAN*, merely pointing to a case where the extension of a target concept departs from that of our ordinary concept fails to serve as an objection to ameliorative accounts. Where extensional objections can have some bite against ameliorative accounts is where it can be shown that the target concept's including – or not including – the case in question damages the target concept's usefulness to the aims of the ameliorative project. It's this type of extensional objection that I'm concerned with here and in §5.3.

It's difficult to state in general terms how including, or not including, cases could be damaging to ameliorative projects; it will vary from case to case and from project to project. Where DISABILITY* is concerned, how this would work is more readily apparent in cases where DISABILITY* counts as disabled someone we wouldn't ordinarily consider to be disabled. Call such cases "overinclusion" cases. There are two main reasons we might think DISABILITY* being overinclusive would be damaging to its utility to the anti-ableist political project: that it obliges us to include people in that project who ought not to be included, or that it results in conflating two varieties of oppression that ought not to be conflated. It's easiest to see how objections along these lines are meant to work by reference to examples, so let's work through some in turn. In each case, I'll show how the counterexample is meant to work, and then show that the case is not, in fact, one of overinclusion.[70]

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[70] I'll just call cases where the putative extensional counterexample *does in fact* cause a problem for Disability-as-Subordination cases of "overinclusion" and "underinclusion". But I accept that some readers might prefer to describe all cases where DISABILITY* isn't coextensional with our ordinary concept in those terms and then call cases where the political problem arises "problematic" over- or underinclusion.

5.2.1 Deception

Both E. Barnes (2016: 32–3) and Howard and Aas (2018: 1124) point to cases where DISABILITY* looks like it is overinclusive, and argue that this means Disability-as-Subordination fails because it does not appeal to actual bodily features in determining who counts as disabled. Both point to people merely *pretending* to have some relevant bodily feature.[71] This deceiving behaviour might, as E. Barnes suggests (2016: 32–3), be the result of some condition like factitious disorder, but we can easily imagine "non-pathological" examples as well.[72] Consider the following case that captures this general idea:

> **Mary's Method Acting:** Mary is an actor on a long-running soap opera, playing a character with Parkinson's disease. She has been playing the role for such a long time, and with such skill and commitment, that people have come to believe, regularly and for the most part, that Mary really does have bodily features that are evidence of a defective body.

E. Barnes, and Howard and Aas, are right that on Disability-as-Subordination, Mary may well count as disabled even though she is only pretending to have the relevant bodily features. If Mary then goes on to be systematically subordinated in the relevant way then – per clause (iii) of DISABILITY* – she will count as disabled.

Why think Mary counting as disabled would be a problem for Disability-as-Subordination? In E. Barnes's discussion of deception cases, she takes it that an account including a case like Mary is a straightforward extensional failure (2016: 32–3). But the Haslangerian sketch that she considers lacks the ameliorative framing I've given Disability-as-Subordination. Disability-as-Subordination is protected from this kind of straightforward extensional objection. But Howard and Aas go further, and show how including Mary as disabled might be damaging to

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[71] I'll subsume cases of "observer mistakes" – e.g., the habitual leg sitting case I raised in Chapter Four – under deception cases, since the latter are, structurally, just more complex versions of the former.

[72] Note that it may well be the factitious disorder is a disability in itself – albeit a psychological one and beyond the scope of my discussion here – but this is different from the question of whether the person with factitious disorder should count as disabled in virtue of whatever features they're *pretending* to have.

DISABILITY*'s usefulness. They suggest that including Mary is overinclusion since it undermines Disability-as-Subordination's utility for the project of ending ableist injustice. That is, it doesn't seem like lumping deceivers – like Mary – in with paradigmatically disabled people is going to be conducive to making the world better (2018: 1124). I take it that the thought here is that, when we consider what promoting justice for disabled people will mean in practical terms – e.g., in distributing resources – it doesn't seem productive to promote justice for people who count as disabled through their choosing to engage in deception, and who therefore "aren't really oppressed", on equal terms with those who aren't engaged in deception, who "are really oppressed".

The clear response here is to say that for deception cases to even potentially pose a problem for Disability-as-Subordination, we have to imagine that someone like Mary *really is* subordinated in the relevant way. In Mary's case, we can say that it doesn't matter in virtue of what supposed feature she counts as disabled. What matters is that she really is oppressed in the relevant way and therefore anti-ableists should be invested in promoting justice for her. So, Disability-as-Subordination gets to have it both ways here. If the worry is that deception cases shouldn't be counted as cases of disability because they don't really involve oppression in the relevant way, then this isn't a problem for the account since they won't count as cases of disability anyway. But if they *do* involve oppression in the relevant way then it's fine (even good!) for the account to cover them.[73]

There doesn't seem to be a special feature in Mary's case that makes the above response possible there and not for other deception cases, so we should conclude that Disability-as-Subordination overcomes this overinclusion objection.

5.2.2 Minor Difference

We might wonder whether DISABILITY* will overinclude in cases where someone *does* have the bodily features they're believed to have, but where we wouldn't ordinarily think of them as being disabled in virtue of those features. I'm not aware of such cases being raised against

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[73] I'm not persuaded that, in the real world, in a case like Mary's she really will end up being oppressed in the relevant way; we're generally pretty good at recognising that actors are acting, and therefore won't really end up believing that Mary has the relevant bodily features. But, as I say, in that case DISABILITY* won't include Mary, and that would be to get the right result.

Disability-as-Subordination in the literature. But it's worth discussing such cases anyway, since doing so reveals something interesting about Disability-as-Subordination. What I have in mind here is what I'll call "minor differences" – bodily features that we might think serve as evidence of a defective body and yet we don't ordinarily think of as being disabilities. Consider the following case that captures this general idea:

> **Victoria's Vitiligo:** Victoria has vitiligo – a benign skin condition that is characterised by patches of depigmented skin in various places on her body. Some of these patches are visible, such that people who see Victoria often suppose that she has a defective body, but wouldn't conclude that she is disabled.

As in the deception case, Victoria clearly meets clause (i) of DISABILITY*; people regularly and for the most part believe that she has bodily features that they take to be evidence of a defective body. If Victoria meets clauses (ii) and (iii), she will count as disabled. This could plausibly be a case of overinclusion then – we wouldn't ordinarily think of Victoria as being disabled, but on DISABILITY* she could be. I take it that the problem this would be thought to pose with respect to the project of overturning ableist oppression is similar to in the Mary case; Victoria "clutters up" the range of people for whom we should have political concern.

The initial response to the Victoria case is the same as the Mary case: for Victoria to count as disabled she has to actually be subordinated in the relevant way, and if she is then she merits inclusion in the political project of overturning that subordination. But I want to go further than this in this case. My contention is that it is strange that we *don't* ordinarily think of conditions like vitiligo as disabilities if, in fact, they involve subordination. Evidence suggests that vitiligo is, at present, at least stigmatised, and is stigmatised in virtue of being thought to be a kind of bodily defect (see Grimes and Miller 2018; Millington and Levell 2007; and Pandve 2008). If it turns out that people with vitiligo have, in fact, been oppressed in the relevant way this whole time, then it's an active advantage of Disability-as-Subordination that it includes them as disabled, since it includes them in the anti-ableist political project as people who have previously been excluded from it.

Of course, not every minor condition may turn out to be like vitiligo. There are plenty we can think of – Fordyce spots, birthmarks, facial differences (although see Face Equality

International 2022), and so on – where it might turn out that we do ordinarily understand them to be bodily defects, but where people with those conditions wouldn't meet clauses (ii) and (iii) of DISABILITY*. But such cases won't generate a problem for Disability-as-Subordination, precisely because they're won't county as disabilities per DISABILITY*.

5.2.3 Race

We might worry that on DISABILITY* being a racial minority in a racist society could count as a disability.[74] As with minor differences cases, I'm not aware of an explicit case being made that Disability-as-Subordination is overinclusive on these grounds. But the worry that accounts might include such cases as cases of disability is a perennial one in the wider philosophical literature on defining disability. For instance, both Kahane and Savulescu's (e.g., 2009) welfarist account, and Gregory's (2020) inability account, specifically rule out as part of disability the effects of explicit prejudice against the way one's body is in order to avoid including such racial minorities as disabled. Given that DISABILITY* appeals to subordination in virtue of how others believe your body to be, the worry is worth addressing here. Consider the following case:

> **Rachel's Racist Society:** Rachel has black skin – a bodily feature that is racialised in her society. Furthermore, others believe that Rachel's black skin is evidence that she has a defective body.

In Rachel's case, it looks like she meets clause (i) of DISABILITY*; she is believed to have a bodily feature that is taken to be evidence of a defective body. If Rachel is then subordinated in the relevant way, such that she meets clauses (ii) and (iii), she will count as disabled. The worry, then, is that DISABILITY* counts, in Rachel's case, being black as being disabled.

I'll set aside the fact that I take it that contemporary racists (often) don't take the racialised features they believe people of some racial group to have – like black skin – are evidence that those people's bodies are defective. It may turn out that they *do* in fact think this, or

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[74] We might worry along similar lines that the account will count being gay as being disabled. I'm going to set this aside here since I take it that most people who think that being gay involves a defect think that it involves a *psychological* defect. But if it were taken to be a bodily defect then the strategy I outline here in the race case will be available.

they could come to. In that case, why would the conclusion that Rachel counts as disabled seem to pose a problem for DISABILITY*'s usefulness to the anti-ableist political project? I take it that we want the anti-racist and anti-ableist political projects to remain distinct; they have their own histories of activism, and trying to merge the two would be damaging, for practical purposes as much as anything, to both.

Happily, I don't think DISABILITY* delivers the conclusion that racial and ableist oppression are not distinct. Per the setup of Rachel's case, if her having black skin counts as a disability, it's not in virtue of a racist (in the usual sense) ideology that says that having dark skin *qua* having dark skin merits subordination. So, this wouldn't be a muddling up of racist oppression and ableist oppression, but rather to say that – under some circumstances – having black skin makes you subject to ableist oppression. People with black skin and, say, people with one leg would have ableist oppression in common and it would be right for the account to say so. And the account wouldn't imply that *all* oppression suffered by people with black skin was ableist oppression, or that racist oppression actually just is ableist oppression. It's consistent with DISABILITY* that you can be subordinated or privileged along other axes in virtue of other ideologies in your society. So, a person with black skin might experience both subordination in virtue of ableist ideology and in virtue of some other racist ideology that makes no reference to bodily defectiveness.

We can conclude, then, that racial minorities in racist societies will only count as disabled on Disability-as-Subordination if the ideology in virtue of which they are subordinated is one on which bodily defectiveness – rather than "mere" racialisation – acts as the motivator and justifier for that subordination. The account permits that you might be subject to both racist and ableist oppression in virtue of the same bodily feature you are believed to have, but doesn't conflate the two. Counting Rachel as disabled doesn't damage DISABILITY*'s utility to the anti-ableist political project by muddling up types of oppression or necessitating folding a previously-distinct liberatory political tradition into the anti-ableist one.

More broadly, we can conclude that Disability-as-Subordination beats the allegations that DISABILITY* is overinclusive and that the account thereby fails. With this established, we can turn to the other kind of objection regarding the relationship between DISABILITY*'s extension and its utility to the anti-ableist political project: underinclusion.

5.3 Underinclusion

I identified three different cases in which DISABILITY* might be thought to overinclude. In contrast, there is just one case to discuss in terms of underinclusion. Overinclusion objections might seem like much easier ones to resolve, in that I get to defend justice for a wider range of people – and who doesn't want more justice! Underinclusion cases look, prima facie, a lot worse – but, as we'll see, teasing out why they pose a problem will turn out to be quite complex. To begin, E. Barnes (2016: 32) and Howard and Aas (2018: 1124), both suggest DISABILITY* will fail to include so-called "invisible" or "hidden" conditions as cases of disability, and so Disability-as-Subordination fails. I'll subsume cases of "passing" – where someone might come to be believed to have the relevant bodily features but successfully behaves such that they don't – under "invisible" conditions, on the grounds that the two are structurally the same kind of case. Consider the following case that captures the general idea:

> **Christa's Chronic Pain:** Christa has a chronic pain condition. It is a truly "invisible" condition. That is, nobody could ever come to believe that, in virtue of it, Christa has bodily features that are evidence of a defective body.

Parallelling Haslanger's scepticism about there being many, if any, cases of people we would ordinarily consider to be women who won't count as women on WOMAN*, I'm sceptical that there are many cases like Christa's. Many conditions that are often described as "invisible" are, in fact, fluctuating conditions. That is, at some times there are sufficient outward signs for people to come to believe that the person in question has bodily features that are evidence of a defective body, even if at other times there aren't. The question then arises as to whether people with those conditions exhibit those outward signs sufficiently often that people "regularly and for the most part" have the relevant bodily features. But I'm going to set aside that question. I'll allow that cases like Christa's really do occur, or that the mere possibility that they could is sufficient reason to take Christa's case seriously. I grant, then, that Christa won't meet clause (i) of DISABILITY*, and won't count as disabled on Disability-as-Subordination.

Does the Christa case represent an instance of underinclusion for DISABILITY*, then? That is, is not including Christa damaging to DISABILITY*'s utility to the project of ending ableist oppression? Again, E. Barnes (2016: 32) takes such cases to be straightforward extensional dealbreakers, which Disability-as-Subordination's ameliorative nature guards against, as I established earlier. Howard and Aas suggest that not including such cases *is* politically damaging, but don't say much as to why (2018: 1124–5).[75]

Let's take this worry seriously. So, why think that failing to include Christa might be underinclusion? The clear broad-strokes worry is that, despite not meeting clause (i) – and therefore neither (ii) or (iii) – of DISABILITY*, Christa is still subject to ableist injustices. She won't suffer some of the more nakedly interpersonal parts of ableist oppression – slurs at the bus stop, pitying or infantilising comments, and so on. But she will still suffer as a result of a societal ideology that privileges those that are able to work a forty-hour week without additional rest breaks, that says that in many cases those who can't climb stairs cannot and should not access what's at the top of them, and so on. But this doesn't clearly make not including Christa a case of underinclusion. That is, it's not clear that not including Christa, even if she is subject to ableist injustices, damages the political utility of Disability-as-Subordination. So, we need to press further on why not including Christa might be underinclusion.

One thought here is that not including Christa seems to mirror the underinclusion problem that Jenkins (2016) raises for Haslanger's accounts of gender. Haslanger's WOMAN*, Jenkins argues, fails to include some trans women as women.[76] This is because some trans women are not, regularly and for the most part, believed to have bodily features that are presumed to be evidence of a female's role in biological reproduction. So, they do not meet clause (i) of WOMAN*. Jenkins argues that this is a particularly severe problem for Haslanger's account because being 'wrongfully excluded' (2016: 399) from the category of "woman" is harmful to trans women because they are a significantly oppressed group, and exclusion from the gender category with which they identify is a large part of that oppression (2016: 401). This

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[75] Note that Howard and Aas hold that not including such cases is exacerbated as a problem by overincluding in deception cases, but per §5.2.1 this is soluble for Disability-as-Subordination.

[76] And includes some trans men as women, in a case of overinclusion.

failure of inclusion therefore damages WOMAN*'s utility for aiding in ending gendered injustice.[77] If Jenkins is right, then we have a clear case of underinclusion for WOMAN*, where a failure of inclusion damages Haslanger's account's political utility. Perhaps, then, something similar is true in the Christa case?

Although superficially similar, the apparent parallel between the underinclusion in the case of WOMAN* and the potential underinclusion in the Christa case isn't borne out on further examination. First, it's a foundational premise of Jenkins's argument that trans people have a legitimate claim to inclusion in the gender category with which they identify (2016: 396). It's not at all clear that the same is true for disability. Indeed, Christa may not identify as disabled at all. Second, on Jenkins's setup, exclusion from the gender category with which they identify is a large part of the oppression that trans people face. Again, this is disanalogous with disability. In our earlier examination of the Christa case, it looked like Christa was harmed by ableist injustices whether she is counted as disabled or not. Finally, Jenkins seems to take something like "including all people with the gender identity of 'woman', and who are oppressed in the relevant way, as women" as being a core, constitutive part of what it takes for a political project to be a feminist political project. It's not at all clear that anything equivalent to that is true for the anti-ableist project. So, it doesn't seem that the underinclusion problem Jenkins identifies for WOMAN* sheds light on whether not including Christa is a problem for DISABILITY*.

It might be enough, then, just to grant that Disability-as-Subordination doesn't include Christa's case as one of disability but flatly deny that this is troubling underinclusion. After all, Christa may not count as disabled but she will still benefit – albeit indirectly – from the anti-ableist project that the account helps advance. But considering this should lead us to realise what the real political risk in not including Christa is: it reduces her to a passive stakeholder (or, perhaps, an active, but non-disabled, ally) in the anti-ableist project. Why might this be a political problem? Christa not counting as disabled will restrict her from full participation in the Disabled People's Movement. Who counts as disabled matters hugely to whose testimony and expertise the DPM prioritises, which policies are put forward in

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[77] I happen to agree with Jenkins's position on WOMAN*, but will present her various claims here without arguing for their truth.

promoting justice for disabled people, and all other aspects that give shape and content to the anti-ableist political project. If Christa doesn't count as disabled, then Christa is not entitled to full participation in these practices and processes. This may well be bad for Christa – in terms of lack of access to community, hermeneutical resources and so on – but, more pressingly for our purposes here, looks to be bad for the anti-ableist political project. In excluding Christa, the DPM won't consider the particular ways in which ableist injustices affect her, and these won't be reflected in their activities. The anti-ableist project is poorer for Christa's exclusion, the thought goes, even if she doesn't count as disabled.

If this is right, then not counting Christa as disabled looks to be a case of underinclusion after all. But, I argue, the fault here doesn't lie with Disability-as-Subordination. Rather, it lies with the exclusionary practices – the practices which determine who gets to participate and how much – of the Disabled People's Movement. That is, Disability-as-Subordination is only underinclusive – its political utility is only damaged – in virtue of the DPM's practices excluding Christa. Were the DPM's exclusionary practices different, such that Christa was able to fully participate, then there would be no political risk to Disability-as-Subordination in not including Christa. So, there is a case here for reforming the DPM's exclusionary practices such that Disability-as-Subordination isn't underinclusive in cases of invisible conditions. "Nothing About Us Without Us" – the traditional slogan of the DPM – doesn't, and doesn't have to, mean, "Things About Us With Only Us". Indeed, we might already think that membership of the DPM ought to be extended beyond just disabled people themselves, to include parents and caregivers of (at least very young) disabled people, or the partners and close relations of disabled people.[78]

What's more, Disability-as-Subordination tracks and lays bare an established problem with the DPM's exclusionary practices; that they frequently neglect those with invisible conditions. As both Ellen Samuels (2003) and Daniel Silvermint (2018) note, the Disabled People's Movement has a history of marginalising those with invisible conditions, which is one area in which a fixation on visible signs of bodily defectiveness has infiltrated anti-ableist

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[78] For instance, it would be hard to make a case that that Eva Feder Kittay's extensive theoretical and activist work on disability (see e.g., 2019) should be excluded as legitimate participation in the DPM because it's her daughter, rather than Kittay herself, that is disabled.

politics (see also Davis 2005). Locating the source of the underinclusion problem in the exclusionary practices of the DPM isn't, then, ad hoc sleight of hand on my part. Rather, it's a recognition and a reflection of a running sore in anti-ableist politics. Disability-as-Subordination recognising this is one way in which it aids in highlighting and overturning ableist oppression – it's just that on this occasion it locates some of that oppression within the workings of the DPM. If Disability-as-Subordination is underinclusive in cases of invisible conditions, it's only because our anti-ableist political practices are inadequately inclusive. This makes a case for reforming those exclusionary practices, rather than rejecting Disability-as-Subordination.

We can conclude, then, that if DISABILITY* fails to count "invisible" conditions – like Christa's – as disabilities, it's underinclusive just to the extent that our wider anti-ableist political practices are insufficiently inclusionary. That is, not including Christa is a problem in virtue of her not counting as disabled excluding her from full participation in the DPM. We can solve this underinclusion problem for Disability-as-Subordination by reforming the DPM's practices such that Christa is entitled to full participation – and doing so will, along the way, fix an existing problem with the DPM.

5.4 Chapter Summary

This chapter addressed two broad classes of objection Disability-as-Subordination faces. I began (§5.1) by outlining three ways in which Disability-as-Subordination might be thought to problematically leave out a role for the body in what constitutes disability: that it conflicts with our intuitions about disability; that it leaves the body problematically undertheorised; and that it disregards disabled people's bodily experiences. I argued that these objections fail. I then (§5.2) turned to the objection that DISABILITY* includes as disability some cases such that its usefulness to the political project of overturning ableist oppression is compromised: deception cases, minor difference cases, and racial cases. In each I argued that where such cases involve subordination in the relevant way, it is acceptable for DISABILITY* to include them, and so it is not overinclusive. Finally (§5.3), I turned to the objection that DISABILITY* is underinclusive with regards to cases of "invisible" conditions. I granted that such cases won't meet clause (i) of DISABILITY*, so won't count as cases of disability. However, I argued that where such cases represent underinclusion, this is because the Disabled People's Movement political practices are insufficiently inclusionary. This motivates reforming those practices, rather than rejecting Disability-as-Subordination.

Having addressed these objections, we can now turn to the other principal objection to Disability-as-Subordination – that it is incompatible with disability pride – in Chapter Six.

Chapter 6 Disability Pride

6.0 Introduction

E. Barnes objects to Disability-as-Subordination on the grounds that it can't "make sense of disability pride" (see 2016: 42). This chapter tries to determine quite what the objection is meant to be. The chapter characterises, in terms of demands E. Barnes places on accounts of disability, a general requirement – the "Pride Requirement" – that accounts allow that disability could be worth celebrating, and distinguishes variants of that requirement. On some of those variants Disability-as-Subordination meets the requirement, and on others it doesn't. But rather than the cases where it doesn't serving to generate a successful objection to Disability-as-Subordination, I instead argue that these cases serve as evidence that the Pride Requirement isn't a requirement that does useful work in adjudicating between candidate accounts of disability.

To initially motivate the thought that Disability-as-Subordination might have a pride problem, the intuitive case against the account as it relates to disability pride runs as follows. On Disability-as-Subordination, disability is entirely constituted by a particular kind of subordinated social positioning. Pride in disability on Disability-as-Subordination could only be pride in this social positioning. But pride in being subordinated seems like it would be inapt. So, Disability-as-Subordination presents a view of disability which is incompatible with disability pride. But, as we'll see in this chapter, it's not clear that subordinated social positioning *is* all that Disability-as-Subordination leaves available as a target for disability pride, nor that, even if it is, Disability-as-Subordination is at a particular disadvantage here.

I begin in §6.1 by formulating a general view of the Pride Requirement, in terms of E. Barnes's view of disability pride. In §6.2, I consider one way of understanding that general requirement: the Strong Pride Requirement. I find that Disability-as-Subordination does not meet this requirement, but then that very many accounts – including E. Barnes's own – also fail to, indicating that the Strong Pride Requirement is too strong to do useful work. In contrast, in §6.3 I find that it's hard to identify an account that can't meet a Weak Pride Requirement, indicating that this requirement is too weak. In §6.4 I consider some further possible alternative interpretations of the Pride Requirement, but show that these aren't promising in terms of finding a worthwhile version of the requirement. §6.5 concludes the chapter with a summary.

6.1 Making Sense of “Making Sense of Disability Pride”

What could it mean for an account of disability to “make sense of” disability pride? In part, that’s going to turn on what we take disability pride to be.[79] For E. Barnes, disability pride involves (at least) the *celebration* of disability (2016: 42). We might be a little suspicious of the idea that disability pride consists in – or, at least, is distinctively characterised by – celebration. There are plenty of things that we celebrate that don’t involve pride – like birthdays – and plenty that we’re proud of but don’t seem to celebrate per se – like personal talents. Where the two come together, they often involve some kind of achievement – graduations, new jobs, sporting successes, and so on. It’s not obvious, looking at other cases of pride and of celebration, that “disability pride as celebrating disability” is a good fit. But for now let’s meet E. Barnes on her terms. E. Barnes is clear that this celebration is, at least in part, for instrumental reasons. That is, celebrating disability is, at least in part, a political exercise in overturning the narrative – both for individual disabled people and for society at large – that disability is pathology and tragedy (2016: 184–6). In this respect, E. Barnes’s view of disability pride accords with many views from within the DPM (see e.g., Clare 1999; Hevey 1992; Morris 1991; Shakespeare 1996; Sherr Klein 2001; Swain and French 2000).

However, at times E. Barnes seems to envisage disability pride as involving something more specific than just “celebrating disability”: celebrating *bodily difference* (e.g., 2016: 51, 181). Initially, this looks to be in line with views from within the DPM which hold that disability, as a valuable form of human diversity, is in itself apt for celebration (see e.g., Disability Action North East 1998; Disability Pride Parade 2006; Shakespeare 1996; Swain and Cameron 1999). But it’s ambiguous whether E. Barnes holds that bodily difference is apt for celebration in itself, or whether disability pride just involves ‘the politically motivated celebration of difference’ as she puts it (2016: 181). That is, is bodily difference (just) to be

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[79] We might think that this, in turn, will turn on what we take *disability* to be, and that this creates a circularity problem. I discuss this in §6.4.

celebrated as part of the narrative-overturning project described above, or (also) because it is itself valuable? E. Barnes's more recent work seems to suggest that it's both (2023: 163). I won't come down either way on a reading of E. Barnes here, but will come back to this ambiguity in §6.2.

We have, then, a requirement that accounts must 'leave open that disability pride makes sense' (E. Barnes 2016: 43). What "leave open" quite means is unclear, so I'll gloss this general requirement as:

> **Pride Requirement:** To make sense of disability pride, accounts must allow that disability could be worth celebrating.[80]

Considering E. Barnes's project as a whole, it's clear that her requirement that accounts of disability make sense of disability pride is interlinked with her commitment to disability as "mere-difference". That is, that disabled people are no worse off, overall, than non-disabled people in virtue of their disabilities, absent the effects of social arrangement.[81] For E. Barmes, disabled people have "minority" bodies – they have different bodies to non-disabled people – but not necessarily *worse* bodies (2016: 78). We can summarise this as:

> **Mere-Difference View:** Disabled people are no worse off, overall, than non-disabled people in virtue of their disabilities, absent the effects of social arrangements.

There are further nuances to E. Barnes's view, concerning the locality, instrumentality, and conditionality of goods and bads (see 2016: 80–8) that it's not necessary to spell out for our

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[80] We could go with a stronger "...that disability *is* worth celebrating" or "...that disability *ought* to be celebrated" here. I have resisted this on two counts. First, this seems overly prescriptive. It's not the place of an account of disability to say that disabled people *ought* to think or do anything in this way. Second, I want to allow that there may be some contexts in which disability *might* be worth celebrating but some peculiar circumstances mean that nobody *does* celebrate it, without that lack of celebration being wrong or unfitting – perhaps there are overriding considerations against celebration in some contexts.

[81] For extensive discussion of the mere-difference view of disability and well-being (and the "bad-difference" view), see e.g., Campbell and Stramondo 2017; Crawley 2020; 2022; Gregory 2019; Kahane and Savulescu 2016; and Nadelhoffer 2022.

purposes here. Instead, as far as disability pride is concerned, the thought is just that if it's bad for you to be disabled then it doesn't make sense to celebrate being disabled.

However, before moving on, there's one further aspect of the Mere-Difference View that's worth exploring. E. Barnes's commitments to disability as mere-difference and to the Pride Requirement are politico-methodologically intertwined. Part of E. Barnes's motivation for pushing for disability as mere-difference is what disabled people say about their own well-being – that is, broadly, that to the extent they're worse off overall than non-disabled people this is only in virtue of social arrangements (2016: 92). Accounts of disability that maintain that to be disabled is to be worse off in virtue of how your body is, then, risk testimonial and hermeneutical injustices (see Fricker 2009) in running counter to what disabled people say about, and how they interpret, their own lives. Similarly, disabled people often report that they feel they have something to celebrate in their disability – they have disability pride. So, accounts which don't allow that disability could be worth celebrating risk these epistemic injustices (E. Barnes 2016: 180–4).

So, motivated by the Mere-Difference View, E. Barnes holds that successful accounts of disability need to, at the least, allow that disability could be worth celebrating. But, as we've already seen, what it takes for an account to meet the Pride Requirement is ambiguous. At times, Barnes seems to want accounts to allow that disability could be worth celebrating *in some way.* At others, she seems to demand more than this; she seems to see making sense of disability pride as involving allowing that disability *as bodily difference* could be worth celebrating. Call this latter requirement the "Strong Pride Requirement", and the former the "Weak Pride Requirement":

> **Strong Pride Requirement:** To make sense of disability pride, accounts must allow that disability – as bodily difference – could be worth celebrating.
>
> **Weak Pride Requirement:** To make sense of disability pride, accounts must allow that disability – in some way – could be worth celebrating.

If E. Barnes does endorse the Strong Pride Requirement, then this is perplexing. Perplexing because E. Barnes's own account of disability turns out to fail to meet the Strong Pride Requirement. It's to this I turn next.

6.2 The Strong Pride Requirement

On E. Barnes's (2016) account of disability, to be disabled is to have the sort of body for which the Disabled People's Movement seeks to promote justice and equality.[82] Call this account "Disability-as-Minority-Body" going forward:

> **Disability-as-Minority-Body:** A person, *S*, is disabled in some context, *C*, iff:
>
> (i) *S* is in some bodily state *x*; and
>
> (ii) the rules for making judgments about solidarity employed by the Disabled People's Movement classify *x* in context *C* as among the physical conditions that they are seeking to promote justice for. (E. Barnes, 2016: 46)

I'll return to how Disability-as-Minority-Body is meant to work as an account in more detail in Chapter Seven when I raise some independent objections to it. But for our purposes here we just need to understand two things about the account. First, by "bodily state", E. Barnes is clear that she means the particular bodily state – the arrangement, condition, and so on, of the parts of one's body – involved in having, for example, cerebral palsy. This is distinct from something like "the bodily state of having cerebral palsy", or cerebral palsy as a kind (2016: 46). I take it, therefore, that E. Barnes uses "bodily state" in the same way that I use "bodily feature" elsewhere in this thesis. Second, you count as disabled in virtue of your having the bodily state of having, for example, cerebral palsy just if the DPM's rules include cerebral palsy as one of the conditions for which they seek to promote justice.[83]

With that characterisation of Disability-as-Minority-Body in hand, we can turn back to the Strong Pride Requirement. For Disability-as-Minority-Body to acceptably make sense of

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[82] E. Barnes actually appeals to the "Disability Rights Movement" or "DRM", but I'll use "Disabled People's Movement" and "DPM" to remain consistent with terminology elsewhere in the thesis. I take it that the difference here is one of transatlantic terminological variation rather than anything substantive.

[83] This makes Disability-as-Minority-Body a moderate social constructionist account per my distinction in Chapter Four; there are particularly bodily features involved in being disabled, but why it's those ones is a matter of social arrangements (see also E. Barnes 2016: 38).

disability pride by meeting the Strong Pride Requirement, it must allow that disability *as bodily difference* could be worth celebrating. It's not clear that Disability-as-Minority-Body can do this. Not because the account says that bodily difference is bad, or not worth celebrating or so on, but because it says that disability *isn't* (just) bodily difference. Disability-as-Minority-Body says – at best – that to be disabled is to have a bodily difference in conjunction with some particular classificatory practices on the part of the Disabled People's Movement. That is, to be disabled is to have a different body that's then picked out in a particular way by the DPM's rules for making solidarity judgments – the bodily difference alone doesn't suffice. On Disability-as-Minority-Body, it doesn't make sense to say that disability – as bodily difference – might be worth celebrating, because disability isn't just bodily difference. But further note, per the characterisation above, that the account doesn't reference bodily difference, just "bodily states". Despite E. Barnes' fine-grained view of what a bodily state is for her purposes (2016: 46), she makes no mention of difference here. So, on Disability-as-Minority-Body to be disabled just requires that one be in a bodily state that's picked out in a particular way by the DPM, and the DPM needn't appeal to that bodily state being a "different" one when doing that picking out. Consequently, all it looks like Disability-as-Minority-Body can say is that (something like) "disability as having a bodily state that is classified in a particular way by the Disabled People's Movement" could be worth celebrating.[84] This does not meet the Strong Pride Requirement.

If Barnes does endorse the Strong Pride Requirement, then it's a bad result for her that Disability-as-Minority-Body can't meet it. But Disability-as-Minority-Body isn't alone here. In fact, many – perhaps most – social constructionist accounts of disability will fail to meet the Strong Pride Requirement. Consider the social model definition of disability from Chapter Two:

> **Disability$_{SM}$:** Disability is oppression that results from social responses to impairment.

Even on an understanding of impairment on which it just is bodily difference – which I don't grant given my discussion of impairment in Chapters Two and Three – the social model doesn't meet the Strong Pride Requirement, because on it disability is the *oppression* that

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[84] It's not obvious why this *would* be worth celebrating, but I'll set that aside here.

results from social responses to bodily difference. Paralleling the problem for Disability-as-Minority-Body, the social model would still say that disability is bodily difference *plus* oppression. At most, it could say that "having a different body and being oppressed in virtue of it" could be worth celebrating. Accounts which say that disability is bodily difference in combination with something else won't be able to meet the Strong Pride Requirement; they can't allow that disability *as bodily difference* might be worth celebrating, because they don't hold that disability just is bodily difference. Or, put another way, even if they can allow that bodily difference is worth celebrating, that celebration won't be celebration *of disability*.

On the strong social constructionist side of the coin, I take it as straightforwardly obvious that Disability-as-Subordination can't meet the Strong Pride Requirement. This is because on Disability-as-Subordination – as Howard and Aas (2018: 1126) note – what bodies are actually like, let alone whether they're "different", isn't part of disability at all. E. Barnes is right that Disability-as-Subordination can't make sense of disability pride, if we understand that in Strong Pride Requirement terms, albeit perhaps not in the way that she takes herself to be right.

Given the difficulties faced by social constructionist accounts in meeting the Strong Pride Requirement, we might wonder whether accounts at the naturalistic end of the spectrum might have more success. After all, they should be able to say that disability just involves actual bodily difference in a way that the social constructionist accounts struggle to. If they do succeed here then would be a little ironic – both because these accounts to which E. Barnes is hostile (2016: 13–21) would succeed where hers fails, and because it seems plausible to think that (perhaps many but not all – see Koon 2022) advocates of such accounts won't have much interest in "making sense of disability pride" as a desideratum. Consider the medical model definition of disability from Chapter One:

> **Disability$_{\mathbf{MM}}$:** Disability is the restriction, resulting from an impairment, of ability to perform an activity in the manner or range considered normal for a human being.

It's not clear that even the medical model can meet the Strong Pride Requirement, even if we – against my characterisation in Chapters One, Two, and Three – understand impairments to just be bodily differences. Even in that case, the medical model would seem to say that disability is the restriction of ability that *results* from a bodily difference. To celebrate disability would be to celebrate this restriction, not the bodily difference itself. But we might think this is one place where the three interpretations of the medical model with respect to the relationship between impairment and disability that I discussed in Chapter One have some role to play. To restate these:

> **Candidate 1:** Disability is impairment.
>
> **Candidate 2:** Disability is a restriction of ability resulting from impairment.
>
> **Candidate 3:** Disability is impairment, but only where an impairment leads to a restriction of ability.

In the case of Candidates 1 and 3, if we understand impairments to just be bodily differences, then the medical model *could* meet the Strong Pride Requirement. But, again, per my discussion in Chapters One, Two, and Three, impairments are understood in terms of lack and defect, not bodily difference – it would be possible for a lack or defect to be so common as to not count as a bodily difference.[85] In the case of Candidate 2, celebrating disability would, again, be to celebrate the restriction of ability. So, it doesn't look like any version of the medical model that we've considered can meet the Strong Pride Requirement.

In the interests of showing that the Strong Pride Requirement is distinctly challenging to meet, let's briefly consider one further kind of account. I've extensively discussed social constructionist accounts of disability, both moderate and strong, and straightforwardly naturalising accounts in this thesis so far. We've seen in this section that candidates from each of these camps fail to meet the Strong Pride Requirement, but it might be objected

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[85] Of course, even if a Candidate 1 interpretation of the medical model did meet the Strong Pride Requirement, the medical model would still run into the extensional problems I set out for the Candidate 1 interpretation in Chapter One.

that I've so far largely ignored inability accounts, and that they deserve a hearing here. Let's take Gregory's "inability theory" as our example:[86]

> **Disability-as-Inability:** To be disabled is to be less able to do something than is typical, where this degree of inability:
>
> (i) is partly explained by features of your body that are atypical; and
>
> (ii) is not explained by anyone's attitudes toward those bodily features.
> (Gregory, 2020: 33)

To give an example, you can count as disabled on Disability-as-Inability in virtue of being blind if it means that you are less able to, say, read *A Wizard of Earthsea*, where this lowered ability is partly explained by the atypical bodily features in virtue of which you are blind – cataracts, occipital lobe damage, or so on. Note, however, that per clause (ii), if the lack of a Braille copy that would allow you to read *A Wizard of Earthsea* is entirely explained by people's attitudes towards the atypical bodily features involved in blindness then you won't count as disabled in virtue of being blind, at least as far as reading Le Guin's works go (see Gregory 2020: 29–34).

At first glance, Disability-as-Inability's prospects for meeting the Strong Pride Requirement might look quite promising. First, clause (i) is perhaps as close as we've gotten so far to an appeal to bodily difference, since Gregory's purely statistical notion of typicality (see 2020: 28) might get around the problem that some relevant bodily features might be so common as to not plausibly count as bodily difference.[87] Second, clause (ii) specifically rules out as part of disability other people's attitudes towards the bodily features in question. So,

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[86] Perhaps other inability accounts (see e.g., Buchanan *et al* 2000) will fare differently in Strong Pride Requirement terms. But it's not obvious that this will be the case, since any account that says that disability is inability (plus or minus some caveats) will be unable to say that disability *as bodily difference* could be worth celebrating.

[87] Although we might think that Disability-as-Inability appeals to particular *bodily differences* rather than general *bodily difference* – see §6.4 – and so it misses the mark on the Strong Pride Requirement. Given that I argue that Disability-as-Inability fails to meet the Strong Pride Requirement for other reasons, I won't pursue this further.

Disability-as-Inability won't run into the problem that the social constructionist accounts face where they can at most say that disability as bodily difference *plus* some consideration of social arrangements could be worth celebrating. But, after the first glance, Disability-as-Inability's promise fades. On Disability-as-Inability, disability is being less able to do something than is typical. Even if it's bodily difference that partly explains that lowered ability, the best the account can say with respect to the Pride Requirement is something like "disability, as being less able to do something than is typical and where bodily difference partly explains that lowered ability, could be worth celebrating". It's clear, then, that Disability-as-Inability can't meet the Strong Pride Requirement.

I'm wary of concluding here that there are *no* accounts that can meet the Strong Pride Requirement. I haven't surveyed every possible account here. Furthermore, it's plausible that we could gerrymander ourselves an account precisely to meet the Strong Pride Requirement, although I'm sceptical that such an account of disability would perform well in any other domain. But it does seem to be the case that at least very many accounts can't meet the Strong Pride Requirement. This includes Disability-as-Minority-Body. This by itself is a bad result for E. Barnes. But, more pressingly, the Strong Pride Requirement looks too strong. If we have to understand the general Pride Requirement as being the Strong Pride Requirement, then it looks like the requirement is simply too strong to be of use in adjudicating between candidates accounts of disability. And, for the purposes of defending Disability-as-Subordination, it looks E. Barnes's objection that the account can't make sense of disability pride fails. Even though it's true that Disability-as-Subordination can't make sense of disability pride in the Strong Pride Requirement sense, this isn't a peculiar vice of the account. Rather, Disability-as-Subordination is in good company here with an array of other accounts, including Disability-as-Minority-Body.

As I carved things up in §6.1, rejecting the Strong Pride Requirement just leaves us with the Weak Pride Requirement as a way to understand the general Pride Requirement. So, let's now turn to the Weak Pride Requirement.

6.3 The Weak Pride Requirement

The Weak Pride Requirement just requires accounts to allow that *something* about disability could be worth celebrating. In the course of this section, it will turn out that this requirement is extremely easily met. To begin to see this, consider Disability-as-Subordination again. For E. Barnes, accounts like Disability-as-Subordination make disability something 'entirely negative' (2016: 42), leaving them unable to make sense of disability pride. The exact nature of the charge here is unclear, so let's disambiguate two ways of understanding it.

First, returning to a suggestion from §6.1, the thought might be that if it's just bad for you to be disabled, then it doesn't make sense to celebrate disability.[88] Accounts that give a picture of disability as something that's just bad for you wouldn't, then, meet the Weak Pride Requirement. Or, understood another way, drawing on the link from §6.2 between the Pride Requirement and Barnes's mere-difference project: accounts that fail to be mere-difference accounts can't meet the Weak Pride Requirement. So, this version of the charge against Disability-as-Subordination runs as follows: in making disability entirely constituted by a subordinated social position, the account makes disability entirely negative, and so fails to be a mere-difference account and therefore to meet the Weak Pride Requirement. But, strictly, Disability-as-Subordination *is* a mere difference account.[89] Recall – per §6.1 – that for an account to be a mere-difference account it must be compatible with disability being something that makes you no worse off, overall, than being non-disabled, *absent the effects of social arrangements*. On Disability-as-Subordination, disability is entirely constituted by social arrangements; there isn't anywhere for other "bad-for-you-ness" to creep in. So, if the charge is that Disability-as-Subordination can't meet the Weak Pride Requirement because it isn't a mere-difference account, then the charge doesn't stick.

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[88] This might not seem very plausible – perhaps there are some things that are bad for you, like dangerous military service, that we celebrate precisely *because* they're bad for you but you do them anyway – but let's grant the thought.

[89] It might be protested that Disability-as-Subordination is somehow only "trivially" a mere-difference account. But the point remains that if it takes being a mere-difference account to meet the Weak Pride Requirement then Disability-as-Subordination does so.

Second, alternatively, the charge might be that there's something particular about the picture of disability as entirely constituted by subordinated social positioning that blocks Disability-as-Subordination from meeting the Weak Pride Requirement. The thought here is that if disability is so constituted, then that subordinated social positioning is all there is to disability – it's the only thing available to be apt for celebration. And, since we clearly don't celebrate being socially subordinated, there's nothing else left that could be worth celebrating about disability, and so the Weak Pride Requirement isn't met. But there's two options for resisting this charge: we can try to show that being socially subordinated could be worth celebrating – which I take to be a non-starter – or we can find something else about disability that isn't ruled out by the account and could be worth celebrating. The prime candidate here is disability culture. Disabled people have developed a distinctive culture – art, literature, theatre, ways of speaking, and so on (see e.g., Finkelstein 1980; 1987; Vasey 1991) – that certainly seems like something that could be worth celebrating. Disability culture could be worth celebrating for its own sake, just as we celebrate art, literature and so on elsewhere, but also as part of the kind of narrative-overturning project discussed in §6.1 (see e.g., Hevey 1992; Morrison and Finkelstein 1993; Sutherland 1989). E. Barnes herself recognises that 'disability culture is an increasingly vivid part' of the DPM (2016: 42). The existence of, and participation in, this culture could be something worth celebrating. So, despite Disability-as-Subordination making disability entirely constituted by subordinated social positioning, an appeal to disability culture can be a way to show that *something* about disability could be worth celebrating and meet the Weak Pride Requirement.

The problem – for the Pride Requirement – with meeting the Weak Pride Requirement via appeal to disability culture is that it seems like it will be an option open to the vast majority – perhaps all – accounts of disability. None of the other candidate accounts examined in §6.2 are obviously unable to make this appeal. It's not even clear what an account that *couldn't* appeal to disability culture in this way would look like, short of gerrymandering one that specifically denies its existence or value. The other candidate accounts may or may not have other things that they can appeal to in order to meet the Weak Pride Requirement, but if appeals to disability culture can perform this role then it's irrelevant whether or not they do have those other things to appeal to. And, if every account can meet the Weak Pride

Requirement via appeal to disability culture, then the requirement is simply too weak to do any work in adjudicating between those candidate accounts. I might be able to make the case that Disability-as-Subordination – and social model advocates might for the social model – that the account does something extra here, in being able to tell a story about how disability culture emerges in response to social disadvantage or subordination, but it's not clear that doing so gives an advantage in terms of the Pride Requirement.

If we understand the Pride Requirement as being the Weak Pride Requirement, then E. Barnes is wrong to claim that Disability-as-Subordination can't meet the requirement. But, more interestingly, the Weak Pride Requirement looks like it is too weak to do any work in adjudicating between accounts of disability. Coupling this with the conclusion from §6.2 that the Strong Pride Requirement looks to be strong, then it looks like the Pride Requirement, either way you slice it, isn't a requirement with teeth.

6.4 Whither the Pride Requirement?

It might be objected at this stage that the way I carved up the Pride Requirement in §6.1 doesn't really map out all the ways of understanding the requirement, and so I'm not entitled to conclude that the requirement can't do any useful work. So, in this section, I'll consider two further possible interpretations of the Pride Requirement; a possible "Super-Strong Pride Requirement" and a possible "Moderate Pride Requirement".

As I noted in §6.2, there is a difference between celebrating bodily difference, and celebrating bodily *differences*. By analogy: there is a difference between celebrating the colour red and celebrating individuated red things. Someone with MS and someone with achondroplasia can both celebrate, in the same way, having a different body – the "difference" here is from the general normal or typical bodies of non-disabled people. But they have different bodily *differences* – that is, distinct particular bodily features in virtue of which they have different bodies in the more general sense. I've construed the Strong Pride Requirement as being about celebrating bodily difference in that more general sense, but we might think that it's particular bodily differences that ought to be the target for celebration in disability pride. At times this seems to be what E. Barnes envisages, as when she discusses the ways in which Dostoyevsky valued his epilepsy and Sarah Eyre values her MS (2016: 91–

2). Celebrating particular bodily differences could plausibly be part of the instrumental narrative-overturning project, but in Eyre's (see 2012) case she clearly values hallucinatory music and transient euphoria as valuable parts of her disability in themselves. If we think that making sense of disability pride requires accounts to allow that disability as particular bodily differences could be worth celebrating, then we get a new version of the Pride Requirement:

> **Super-Strong Pride Requirement:** To make sense of disability pride, accounts must allow that disability – as particular bodily differences – could be worth celebrating.

The problem with the Super-Strong Pride Requirement is that it's not clear that it leads to a better sorting of candidate accounts than the Strong Pride Requirement. Accounts that don't meet the Strong Pride Requirement won't meet the Super-Strong Pride Requirement either, since they don't say that disability just consists in particular bodily differences. Even if we allowed that their appeals to impairment could be appeals to particular bodily differences, the social and medical models holds that disability is the oppression, or the restriction of activity, respectively, that results from impairment. On Disability-as-Minority-Body, to count as disabled you need to be in some bodily state – and this needn't be one that counts as a particular bodily difference – that's picked out by the DPM's rules in a particular way. On Disability-as-Inability, disability is the inability, not the atypical bodily features that partly explain the inability. And Disability-as-Subordination makes no appeal to actual bodily features at all. None of these accounts rule out that particular bodily differences could be worth celebrating, but they do rule out celebrating those differences themselves as being a celebration of disability. To get near meeting the Super-Strong Pride Requirement, an account would have to define disability as some set of particular bodily differences, perhaps just by list or disjunction. This might be possible, but it doesn't seem like such an account would be a desirable one in respect of all the other reasons we might have to want an account of disability.[90] So, the Super-Strong Pride Requirement isn't any more useful in adjudicating between candidate accounts of disability than the Strong Pride Requirement.

Changing direction, it might be objected that I've conflated two possible versions of the Weak Pride Requirement in my treatment of it. You might think that allowing that disability culture could be worth celebrating isn't really allowing that *disability* could be worth celebrating in the way the Weak Pride Requirement requires. That is, that disability culture is related to disability, but is external to it, and that celebrating disability culture isn't to celebrate disability itself. The "in some way" component of the Weak Pride Requirement leaves some ambiguity in what it really takes to meet the requirement. We might then distinguish two further versions of the Pride Requirement:

> **Moderate Pride Requirement:** To make sense of disability pride, accounts must allow that disability – *as disability* in some way – could be worth celebrating.
>
> **Weak* Pride Requirement:** To make sense of disability pride, accounts must allow that something *at least related to* disability could be worth celebrating.

It seems reasonable enough to carve things up in this way. And perhaps the Moderate Pride Requirement is really where all the action is, and can do the adjudicating work that the Strong and Weak* requirements can't. However, I'm not convinced. The difficulty with making use of the Moderate Pride Requirement is that it's not clear what counts as "as disability in some way" in a way that needn't be bodily difference but isn't something related-but-external to disability like culture. What counts as "as disability" will be dependent on an account of what disability is. Perhaps some accounts will be ruled out – it might really turn out that nothing that counts "as disability" on Disability-as-Subordination could be worth celebrating.[91] And perhaps ruling out this – presumably – small number of

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[90] I take it that such an account would face similar problems to those I gave in Chapter Three for the list strategy for an account of impairment.

[91] Although there's a possible argument that I might be able to help myself to here on which something like "having the identity conditions for participation in disability culture" is apt for

accounts is enough for the Moderate Pride Requirement to be useful in adjudicating between accounts of disability. But if the Pride Requirement is meant to guide our search for an account of disability from our very first step – in the way that e.g., E. Barnes's other desiderata of extensional adequacy, non-circularity, and so on (2016: 10–13) are – then it's not clear that it will be of much use. What counts "as disability" in the relevant way is dependent on the content of an account, and the acceptability of accounts is meant to be dependent on the Pride Requirement. At best, then, the Moderate Pride Requirement may just rule out a small number of accounts. At worst, what it takes to meet it is account-dependent in a way that limits its usefulness as a tool for pre-theoretically adjudicating between accounts.

Finally, we might think that it's not a *general* requirement to make sense of disability pride for which prospects look bleak here, but rather for the Pride Requirement as construed from E. Barnes's view of pride as celebration. That is, we might wonder whether we could get the Pride Requirement to do better work if we adapted it for a different view of the nature of disability pride. I noted in §6.1 that E. Barnes's view is broadly in line with views from the DPM, so it's not immediately obvious what other plausible views of pride are available. There's some intuitive pull to thinking that the part of being disabled that merits pride is the *flourishing in spite of* the disadvantage that disabled people face. We do occasionally see traces of this sort of understanding of disability pride in the DPM literature – Crow, for example, writes:

> Our pride comes not from 'being disabled' or 'having an impairment' but out of our response to that. We are proud of the way we have developed an understanding of the oppression we experience, of our work against discrimination and prejudice, of the way we live with our impairments. (Crow, 1996: 71–2)

There's much to tease apart in this statement. Some of what Crow appeals to here sounds more like an appeal to disability culture – albeit a particularly explicitly political vision of it –

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celebration "as disability", even if that culture is related-but-external. I won't take this further here, though.

of the kind I discussed in §6.3. But there are also traces there of living a particular kind of life in the face of oppression as a source of pride.[92]

The worry for developing this "flourishing in spite of" view of disability pride into an alternative version of the Pride Requirement is that the view is likely to run into objections – that it reinforces disability as tragedy and misery – similar to those that some (e.g., E. Barnes 2016: 168; and Lisicki 1990) raise against thinking of disabled people as flourishing in spite of physical limitations. Regardless, there's a methodological problem that militates against trying to rescue the Pride Requirement in this way: our understanding of what disability pride is, or could be, will be shaped by our understanding of what disability itself is. So, again, there's a circularity problem: we need at least some commitments about the nature of disability in order to settle on an alternative version of disability pride, but being able to make sense of disability pride is meant to be something we need to consider in selecting an account of the nature of disability. My main purpose in this chapter was to examine the Pride Requirement by meeting E. Barnes's on her own terms and with her own view of disability pride. But it's not clear to me how we could adapt the Pride Requirement for a rival view of disability pride even if we wanted to without facing this circularity problem.[93] Consequently, it's not clear that Disability-as-Subordination is threatened by the possibility of an alternative understanding of the Pride Requirement even if it – as I've argued here that it does – resists Pride Requirement-type objections when understood in E. Barnes's terms.

6.5 Chapter Summary

I've argued in this chapter that the requirement to "make sense of disability pride", as it can be construed from E. Barnes's work, doesn't generate a real objection to Disability-as-Subordination. It's true that Disability-as-Subordination doesn't meet the stronger version of

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[92] Howard and Aas – see 2018: 1125–6 – also gesture at this sort of view of disability pride and suggest that accounts like Disability-as-Subordination can accommodate it.

[93] An interesting – but highly ambitious – project might be to formulate a requirement such that accounts must make sense of something like "any reasonable view of disability pride". I won't attempt that here, not least because it's unclear what would make some a reasonable, rather than unreasonable, view.

this requirement. But neither does Disability-as-Minority-Body, or a host of other accounts. In fact, the strong interpretation looks to be too strong to do good work in adjudicating between accounts of disability. On the weak interpretation of the requirement, Disability-as-Subordination can meet the requirement by appeal to disability culture as worth celebrating. But then so, it seems, can all accounts. The weak interpretation looks to be too weak to do good adjudicative work. Overall, then, the requirement to make sense of disability pride doesn't look to be useful in terms of adjudicating between candidate accounts of disability, and Disability-as-Subordination resists E. Barnes's objection.

I began (§6.1) by characterising a general Pride Requirement on accounts of disability, on which accounts must allow that disability could be worth celebrating. Next (§6.2), I offered an interpretation of the Pride Requirement on which it requires accounts to allow that disability *as bodily difference* could be worth celebrating. I found that this rules out Disability-as-Subordination, Disability-as-Minority-Body, and a wide range of other candidate accounts, which indicates that it is too strong a requirement. Next (§6.3), I showed that Disability-as-Subordination can accommodate disability pride on a weaker interpretation of the Pride Requirement, on which accounts must merely allow that *something* about disability could be worth celebrating. Disability-as-Subordination can meet this by appeal to the value of disability culture. But so too can all accounts, rendering this version of the Pride Requirement too weak to do useful work in adjudicating between accounts of disability. Finally (§6.4) I examined some additional possible interpretations of the Pride Requirement, but found that these don't look promising as useful version of the requirement either.

Chapter 7 Rival Revisionary Accounts

7.0 Introduction

This final chapter considers five revisionary accounts of disability, and argues against accepting each: E. Barnes's "minority body" account; Chong-Ming Lim's adaptation of E. Barnes's account; Guy Kahane and Julian Savulescu's "welfarist account"; proposals from Jenkins and Webster's based on their account of "marginalised functioning"; and Howard and Aas's "social exclusion" account. These are all revisionary accounts in the sense that they're not simply offering characterisations of our ordinary concept of disability. But I don't take them to be direct rivals to Disability-as-Subordination either. That is, they're not accounts articulated as part of the same ameliorative project as I've been engaged in with Disability-as-Subordination but offering rival versions of DISABILITY*. Direct comparison with my account would, then, have an unmistakeable whiff of comparing apples to oranges to it. So, instead, I'll try to articulate reasons, independent of my defence of Disability-as-Subordination elsewhere in this thesis, for why we should not consider these to be viable accounts of disability. This chapter isn't intended to be exhaustive, and doesn't try to show that Disability-as-Subordination is our only hope. But the accounts discussed here crop up in the literature frequently, and several have been referenced at other points in the thesis and so deserve a hearing here. Showing that these accounts aren't viable further motivates the adoption of Disability-as-Subordination in the straightforward sense that the fewer viable alternatives there are, the more appealing Disability-as-Subordination should look.

I begin in §7.1 by further characterising, and then giving reasons to reject, E. Barnes's minority body account. §7.2 characterises, and gives reasons to reject, Lim's modified version of E. Barnes's account. §7.3 characterises, and gives reasons to reject, Kahane and Savulescu's welfarist account. §7.4 characterises, and gives reasons to reject, Jenkins and Webster's proposals for accounts that might be built from their account of marginalised functioning. §7.5 characterises, and gives reasons to reject, Howard and Aas's social exclusion account. §7.6 concludes the chapter with a summary.

7.1 Disability-as-Minority-Body

I introduced E. Barnes's (2016) account of disability – Disability-as-Minority-Body – in Chapter Six. To recap, on Disability-as-Minority-Body, to be disabled is to have the sort of body for which the Disabled People's Movement seeks to promote justice and equality. More schematically:

> **Disability-as-Minority-Body:** A person, *S*, is disabled in some context, *C*, iff:
>
> (i) *S* is in some bodily state *x*; and
>
> (ii) the rules for making judgments about solidarity employed by the Disabled People's Movement classify *x* in context *C* as among the physical conditions that they are seeking to promote justice for. (E. Barnes, 2016: 46)

To really understand Disability-as-Minority-Body, we need to understand how E. Barnes understands the role of "rules for making judgments about solidarity". For E. Barnes, the DPM is, in part, an exercise in group solidarity (2016: 46). Despite the heterogeneity of the conditions that the DPM seeks to promote justice for, the DPM recognises commonalities in how the relevant bodily states are stigmatised and the socially-mediated limitations that are placed on people in those bodily states as a result. E Barnes suggests that in judging who shares in these commonalities, the DPM employs a set of rules. So, if you have cerebral palsy, and the DPM's rules for commonality judgements say that the bodily state involved in having cerebral palsy is the sort of bodily state for which they're seeking to promote justice, you count as disabled. E. Barnes doesn't give substantive account of what ruleset the DPM actually uses in their judgments, and I'll later argue that this is a problem for her account. But for our purposes at this moment, it's enough to say what counts as a disability on Disability-as-Minority-Body depends on the ruleset the DPM employs. We then, at least, have a picture of what it *takes* to count as disabled on Disability-as-Minority-Body: being in a bodily state that the DPM's rules classify as being among the bodily states they seek to promote justice for.

At this juncture, it's worth considering what type of account E. Barnes is offering in Disability-as-Minority-Body. I want to set this out with respect to two considerations:

amelioration, and well-being. First, E. Barnes does at one point describe her account as ameliorative (2016: 39–42). But we shouldn't understand her as meaning this in the way I've set up Disability-as-Subordination as an ameliorative account. For E. Barnes, the "use" of having a concept of disability – the purpose we have in possessing a concept of DISABILITY-ness at all, to use the framing from Chapter Four – is that it's a concept that's been useful to for the DPM's organising. But her account isn't trying to provide a new concept of disability in order to maximise its usefulness to this organising. But nor – per Tom Dougherty (2020: 221) – is she merely saying that we ought to retain a concept of DISABILITY-ness because without one we would not be able to explain how and why the DPM operates. Rather, she is simply saying that the fact that "disability" as a social category *has* been used socio-politically is what makes it something philosophers should pay attention to (2016: 41; 2018: 1155). For E. Barnes, the reason disability is interesting and worth spending philosophical effort on is the role that the category of disability has played in political organising, and capturing this role is part of what she considers it takes for an account of disability to be explanatorily adequate (2016: 42). This is a distinct project from trying to formulate an account of disability that is as useful as possible for the purposes of political organising, in the way that I argued in Chapter Four that Disability-as-Subordination is in securing Commonality, Futurity, and Centring.

Second, engaging with E. Barnes's overall project on disability for any great length of time reveals that defending Disability-as-Minority-Body is not really what her project is ultimately about. Rather, the big picture view that she wants to promote is of disability as mere-difference. To restate the gloss I gave in Chapter Six:

> **Mere-Difference View:** Disabled people are no worse off, overall, than non-disabled people in virtue of their disabilities, absent the effects of social arrangements.

E. Barnes takes as a desideratum for a successful account of disability that it doesn't "normatively pre-judge" disability (see 2016: 11), and it turns out that for her this requires that the account be compatible with the Mere-Difference View. Part of E. Barnes's motivation for Disability-as-Minority-Body, then, is that it is compatible with the Mere-Difference View, in that it doesn't deliver the conclusion that disability is a cost to well-being.

With this overall view of how Disability-as-Minority-Body is meant to work and how E. Barnes motivates it, we can turn to objections to the account. I'll articulate three: that E. Barnes makes a strange move in motivating the account; that who counts as disabled on it is objectionably contingent; and that the rules the DPM might turn out to use could mean that Disability-as-Minority-Body depends on another account of disability.

Per our earlier discussion of E. Barnes and amelioration, recall that she thinks that a condition of accounts being explanatorily adequate is that they capture the fact that the category of disability has historically been useful for political organising. That is, that it provides a basis for what we've come to call the Disabled People's Movement to structure their organising from. Call this claim:

> **Explanatory Claim:** That the category of disability has historically been useful for political organising is something accounts must capture in order to be explanatorily adequate.

E. Barnes moves quite quickly from the Explanatory Claim, without showing her working, to a further claim about what constitutes disability. That is:

> **Constitutive Claim:** Political organising, in terms of how and why the DPM applies its rules for judgments of solidarity, constitutes a significant part of what disability is.

There are two ways this could form the basis of an objection to Disability-as-Minority-Body. The first is to say that, even if the Explanatory Claim is plausible, it doesn't imply anything about what disability *is*. That is, for the Explanatory Claim to support the Constitutive Claim, and therefore Disability-as-Minority-Body, significantly more argument is needed on E. Barnes's part. This isn't to say that Explanatory Claim could never support the Constitutive Claim, just that more work is needed to demonstrate that it does. I won't expand on this version of the objection further, as I commit to the second below, but I offer it by way of putting words to a worry that some readers might have about Disability-as-Minority-Body.

My view is that *if* the Explanatory Claim is true – that is, if what makes the category of disability interesting is its prior use in political organising – then it's reasonable to think that it is true precisely because disability has been understood as something richer than the

Disability-as-Minority-Body view. It's not clear how a view of disability on which it is principally constituted by the classificatory practices of the DPM would be useful for political organising. E. Barnes describes two roles for the category of disability in past political organising: first, its use in explaining what experiences of oppression have in common; and, second, its use grouping people together for collective action purposes (2016: 41–2). But Disability-as-Minority-Body's picture of disability doesn't seem terribly useful for either of these purposes. On the first, Disability-as-Minority-Body's picture of what disabled people have in common – that they are all in bodily states picked out in the relevant way by the classificatory practices of the DPM – doesn't explain what those people's experiences of oppression have in common. Rather, it must be some feature of the DPM's rules and practices that must do that. On the second, the political organising happens upstream of Disability-as-Minority-Body's definition of disability; we need an organised DPM already in place to find out who counts as disabled. It's true that Disability-as-Minority-Body can be used to pick out new people to bring into political organising, but it can't serve as the basis for political organising from scratch.

So, the Constitutive Claim sits poorly with the Explanatory Claim. E. Barnes might reply here that adopting Disability-as-Minority-Body doesn't undermine the *past* ways in which the category of disability has been useful to political organising, and perhaps that's true. But if whatever view of disability was operating in the past was sufficiently useful for political organising, why move to adopting Disability-as-Minority-Body? So, I think Disability-as-Minority-Body is undermotivated in this regard. That there's a history of political organising around disability might motivate rejecting be why we should take philosophical interest in disability, but it fails to properly motivate Disability-as-Minority-Body.

Let's turn now to the second kind of objection to Disability-as-Minority-Body that I flagged earlier: that who counts as disabled on the account is objectionably contingent. There's a range of existing objections to E. Barnes's account in this neighbourhood. Silvers (2016) and Lim (2018) both give variations on an objection to the effect that it's unclear that the DPM is constituted in such a way that their classificatory practices will mean that only paradigmatic cases of disability will count as disabilities on Disability-as-Minority-Body. Indeed, as Lim (2018: 983) points out, we can imagine the DPM being constituted in such a way that it contains black people and gay people, such that the judgments about commonality that the

DPM makes end up including black people and gay people as disabled. Yet E. Barnes insists that accounts of disability must not include being gay or being black as disabilities (2016: 15–8). I'll set objections of these kinds aside here, because I take it that Disability-as-Minority-Body could in principle be enhanced, without giving anything up, in such a way as to delineate what legitimately could count as the DPM for the purposes of making classificatory judgments. It's not readily clear how this could be done – E. Barnes just pointing to the group of people she means to be the DPM to be won't cut it, because there'd be a lingering question of why it's *those* people that matter – but I don't rule out that there's a viable answer available here.[94]

Instead, I want to focus on an objection to the effect that who counts as disabled on Disability-as-Minority-Body is too dependent on what classificatory ruleset the DPM happens to be using. As Jenkins and Webster (2021: 733–4) point out, for any given ruleset the DPM uses, they could instead use another one. First, let me say what the objection *isn't*. It's not that the DPM could suddenly turn round and decide that they aren't interested in promoting justice for, say, people with cerebral palsy anymore. E. Barnes specifies that something only counts as a disability on Disability-as-Minority-Body if the classificatory judgment is applied to it 'correctly and rationally' (2016: 46). If the DPM is using a ruleset on which they ought, correctly and rationally, to classify things such that cerebral palsy is a disability, then they can't decide on a whim to not classify it that way anymore – or, another way, it wouldn't stop cerebral palsy counting as a disability if they did. Rather, the objection is that what counts as a disability is too contingent on what ruleset the DPM happens to actually employ. We can imagine all sorts of rulesets the DPM could employ – one on which something like "having eight swim fins and rows of sharp, pointy teeth" could count, even applying the rules consistently and rationally, as a disability. This shakes out into two problems for E. Barnes. First, we need to know which ruleset the DPM employs to know whether something counts as a disability – so, in this sense, Disability-as-Minority-Body by itself fails to be properly explanatory. And, second, Disability-as-Minority-Body is extensionally adequate only when the ruleset the DPM uses means their classificatory

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[94] Compare my discussion of why a conventionalist-type account of impairment doesn't work in Chapter Three.

judgments pick out all and only paradigmatic disabilities, and it needn't be the case that the DPM does, in fact, use such a ruleset.

The question of which ruleset the DPM uses also relates to my final objection to Disability-as-Minority-Body. Given the extremely close relationship between the DPM and the social model – see Chapters One and Two – it seems highly likely that, in fact, the DPM will make use of the social model in determining who their judgments of solidarity apply to.[95] That is, they'll conceive of which conditions they seek to promote justice for in terms of impairment and oppression. This would straightforwardly be a problem for E. Barnes, in an *ad hominem* sense, in that what counts as a disability on Disability-as-Minority-Body will depend on the social model – an account we've already seen that she rejects (see Chapter Three; see also E. Barnes 2016: 24–8). But in the context of the project of this thesis, we also have a reason to reject Disability-as-Minority-Body that is independent of E. Barnes's commitments. If Disability-as-Minority-Body allows the social model into what counts as disability via the "back door" of the DPM's ruleset for classificatory judgments, then we should reject Disability-as-Minority-Body in light of the objections I raised to the social model in Chapter Three.

Any, and indeed all, of the three objections above give us sufficient reason to consider Disability-as-Minority-Body not to be a viable account of disability. With this established, we can turn to an account to Lim's modified version of Disability-as-Minority-Body to see if that fares any better.

7.2 The Interest Constraints Account

As I noted in passing in §7.1, Lim (2018) objects to Disability-as-Minority-Body. He offers an amended version of Disability-as-Minority-Body, which I'll call "Disability-as-Interest-Constraints":

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[95] It might even be enough for this objection to succeed to note that the DPM *could* make use of the social model in making their classificatory judgments.

> **Disability-as-Interest-Constraints:** A person, *S*, is disabled in some context, *C*, iff:
>
> (i) *S* is in some state *x*;
>
> (ii) *x* is constitutive, in *C*, of some constraint on *S*'s legitimate interests;
>
> (iii) *x* is regarded, in *C*, as the subject of legitimate medical interest; and
>
> (iv) the rules employed by the Disabled People's Movement classify *x* in *C* as among the traits that they are seeking to promote progress and change for.
> (Lim, 2018: 987)

Less schematically, on Disability-as-Interest-Constraints, you are disabled if you are in some state which is constitutive of some constraint on your legitimate interests, and where this state is both thought to be the subject of legitimate medical interest and is picked out by the classificatory practices of the DPM as something for which they seek to promote justice. I'll treat clauses (i) and (iv) of Disability-as-Interest-Constraints as equivalent to clauses (i) and (ii) of Disability-as-Minority-Body respectively. The action, then, is in Disability-as-Interest-Constraints's clauses (ii) and (iii). Let's take these two in turn, examine how they're meant to work and how they answer Lim's objections to Disability-as-Minority-Body and how, therefore, Disability-as-Interest-Constraints is meant to be motivated.

One of Lim's objections to Disability-as-Minority-Body is that it excludes a role for the testimony of non-disabled people in determining what counts as a disability. While he agrees with E. Barnes that a role for the testimony of disabled people is important in terms of concern for epistemic justice (see Chapter Six), he also wants to include a role for the testimony of the relatives and caregivers of disabled people, and non-disabled advocates. Disability-as-Minority-Body, he thinks, needlessly excludes such testimony (2018: 987). Clause (ii) of Disability-as-Interest-Constraints is meant, in part, to address this.[96] On Lim's view, constraints are limits on people's functionings. These can be as a result of interactions of body and environment – as in a case where a wheelchair user is restricted in getting around built environments that lack ramps and lifts – or just from the body – as in the case

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[96] Lim also points to some extensional benefits of clause (ii) – see 2018: 899–90 – that I won't address here.

of someone with chronic pain syndrome who is constrained in performing their daily tasks (Lim, 2018: 988).

For Lim, disabled people's testimony has a significant role to play in identifying what the relevant constraints are and how they affect the legitimate interests of those who face them. Indeed, what these legitimate interests might be is left open, and it is the role of testimony, in part to fill this in (2018: 990). But Lim also permits testimony of non-disabled people to play a role in determining what the relevant constraints are. He suggests that, for example, the non-disabled parents of disabled young children, or partners who share their intimate and domestic lives with disabled people, may help identify constraints that the disabled people themselves do not. And, in the case of disabled people who are unable to speak for themselves, we must instead rely on the testimony of their caregivers. So, clause (ii) of Disability-as-Interest-Constraints is meant to broaden out the range of testimony relevant to determining whether something is a disability.

Moving on to clause (iii), we see a role for medics that might seem highly surprising. For Lim, a trait is the subject of medical interest when something about it – its presentation, aetiology, and so on – is thought, by the community of medical professionals, to be of interest to them (2018: 992). This interest is *legitimate* when it conforms to medicine's subject-specific norms about what is in its scope of interest, and when the interest does not manifest as humiliating or denigrating those who have the trait (2018: 993). Where traits – like being gay – are valued by those that possess them and form part of their identity, medical interest in the form of trying to "treat" or eliminate these traits will, Lim thinks, clearly be humiliating or denigrating in a way that makes that interest illegitimate (2018: 993).

Clause (iii) serves to broaden out the range of testimony relevant to determining whether something is a disability beyond the testimony of the DPM (Lim 2018: 992). But it is also meant to address an objection of Lim's to Disability-as-Minority-Body that I raised in §7.1 – that is, that we can imagine the DPM being constituted in such a way that being black or being gay counts as a disability. On Disability-as-Interest-Constraints, however the DPM is constituted, the traits of being black or being gay are already excluded from counting as disabilities because they are not the subject of legitimate medical interest.

Let's grant that Lim's objections to Disability-as-Minority-Body are legitimate and that the modifications he makes with Disability-as-Interest-Constraints answer those objections. I'm sympathetic to the desire to broaden the relevant testimony beyond that of the DPM – after all, I've already suggested in Chapter Six that the boundaries of the DPM are drawn too narrowly. In contrast, I'm uneasy about the role of medical judgments in Disability-as-Interest-Constraints given the discussion of medicalisation in Chapters One, Two, and Three of this thesis, in a way that I'm not sure is wholly soothed by Lim's appeal to the legitimacy of medical interest, or his insistence that the account doesn't overvalue the testimony of medical experts (see 2018: 997–8). But, as I say, let's grant his objections and solutions. Instead, my objection to Disability-as-Interest-Constraints is that it doesn't answer my second and third objections to Disability-as-Minority-Body from §7.1.[97] The equivalence of clause (ii) of Disability-as-Minority-Body and clause (iv) of Disability-as-Interest-Constraints means that the latter also suffers from the problems of what counts as a disability being objectionably contingent on what ruleset the DPM happens to be using, and on allowing other accounts of disability – like the social model – to play a role via the DPM's classificatory practices. It's true that on Disability-as-Interest-Constraints the DPM's classificatory practices don't wholly determine what counts as a disability, given the role for medical interest. But they do still play a role, and in a way I previously argued was objectionable. This is enough to discount Disability-as-Interest-Constraints as a viable account of disability.

With E. Barnes's account, and Lim's amendments, dealt with, we can turn to a different kind of account entirely: Kahane and Savulescu's "welfarist account".

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[97] It's also not obvious that Disability-as-Interest-Constraints answers my first objection to Disability-as-Minority-Body – E. Barnes's dubious move from a claim about the role the category of disability has historically had to a claim about what disability is – but the additional considerations here complicate the picture enough that I won't pursue this further.

7.3 The Welfarist Account

Kahane and Savulescu (2009; 2011) put forward what they call a “welfarist” account of disability, on which the key idea is that a disability is something that reduces one’s well-being in a particular set of circumstances. On this account, a disability is:

> A stable physical property of subject *S* that tends to reduce *S*’s level well-being in given circumstances and contrasted with a realistic alternative, excluding reductions in well-being due to social prejudice against that property.[98]

This is a very busy definition, so let’s work through various parts of it in turn to get a clear picture of what things could count as disabilities on the welfarist account. In initially fixing the range of things that could count as disabilities, the definition appeals to “physical properties”. Kahane and Savulescu are extremely clear that they don’t, by “physical properties”, mean impairments (2009: 25–6; 2011: 46). Additionally, the properties in question must be intrinsic properties (2009: 26; 2011: 46). So, provisionally, having one leg could count as a disability, but being ugly can’t, for example.[99] We can understand these physical properties, then, as being the same sorts of things that I’ve referred to as “bodily features” elsewhere in the thesis. Also specified is that physical properties that can count as disabilities must be “stable”. Quite what is meant by this isn’t made clear, but I take it that Kahane and Savulescu intend an ordinary meaning along the lines of “persisting for some significant length of time”, and that this is meant to rule out extreme cases like blindness lasting only for a millisecond from counting as disabilities.

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[98] I’ve rendered this definition myself, because the “best” schematic definition that Kahane and Savulescu give (see 2009: 51) excludes only reduced well-being due to social prejudice against the property where the property is a “deviation from the species norm”. This contradicts their commitment elsewhere (see 2009: 35) that we should exclude prejudice against all properties. My rendering tidies up this confusion. Note also that their setup includes psychological properties, which I’ve excluded here because of my focus on physical disabilities.

[99] I take it that whatever bodily features you are thought of as being ugly in respect of *could* count, but that these are distinct from your being ugly.

Next, on the welfarist account, disability is defined relative to context or circumstances. So, for example, if Anna's blindness reduces her well-being in her present circumstances at the present time, she would count as disabled in this regard. But, if in some other circumstances at some other time her blindness does not make her life go worse then she will not count as disabled in this regard. Disability is also defined relative to *specific* persons and their own circumstances. Each individual's own well-being is taken as the relevant normative reference point in their own case. The well-being of the "average" person has no direct relevance to whether a particular individual counts as disabled (Kahane and Savulescu 2011: 46). Instead, when considering whether someone's well-being is reduced by a particular property they have, the obvious question is "reduced compared to *what?*". We need something to compare the actual level of well-being to. When examining Anna's blindness, we might ask whether Anna is worse off, because of her blindness, than she would be in some possible circumstances. However, it would seem that Anna will always be worse off than she would be in a situation where she had extrasensory perception and so her sight was irrelevant to how she experienced the world around her. Similar possible situations are imaginable for other conditions – those who cannot walk will always be worse off than in a situation where people can effortlessly hover, for example. If we compare to these *conceivable*-but-unlikely situations that are very far removed from the actual present world, we won't establish much of genuine interest. Rather, we should compare to *realistic* possible situations, where what is realistic changes through time with technological and social developments (Kahane and Savulescu 2009: 37–8).

Next, on the welfarist account, reduced well-being solely as a result of prejudice against an individual due to their condition means that condition can't count as a disability. So, for example, Anna's blindness would be a disability only to the extent that her reduced well-being is not explained by discriminatory attitudes toward her blindness. As in some other accounts of disability (see e.g., Gregory 2020: 33), this qualification is introduced specifically to avoid the conclusion that some racial groups in racist societies are disabled (Kahane and Savulescu, 2009: 35). To illustrate, take the case of African Americans in the pre-Civil Rights United States. In this case, an intrinsic physical property – having dark skin – would certainly reduce one's well-being. This reduction in well-being, however, is explained solely by racist attitudes towards that intrinsic property. We presumably want to avoid the conclusion that having dark skin in the pre-Civil Rights United States counted as a disability, so excluding prejudice against physical properties allows us to avoid this conclusion.

Finally, Kahane and Savulescu fully recognise that their definition alone doesn't tell us whether or not a given physical property will count as a disability, in that it will depend on the account of well-being that we're using (2009: 30–1; 2011: 47). But, while theories of well-being differ, they think there is significant agreement on the *sources* of well-being and consensus on the impact of particular conditions, like that of chronic pain, on how well one's life goes (2011: 47). I take this to mean that, at least in many cases, we'll get similar conclusions about what counts as a disability regardless of which account of well-being we're using. My objections to the welfarist account don't turn on a particular view of well-being, so I won't unpack this further here.

We have, in the above, a clearer understanding of how the welfarist account's definition of disability is meant to work. The next thing to do, then, is to look at how the welfarist account is motivated. Kahane and Savulescu position the welfarist account as an explicitly revisionary account of disability (2009: 16, 30, 44; 2011: 46) – that is, they're not trying to give an account of our ordinary understanding of disability but proposing an account that we should be using instead.[100] They outline two purposes that adopting the welfarist account is meant to serve: shifting the site of debate about disability, and resisting the stigmatisation of disability. My main objections to the welfarist account target these motivations, so I'll take each in turn, showing why adopting the welfarist account is undermotivated in each case.

The first motivation for the welfarist account is, Kahane and Savulescu believe, that it facilitates a much-needed refocussing of our theorising about disability on matters of normative importance. For Kahane and Savulescu, the debate between supporters of the social and medical models is a stalled, 'sterile' one, and we need an account of disability that

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[100] I'll resist labelling it as an ameliorative account because it's not clear that it is one in terms of the characterisation of amelioration I gave in Chapter Four. When I discuss extensional objections to the account shortly I'll treat it *as if* it were such an ameliorative account, but it's up for debate whether it really is.

allows us to move beyond this and on to more substantive debates (2009: 52–3).[101] Adopting the welfarist concept of disability, the strategy runs, forces debates about disability into engaging with normative matters, since well-being is inherently normative. Part of how the welfarist account is meant to facilitate this is in producing the conclusion that disability is ubiquitous. That is, that since all of us will have some condition or another that reduces our well-being, all of us are disabled in some regard (2011: 47) – although note that the conclusion is not that all conditions that reduce well-being are always disabilities. In concluding that everyone is disabled in some regard, the strategy runs, we can bypass social-versus-medical-model-type questions of what differentiates disabled and non-disabled people. By performing an end run around what Kahane and Savulescu take to be the stale ontological dispute between the medical and social models, we can get straight on to addressing what ‘ultimately and intrinsically matters’ (2011: 46) – human well-being. Furthermore, the ubiquity conclusion is meant to allow us to directly compare a range of costs to well-being without questions about what sort of things those costs are getting in the way (2011: 47). In having paradigmatic disabilities, illnesses, and other things besides, all count as disabilities, the ubiquity conclusion might facilitate our focus on well-being by getting around incommensurability problems we can face when trying to compare the harms of those things we ordinarily consider to be disabilities with those things we don’t. That is, we can directly compare costs to well-being on the same terms – *as costs to well-being* – in a way that might be more difficult when we try to compare the costs of paradigmatic disabilities with the costs of illnesses and so on.

I don’t grant Kahane and Savulescu’s characterisation of debate between the medical and social models, in the sense that I don’t think it’s stuck on ontological questions about disability in such a way that it fails to engage with normative questions about disability. As we saw in Chapter Two, normative questions – questions about how we should respond to disability – are a significant site of disagreement between the two models. But even if we do grant their characterisation, it’s not the case that agreeing we want an account of disability that better engages with normative questions about disability entails adopting the welfarist

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[101] Note that Kahane and Savulescu aren’t unique in complaining that the social-versus-medical-model debate is a stalled one – compare Beaudry 2016 – but their *solution* to the stall is a distinctive one.

account. There is a wide range of accounts – see e.g., E. Barnes 2016; Begon 2023; Gregory 2020; and Lim 2018, just to point to a few – that could move us past the stall and onto more interesting questions about disability, whether in terms of well-being or not. Indeed, Disability-as-Subordination seems like just one such account! So, I find the welfarist account to be undermotivated in this regard. Kahane and Savulescu need to show that the welfarist account performs best at getting us onto more interesting debates, which they don't.

The second motivation that Kahane and Savulescu give for the welfarist account is that, they think, it helps to reduce the stigma that normally comes with being labelled as disabled (Kahane and Savulescu, 2009: 30, 43). Unfortunately, how exactly this is meant to work is left rather unclear, but it *is* clear that the ubiquity conclusion is meant to be key (2009: 43). So, here's a possible view – in the best possible faith – for how this might work: suppose that we understand stigmatisation as the discrimination against those distinguished from the rest of society by something; if everyone is disabled then nobody is distinguished from the rest of society by being labelled as disabled; so, disability cannot be stigmatised because it is no longer distinguishing.

The problem with this is that the welfarist account admits of disability in degrees. Even though everyone is disabled in some regard, some are more disabled than others, in proportion to the severity of their reduction in well-being (Kahane and Savulescu, 2009: 29–30). So, while stigma attached to merely being labelled as disabled might dissipate if the welfarist account became widely adopted, it might still be the case that being *more* disabled might be stigmatised. It might be protested here that this would still represent an overall reduction in the stigmatisation of disability, and so the motivation stands up. But, plausibly, in vastly inflating the range of things we would consider to be disabilities, we might end up with more people stigmatised in virtue of being more disabled than were stigmatised on our ordinary understanding of disability. That is, in having every stable, intrinsic physical property that reduces well-being in the right way count as a disability, there will be more people who are stigmatised as being *more* disabled in virtue of having more severe reductions in well-being from that property. For the ubiquity conclusion to support the kind of universal destigmatisation I take it Kahane and Savulescu to have in mind, everyone would have to be equally disabled. The welfarist account, therefore, looks to fail to secure the reduction in the stigmatisation of disability that could motivate its adoption.

At this point, I've shown that the welfarist account is undermotivated. Neither reason Kahane and Savulescu give for adopting it turns out to stand up to scrutiny. This absence of a compelling reason to adopt the account might, alone, give us sufficient reason to disregard it. But some readers might complain that I've said nothing much about the *content* of the account. So, before we move on, I'll say a little in that direction. I'll focus on two objections: first, that the account seems to generate problematic extensional results; and, second, that the exclusion of consideration of prejudice creates a practical problem for the account.

First, the welfarist account looks like it generates at least some objectionable extensional results. I noted above that Kahane and Savulescu offer their account as an explicitly revisionary one. So, I'll afford it the kind of extensional leeway – at least for the sake of argument – that I've argued, per Chapters Four and Six, that Disability-as-Subordination ought to be allowed. That is, merely showing that the account generates a counterintuitive extensional result in some case fails to serve as an objection to the account. To function as a counterexample, such a case must be shown to conflict with the goals the account is meant to serve – in this case refocusing debates about disability on well-being, and destigmatising disability. I've suggested above that it's not clear that the welfarist account's ubiquity conclusion is conducive to serving those goals – which we could understand as the account being wildly overinclusive – but I'll set that concern aside here. Instead, consider that there are cases that we would ordinarily think of as cases of disability – like limb paralysis lasting only few months – that aren't obviously stable in a way that would mean they could count as disabilities on the welfarist account. It doesn't look like not including the limb paralysis case is conducive to refocusing the debate about disability on well-being, in that we'd cease to count something we'd normally consider to be a disability as one, moving it out of the scope of a focus on disability and well-being.[102] Of course, this worry might be solved by better specifying what it takes for a condition to be stable, and I leave open that Kahane and Savulescu might be able to do it – although it's not clear how it could be done in a way that doesn't seem ad hoc or merely stipulative.

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[102] This might be exacerbated by potentially including cases – like a record-setting yearlong period of heartburn after a night of pizza overindulgence – as cases of disability when we would usually not consider them to be. But it's not obvious that such cases would be ones of overinclusion.

Second, the welfarist account's explicit exclusion of reductions of well-being that result from prejudice against the condition in question gives rise to a practical problem for making use of the account. Clearly, given the rest of this thesis, I think prejudice, oppression, and social arrangements are where a lot of the action is with disability, but let's that that aside. Instead, consider that there will be some cases where it is unclear whether the cause of a reduction in well-being is the result of prejudice. Of course, if the cause of a reduction in well-being is having slurs shouted at you in the street targeting your particular condition, then it is apparent that prejudice is the only thing at work. But consider those with reduced mobility, who are unable to get around the built environment because of a lack of, say, ramps, and that this reduces their well-being. It might appear that there is no prejudice at work here, and that these cases could count as cases of disability. But perhaps the reason that there are no ramps is because the town planner secretly harbours discriminatory attitudes towards those with reduced mobility. If this is the case, then these cases shouldn't, on the welfarist approach, count as disabilities. But how are we to tell? This becomes even more difficult if, rather than the attitudes of a villainous town planner, the lack of ramps is explained by deeper, more implicit societal attitudes about, say, people with reduced mobility belonging in the home, and therefore neglecting to even consider ramp installation when making planning decisions. Teasing out whether prejudice is at work in these kinds of cases will be extremely practically difficult.

Perhaps, in cases like the above, we should conclude that it's indeterminate whether they are cases of disability, until we can decisively rule on whether or not prejudice is it work. But that seems like a troublingly burdensome standard for ruling something in or out as a disability. Alternatively, perhaps Kahane and Savulescu would say that the conditions in question in such cases are likely to have some harmful effects on well-being via some other route that we can clearly see is not mediated by prejudice, and so it will still turn out that these are disabilities. But we can imagine cases where this won't be true – indeed, I could have specified in the reduced mobility case that difficulty getting around the built environment was the only way in which the condition is costly to well-being. Overall, then, it looks like making use of the welfarist account will be hampered by difficulties in determining when a reduction in well-being is down to prejudice.

In this section, I've shown that the welfarist account is undermotivated, and suggested that it runs into extensional difficulties and problems of practical application. All of this is enough for us to conclude that the welfarist account is not a viable account of disability. We can therefore move on to the next view under consideration in this chapter: Jenkins and Webster on marginalised functioning.

7.4 Marginalised Functioning Accounts

In Chapter Three, I introduced Jenkins and Webster's idea of marginalised functioning. At the time, I was arguing that switching from understanding impairment in terms IMPAIRMENT to understanding it in terms marginalised functioning wouldn't save the social model. Here, I want to consider the three sketches of accounts of disability that Jenkins and Webster suggest could be built from their account of marginalised functioning. Recall that to have marginalised functioning is to be unable to physically function in such a way as to satisfy one of the social norms that structure social environments and interactions. To reuse an example, in a society that has a norm that people can read printed books, you can have marginalised functioning in virtue of being blind because you cannot physically function to satisfy that norm. More schematically:

> **Marginalised Functioning:** A subject *S* has marginalised functioning relative to a context, *C*, iff:
>
> (i) there is a set of social norms *N*, comprising n_1, n_2, … n_n, each of which serves as a default for the purposes of constructing common social environments and structuring common social interactions in *C*; and
>
> (ii) there is some norm in *N*, n_x, such that *S* cannot physically function in a way that satisfies it. (Jenkins and Webster, 2021: 737)

Jenkins and Webster offer three ways to formulate an account of disability based on their account of marginalised functioning, in pursuit of an account of disability that unifies paradigm cases of disability without disappearing the body (2021: 731). Their first such proposal – their "simple model" – straightforwardly identifies disability with marginalised functioning. That is, you are disabled just if you have marginalised functioning (2021: 743). In its favour, Jenkins and Webster hold up that such an account is parsimonious, can explain why disabled people are at risk of oppression without necessitating that they are oppressed, and gets the right extensional results in very many cases (2021: 743). But the seeds of why the simple model won't do can be found in a worry that Jenkins and Webster themselves raise. The simple model will count as disabled many people who temporarily have marginalised functioning – those with broken limbs, recovering from surgery, who are heavily pregnant, and so on. At least some such cases are paradigmatic non-cases of disability, and so it seems like an extensional failure of the account to include them (2021: 744).

Perhaps such extensional results are enough by themselves to discount the simple model. But what if Jenkins and Webster intend the account to be an ameliorative one in the sense that I've characterised Disability-as-Subordination as being? At times they certainly seem open to that sort of account – see e.g, Jenkins and Webster 2021: 744. In that case we should grant the account the kind of extensional licence that I've given Disability-as-Subordination elsewhere, and counting, for example, someone with a broken leg who uses a wheelchair as disabled for the duration of their functioning being marginalised might be acceptable. But note that on the simple model, being disabled doesn't necessitate being oppressed. In Chapter Five I argued that it's acceptable for Disability-as-Subordination to include surprising cases – like the method actor or the person with vitiligo – when there is oppression in these cases because doing so is conducive to the activities of the DPM and the project of overturning ableist oppression. But as Jenkins and Webster themselves note (2021: 744), the simple model might include cases – and therefore put the DPM in a position of advocating for those people – where there isn't any oppression. These cases seem like exactly the kind of overinclusion cases – that throw off resource distribution and get in the way of the fight against ableist oppression – that Howard and Aas (see 2018: 1124) were worried about with Disability-as-Subordination. This seems like sufficient reason to move on from Jenkins and Webster's simple model.

Second, Jenkins and Webster sketch what they call the "social model redux". That is, substituting the marginalised functioning account in for IMPAIRMENT on the social model (2021: 744). We can deal with this proposed account quite quickly. Jenkins and Webster are themselves suspicious of this proposal on the grounds that it seems like such an account would mean that being disabled is necessarily bad for you, in a way that violates their own desiderata for an account (2021: 744–5).[103] But let's set that worry aside. Instead, my objection is a restatement of what I said in Chapter Three: the structuring of society according to norms that exclude people in virtue of their bodies is part of what constitutes oppression, and therefore disability, on the social model view. It doesn't make sense for an account to appeal to this as constitutive both of impairment and of disability while maintaining that the latter is caused by social responses to the former. So, this social model redux approach is a non-starter.

The final proposal for an account from Jenkins and Webster is a twist on the social model redux – their "restricted model". This again substitutes their account of normal functioning for IMPAIRMENT on the social model. However, it specifies that only *lasting* marginalised functioning can count as an impairment – intended to solve the problem of temporary marginalised functioning that their simple model faces (2021: 745). What counts as "lasting" is left indeterminate, and Jenkins and Webster are happy to accept that this account will leave whether some cases are cases of disability as indeterminate. However, they argue that the appeal to duration of impairment is not ad hoc, in that individuals with lasting impairments will face restrictions over a longer period of time in such a way that they form a group that is more obviously politically relevant, and also more likely to have their impairment form part of their identity (2021: 745–6). That's as may be, but the restricted model doesn't solve the objection I set against the their social model redux proposal – namely, that appealing to being unable to function in a way that satisfies some relevant norms as a part of impairment conflicts with the social model view that the structuring of society according to norms that exclude people in virtue of their bodies is part of what constitutes oppression, and therefore disability.

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[103] I find this worry a bit perplexing, since their concern is that such an account would mean that to be disabled is to be oppressed, and it's this oppression that's the source of the bad. But Jenkins and Webster have clearly inherited their concern for the relationship between disability and well-being from E. Barnes, and, per the Mere-Difference View, effects on well-being that are the result of social arrangements are meant to be discounted.

None of Jenkins and Webster's three proposals for accounts of disability that can be built from their account of marginalised functioning look like viable accounts. So, we can now move on to look at the final account under consideration in this chapter: Howard and Aas's social exclusion account.

7.5 The Social Exclusion Account

Howard and Aas's "social exclusion" account of disability is a bit of an odd beast from this thesis's point of view. They offer their account, in large part, as an amendment to Disability-as-Subordination to fix faults they find with the latter. As we've seen in Chapters Five and Six, Howard and Aas object to Disability-as-Subordination on the grounds that it seems to get the wrong extensional results in deception and hidden conditions cases, and that it can't meet what I've called the Strong Pride Requirement. But, as we've also seen, these are soluble problems for Disability-as-Subordination. So, it looks like their account answers a demand that turns out not to need answering. But, in the interests of offering something to readers who aren't convinced by Disability-as-Subordination, it's worth spending a little time looking at their account and examining it independently of my replies to Howard and Aas's objections to Disability-as-Subordination, even where doing so requires more direct comparison of the two accounts than in the other sections of this chapter.

Howard and Aas propose the following account of disability, which I'll call "Disability-as-Social-Exclusion" going forward:

Disability-as-Social-Exclusion: A person *S* is disabled in a context *C*, iff:

> (i) S is in some bodily state *x* [such that];
>
> (ii) *x* is regularly assumed in the ideology in *C* to involve an impairment: a dysfunctional bodily state that limits a major life activity;
>
> (iii) in the dominant ideology of *C*, that someone in *x* has an impairment explains why they can be appropriately pitied, stigmatized, and excluded from socially valued activities and statuses; and

> (iv) the fact that *S* is in this state plays a role in *S*'s systemic disadvantage: that is *(i)* – *(iii)* actually explains why *S* is involuntarily excluded from certain valued activities or statuses. (Howard and Aas, 2018: 1128–9).

Disability-as-Social-Exclusion differs from Disability-as-Subordination in three principal ways. First, as we see in clause (i), Disability-as-Social-Exclusion appeals to actual bodily states – or bodily features, as I've called them elsewhere. Second, as we see in clauses (ii) and (iii), it references impairment – or, rather, the role the idea of impairment plays in societal ideologies. And third, as we see in clause (iii), it takes the relevant social positioning to be one of *exclusion*, rather than subordination.

Howard and Aas motivate the appeal to actual bodily features by suggesting that Disability-as-Subordination characterises disability in terms that are too divorced from what disabled people's bodies are like (2018: 1123). What then makes these bodily features relevant in the constitution of disability is that that they are then represented as impairments in the given society's ideology (2018: 1129). As I carved the distinction in Chapter Four, this makes Disability-as-Social-Exclusion a moderate social constructionist account; there are particular bodily features involved in having a disability, but why it's these ones rather than some others is determined by social arrangements. It may surprise some readers that I don't find much to object to on independent grounds in this. I argued in Chapter Four that many of the things that Disability-as-Subordination does well it does in virtue of being a strong social constructionist account. But I haven't been defending strong social constructionism about disability over moderate social constructionism *in general*. I don't think we need to appeal to actual bodily features in order to get a viable, useful account of disability, but that doesn't entail that appealing to actual bodily features automatically makes an account unviable. And, importantly, Disability-as-Social-Exclusion doesn't depend on an appeal to the relevant bodily features *actually* being evidence of bodily defect – or bodily dysfunction, as Howard and Aas frame it.

What I do find objectionable about Disability-as-Social-Exclusion in its appeal to bodily states that are represented as impairments in the given society's ideology is that this at once makes the account both too specific and too contingent. Per clause (iii), your exclusion only counts if it's explained by your bodily features being represented as *an impairment*. We can easily imagine a society where the dominant ideologies contain no concept of impairment but where people are nevertheless routinely pitied, stigmatised, and excluded in virtue of bodily features. In such societies, where this treatment is motivated and justified because of others' beliefs that those bodily features are evidence of a defective body, Disability-as-Subordination delivers the conclusion that there are disabilities in those societies. In contrast, Disability-as-Social-Exclusion would seem to conclude that there are no disabilities in those societies, because those bodily features aren't represented in the societies' ideologies as impairments. I take it that we'd want to say there are disabilities in such societies even on our ordinary understanding of disability, and so Disability-as-Exclusion seems to get the wrong results in these cases.

Howard and Aas might reply here that their use of "impairment" is just shorthand for their longer specification of "a dysfunctional bodily state that limits a major life activity". In that case, Disability-as-Social-Exclusion could get the right results even in societies that lack a concept of impairment but still think of some bodily states as being dysfunctional in the relevant way. But if that's Howard and Aas's reply, then Disability-as-Social-Exclusion and Disability-as-Subordination differ little in this regard – it's Disability-as-Social-Exclusion's explicit reference to impairment that distinguishes the two accounts' appeals to societal ideology. So, either Disability-as-Social-Exclusion is objectionably contingent in its appeal to the role of impairment, or it doesn't seem to offer more than Disability-as-Subordination here.

The other substantive point of difference between Disability-as-Social-Exclusion and Disability-as-Subordination is that Howard and Aas take disabled people to be excluded rather than subordinated. The difference, as Howard and Aas apparently understand it, is that subordination involves access to 'productive social practices', albeit at a lower level than those in privileged social positionings. In contrast, exclusion involves being kept out of the social order altogether (2018: 1128). I confess to being a little unsure what to make of this, in part because it's not clear what "productive social practices" are. But on a broad understanding of what these social practices could be – ranging over employment, relationships, participation in civic life, and so on – it seems quite straightforwardly false that disabled people entirely lack access to these practices. When we look at contemporary British society, at least, then at least very many disabled people do have access to these practices, but this access is at a lower level, and/or is more costly to obtain, than for non-disabled people – see e.g., Clifford 2022; Fitzpatrick *et al* 2023; Joseph Roundtree Foundation 2025; and Ryan 2020. It's not clear, then, that thinking about disabled people's socially positioning in this way is empirically accurate or that we gain anything from thinking about disability in this way. So, again, it's not clear that a way in which Disability-as-Social-Exclusion differs from Disability-as-Subordination makes the former preferable to the latter.

My principal reason for rejecting Disability-as-Social-Exclusion is that Disability-as-Subordination turns out not to face the problems that Disability-as-Social-Exclusion is meant to fix. But even if we set that aside, I've argued here that, at best, Disability-as-Social-Exclusion doesn't represent an upgrade on Disability-as-Subordination as Howard and Aas suggest that it is. And, at worst, it suffers from the problems of being too contingent and of misrepresenting disabled people's social positioning.

7.6 Chapter Summary

This chapter showed that some relevant alternative accounts to Disability-as-Subordination are unappealing for a variety of reasons. Even readers who are unconvinced by what Disability-as-Subordination has to offer can reject these alternative accounts on the grounds that I've given here. But, in rejecting these accounts, I've enhanced the presumptive case for adopting Disability-as-Subordination.

I began (§7.1) with E. Barnes's account: Disability-as-Minority-Body. I developed the characterisation of the account beyond the sketch that I offered in Chapter Six, and showed how the account might be motivated. I raised three objections for the account: E. Barnes makes a suspect move in motivating it; that what counts as a disability on it is troublingly contingent; and that the role it gives the DPM may allow the social model, or other objectionable accounts, into what counts as a disability via the back door. I then (§7.2) examined Lim's modified version of E. Barnes's account: Disability-as-Interest-Constraints. I argued that Lim's modifications do not overcome the objections I previously offered to Disability-as-Minority-Body. Next (§7.3), I turned to Kahane and Savulescu's welfarist account. I argued that the account is undermotivated and, further, than it runs into extensional and practical difficulties. Next (§7.4), I turned to Jenkins and Webster's proposals for accounts that make use of their account of marginalised functioning, which I first introduced back in Chapter Three. I argued that we should reject these on the grounds that one proposal is overinclusive and that the other two include as part of *impairment* something that is meant to be distinctive about *disability*. Finally (§7.5), I addressed Howard and Aas's account: Disability-as-Social-Exclusion. I argued that it is objectionably contingent on a particular picture of the societal ideologies at work in establishing disabled people's social positioning, and that it misrepresents that social positioning.

Conclusion

The principal purpose of this thesis has been to motivate, develop, and defend my account of disability: Disability-as-Subordination. Per Disability-as-Subordination, we should adopt DISABILITY* as our concept of disability, on which to be disabled is to be systematically socially subordinated in virtue of others believing you to have bodily features presumed to be evidence of defective bodily functioning, in conjunction with a societal ideology on which having those features motivates and justifies your subordination. I offer Disability-as-Subordination as a viable account of disability, that should appeal to those who want an account of disability that serves the project of exposing, explaining, and overturning the oppression of disabled people. In what follows, I'll summarise each chapter of the thesis in turn, before closing by reiterating the thesis's contribution to the literature.

Chapter One offered a characterisation of the medical model of disability, on which disability is understood as the restriction, resulting from an impairment, of ability to perform an activity in the manner or range considered normal for a human being. §1.1 set out the intellectual context for the medical model, and why it is often thought of as being difficult to find clear, explicit statements of as a view of disability. §1.2 sketched a history of our thinking about bodily difference, with a particular focus on "medicalisation" – the phenomenon of our understanding of, and approach to, bodily abnormality coming to be dominated by the medical perspective. The section concluded that we can find an expression of the medical model view in the 1980 World Health Organization definition of disability. §1.3 considered two factors that might undermine this picture of the medical model. First, I argued that Mike Oliver's famous claim that there is "no such thing as the medical model" is merely a claim that we often focus on the wrong things about the medical model. Second, I argued that ambiguity as to whether the medical models sees disability just as impairment, or something else on top of impairment, can be resolved by taking forward the latter view as the more plausible version of the medical model. §1.4 concluded the chapter with a summary.

Chapter Two offered a characterisation of the social model of disability. I disambiguated a number of claims that adopting the social model definition of disability – as the oppression that results from social responses to impairment – might be thought to commit one to. I argued that what the social model actually minimally commits one to is rather less than is often thought. §2.1 provided the intellectual context for the social model, and characterised the social model definition of disability. §2.2 explored the ontological commitments of the social model. I argued that the social model definition need only commit one to the view that disability is just the disadvantages and restrictions caused by social responses to impairment. This is in contrast to the view that it is often supposed that social model advocates hold – that all of the disadvantages and restrictions faced by disabled people are caused by social responses to impairment. I surveyed a range of ways the social model's ontological picture might be motivated. I argued that social model advocates hold that it secures resources I called Commonality – making it the case that all disabled people have oppression in common – and Futurity – enabling a vision of the future free of disability – that are important to the anti-ableist political project. §2.3 explored the normative commitments of the social model. I argued that, contra what it is often though, adopting the medical model definition of disability does not commit one to the view that medical intervention on disability is never permissible, merely that often social responses to disability ought to be preferred to medical ones. I argued that the social model's normative picture is principally motivated by appealing to another resource the social model is meant to secure for disability politics. I called this Centring – making it the case that disabled people's oppression is at the centre of how we theorise about and response to disability. §2.4 concluded the chapter with a summary.

Chapter Three built a case for not adopting the social model. In §3.1 I argued, against what is sometimes thought, that the social model allows a role for impairments in the causation of disability. I further argued that the social and medical models share a concept of impairment – IMPAIRMENT. In §3.2 I pursued two lines of argument to the effect that we should look past the social model in light of the conclusions of §3.1. First, I took up a line from Elizabeth Barnes, arguing that the social model fails to be properly explanatory about disability in virtue of IMPAIRMENT, because it doesn't tell us enough about what impairments are. I argued that fleshing out the social model understanding of impairment by reference to normal functioning, per Christopher Boorse's account, doesn't solve this problem. Second, I argued that the social model sharing impairment with the medical model means that it is less useful for disability politics than first appeared – both in that is underperforms in securing Commonality and Centring, and in that it fits poorly with its advocates' other political positions. This gave us a case for wanting to look past the social model, for another account of disability that could better serve the anti-ableist political project. In §3.3, I considered various alternatives to IMPAIRMENT to see whether they might improve the social model's prospects if substituted in for IMPAIRMENT, but concluded that likely candidates are a poor fit for the social model, and the case for looking for another account of disability stands. §3.4 concluded the chapter with a summary.

Chapter Four took up the task of offering an account of disability that secures Commonality, Futurity, and Centring, without running into the problems that the social model faces in virtue of the role of IMPAIRMENT. I developed my account – Disability-as-Subordination – by reference to Sally Haslanger's ameliorative account of gender. §4.1 characterised Haslanger's account of a revisionary gender concept, WOMAN*, and her broader project. I provided a view of her account in terms of hierarchical social construction, and of her ameliorative project in terms of seeking to generate revisionary gender concepts that best serve feminist purposes of exposing, explaining, and overturning gendered oppression. In §4.2 I put forward Disability-as-Subordination, and the revisionary concept DISABILITY*, by drawing on the Haslangerian framework from §4.1. I showed how my account secures Commonality, Futurity, and Centring in virtue of features it inherits from Haslanger's, while bypassing the problems of the social model through appealing to how people are perceived and treated, rather than to what their bodies are actually like. §4.3 concluded the chapter with a summary.

Chapter Five responded to one broad class of objections to Disability-as-Subordination from the literature: that Disability-as-Subordination problematically excludes a role for the body from what it is to be disabled. I argued that these objections, in their various forms, do not threaten the account. §5.1 offered three ways of understanding the objection that the account "disappears" the body. On the first, the objection is that our intuitions tell us that disability involves the body more than the account allows. I argued that the explicitly revisionary nature of the account means that it needn't respect such intuitions. On the second, the objection is that in saying little about what disabled people's bodies are like, the account leaves those bodies open to objectionable understandings of disabled people's bodies as defective. I accepted that the account is neutral regarding whether there are such things as defective bodies and whether disabled people have them. But I argued that the account, at least, doesn't depend on understanding disabled people's bodies in that way, and nor does it preclude giving more acceptable accounts of what disabled people's bodies ae like. On the third, the objection is that the account neglects to include the very real bodily difficulties that disabled people face. I argued that it's not clear that the account ought to take more notice of these, and it doesn't imply that these difficulties are not real – only that they are not constitutive of disability. In §5.2 I turned to the understanding of the general objection in extensional terms – that in not including a role for the body, DISABILITY* gets the wrong results in some cases. Focusing on cases where it looks like DISABILITY* might include cases it ought not to, I argued that the revisionary nature of the account means that such objections only have teeth if including the case in question damages the account's political usefulness. In all three cases I considered – deception, minor differences, and racialised minorities – I argued that, if DISABILITY* does include the people concerned as disabled, then it does so because they are oppressed in the relevant way and therefore it is good that they should count as disabled. In §5.3, I turned to a case where it looks like DISABILITY* fails to include as disabled people that it ought to: hidden or invisible conditions. I accepted that in some such instances, DISABILITY* will not include people with invisible conditions as disabled. But I argued that to the extent that this is damaging to the political usefulness of the account, it is only so because those people will be excluded from full participation in the Disabled People's Movement. I proposed that this gives us a case for reforming the inclusionary practices of the Disabled People's Movement, rather than rejecting Disability-as-Subordination. §5.4 concluded the chapter with a summary.

Chapter Six responded to the objection that Disability-as-Subordination cannot accommodate disability pride. I argued that on some ways of understanding the requirement to accommodate disability pride, the account can do so. But I further argued that that requirement is either too strong or too weak to do useful work in adjudicating between candidate accounts of disability. §6.1 built a general version of a "Pride Requirement" – based on E. Barnes's understanding of disability pride – on which accounts must allow that disability could be worth celebrating. §6.2 explored a stronger understanding of this general requirement, on which it is disability as bodily difference that accounts must allow could be celebrated. I argued that although Disability-as-Subordination cannot meet this requirement, few – if any – accounts of disability can, and therefore this is not a strike against my account. §6.3 explored a weaker understanding of the Pride Requirement, on which it is just something about disability that is celebrated. I argued that Disability-as-Subordination can meet this by appeal to the value of disability culture. However, most – perhaps all – accounts can make this move, and so this version of the requirement is too weak to do useful work. §6.4 examined whether disambiguating further versions of the Pride Requirement might find a version that does useful work, but found that it does not. §6.5 concluded the chapter with a summary.

Chapter Seven considered five alternative revisionary accounts of disability, and offered reasons to reject them independent of my defence of Disability-as-Subordination. §7.1 considered E. Barnes's "minority body" account of disability. I argued that its motivation is suspect, and that the role it gives the DPM's judgments in what counts as disability makes the account objectionable. §7.2 considered Chong-Ming Lim's modifications to E. Barnes's account. I argued that Lim's modifications do not solve my prior objections to E. Barnes's account. §7.3 considered Guy Kahane and Julian Savulescu's "welfarist account". I argued that the account is undermotivated, and also runs into extensional and practical difficulties. §7.4 considered three proposals for accounts based on Katharine Jenkins and Aness Kim Webster's account of "marginalised functioning". I rejected each, either on the grounds that impairment and disability sit poorly together on the account, or because the account generates politically difficult extensional results. §7.5 considered Dana Howard and Sean Aas's "social exclusion" account. I argued that the account is objectionably contingent in its appeal to ideology, and that it misrepresents disabled people's social positioning. §7.6 concluded the chapter with a summary.

This thesis's principal contribution to the literature is in offering, for the first time, a sustained case for Disability-as-Subordination as a viable account of disability. Disability-as-Subordination has received a small amount of attention in the literature previously, but hasn't been extensively motivated, and has been thought to fail in virtue of obvious objections. This thesis has provided that motivation, by appeal to what Disability-as-Subordination offers to liberatory disability politics, and has showed that the account fares significantly better against those objections than previously supposed. Further contributions include clarification of the medical and social models of disability – and in particular that the social model of disability minimally commits its adherents to rather less than is often thought – and a novel treatment of the requirement that accounts of disability should accommodate disability pride that finds that this requirement is unclear and unlikely to do useful work.

Appendix A: Conceptual Engineering

A.0 Introduction

In Chapter Four of the main thesis, I said that I was going to understand the ameliorative project I've been involved in in terms of revisionary conceptual engineering; that I was proposing replacing our ordinary concept DISABILITY with my new concept DISABILITY*, rather than offering an account of that ordinary concept. I then responded to objections to Disability-as-Subordination in Chapter Five in light of this characterisation of the project, arguing that straightforward extensional objections to the effect that DISABILITY* gets the wrong extensional results in some cases don't trouble my project. Some readers may therefore feel that I've "bought" my way out of those objections by appeal to amelioration-as-conceptual-engineering, but haven't paid the cost in terms of dealing with problems from the conceptual engineering literature.[104] This appendix is an attempt to address that sort of complaint. Nothing I say here is particularly novel in terms of the conceptual engineering literature, and I don't pretend to definitively solve any problems here. But my discussion here will at least highlight what's at stake for my project regarding challenges that arise out of the conceptual engineering literature.

I begin in §A.1 by offering a characterisation of conceptual engineering that goes beyond the brief sketch offered in the main thesis. I split conceptual engineering projects into two phases: "design" and "implementation". In §A.2 I discuss a challenge that is usually taken to pose a problem for the design phase of conceptual engineering projects: the "continuity challenge". I set out two ways of understanding this – in terms of change of subject between revised and unrevised concepts, and in terms of revisions' effect on communication – and offer brief replies to each. In §A.3 I turn to the "implementation challenge". I set out a range of ways that implementing conceptual engineers' revised concepts might be thought to be impossible or needlessly hard, and offer brief replies in my project's favour to each. §A.4 concludes the appendix with a summary.

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[104] I should say that I don't *agree* with this characterisation of the moves I make in defending my account; I'm not so cynical!

A.1 What Is Conceptual Engineering?

As it's usually conceived of, conceptual engineering is the process of assessing and improving our representational devices (Cappelen and Plunkett, 2020).[105] Broadly put, then, conceptual engineering is the process of identifying, and trying to fix, defects in our representational devices. What sorts of defects might our representational devices have? Cappelen and Plunkett (2020: 10) identify four broad categories of defect. A metaphysically defective representational device might fail to adequately "carve nature at its joints". A cognitively defective representational device is one that hinders the cognitive functioning of those that possess it, while an epistemologically defective representational device is one that hurts the efforts to acquire knowledge of those that possess it. And a morally or politically defective representational device is one that damages efforts to achieve social justice. There might be other ways in which each of these defects operate – and others flavours of defect besides – but this is a good enough overview for our purposes. Alternatively, we might think there's not much wrong with the representational device in question *in itself*, but a different one would better serve some legitimate purposes we have in possessing it, as in ameliorative projects.

At this stage, an obvious question is what the relevant "representational devices" are. Or, put another way, what are the *targets* of conceptual engineering? What is it that might be defective, and that conceptual engineers are seeking to revise? This targets question is a live debate in the conceptual engineering literature, and views abound. For Haslanger, concepts are the targets, but on her externalist framework these are not "things in the head", but rather 'capacities for accessing partitions of logical space' (2020b: 256). For Herman Cappelen (2018: 61–3), we often talk loosely about revising concepts themselves, but conceptual engineers actually target the intensions and extensions of expressions. Amie Thomasson (2021) argues that we should think of the targets of conceptual engineering as being words, understood as a kind of abstract artifact. Manuel Gustavo Isaac (e.g., 2021;

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[105] People sometimes maintain a distinction between conceptual *engineering* and conceptual *ethics* – see e.g., Cappelen and Plunkett 2020; and Burgess and Plunkett 2013 – but I won't cleave to that distinction here.

2020), Steffen Koch (e.g., 2021a), and Edouard Machery (e.g., 2017) have variously argued that the targets are cognitive or psychological processes. And there are further views besides – see Koch *et al* 2023 for an overview of further recent developments. I don't propose to try to settle the targets question here. In Chapter Four I talked straightforwardly about revising and replacing concepts. But for our purposes here I'll work with a view on which conceptual engineers target lexical item-concept pairs – call this the "Pairing View".

On the Pairing View, conceptual engineers look to change the lexical items that express a given concept, the concept expressed by given lexical items, or both. For instance, if we find that our concept MONEY is defective, then we might identify a new concept, MONEY*, and seek to have our lexical item "money" come to express MONEY* instead of MONEY. In terms of my broader project in this thesis, then, the hope is that our lexical item "disability" comes to express DISABILITY* rather than DISABILITY. I'm not going to defend the Pairing View in virtue of substantive ontological or metasemantic commitments. Rather, I think it's just a reasonably straightforward view for the purposes of getting on to debates in the conceptual engineering literature beyond the targets question, and is sufficiently neutral that many readers will find it palatable whatever their own commitments elsewhere.[106]

With the Pairing View in hand, then, we can sketch out what a conceptual engineering project will involve. We begin by identifying a way in which some current concept is deficient. This may be one of the defects per the Cappelen-Plunkett taxonomy above, or it may, in ameliorative terms, simply be that it isn't the concept (or pairing) that best serves some legitimate purposes that we have. Having identified this, we pick out a concept that lacks the relevant defect and/or that best serves the relevant purposes.[107] We then determine whether that revised concept ought to be paired with the previous lexical item – as in "money"-MONEY* – or whether some consideration (see §A.3) means that we ought to

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[106] Indeed, talking about "disability" *expressing* DISABILITY* on the Pairing View is deliberately neutral – or, less generously, a bit weaselly – in order to try to accommodate a wide range of views on meaning. For some discussion of how competing views on meaning might play out on the Pairing View, see e.g., Cappelen 2018; Pinder 2021; Sawyer 2020; and Thomasson 2021; 2020.

[107] I'm staying deliberately neutral here on whether we can mint entirely new concepts, or whether we just select a replacement from a set of concepts that already exist but are not currently paired with the relevant lexical item.

introduce some new lexical item to pair the revised concept with – as in, say, "schmoney"-MONEY*. Call all this the "design phase" of a conceptual engineering project.[108] Arguably, much of this thesis has been the design phase of a conceptual engineering project; adopting Disability-as-Subordination can be understood as adopting the "disability"-DISABILITY* pairing. The design phase complete, and our revised lexical item-concept pairing in hand, we then turn to the next phase: implementation.

What it takes to implement the product of the design phase of a conceptual engineering project is a matter of some debate, and I'll return to this in §A.3. But for the purposes of finishing off our sketch of the conceptual engineering process here, I take it that the principal task of the implementation phase is securing uptake of the revised lexical item-concept pair in others. This will involve others possessing, say, MONEY* as part of their conceptual repertoire, and expressing – or, perhaps, meaning to express – MONEY* when they use "money". What successful completion of the implementation phase will look like will vary from project to project. That is, in which (and therefore how many) people conceptual engineers will need to secure uptake will vary – compares the user groups of, say, MONEY and ANTIQUARK. Successful implementation will involve securing uptake in the *relevant* portion of a linguistic community. Suppose, for example, a conceptual engineer is interested in revising lexical item-concept pairings in physics. Presumably, in this case, successful implementation will involve securing uptake in (principally and at least) professional physicists, and securing uptake in laypeople will be of less interest.[109] However, for my project with DISABILITY*, I take it that the relevant portion of the linguistic community is not so circumscribed; it seems like "all English speakers" is likely to be the target group, even if

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[108] There might be two exceptions to this picture. First, David Chalmers (2020) suggests that we might sometimes introduce – "*de novo*" – entirely new concepts. But it's not settled whether this ought to be thought of as part of conceptual engineering, or as a difference practice. Second, we might think that some conceptual abandonment/elimination projects (e.g., Capellen on DEMOCRACY – see Cappelen 2023 – or some projects on gender abolition – see Cull 2024: 158–73) are a kind of conceptual engineering. But, again, it's unclear whether they ought to be thought of as such.

[109] Securing uptake in laypeople might be a nice *bonus*, but not necessary for the success of the project. But even then there might be cases and cases – science fiction authors and science journalists might turn out to be people in whom it is important to secure uptake in the physics case.

there's an order of priority in terms of securing uptake in, say, members of the DPM, lawmakers, disability theorists, and so on, first, before moving on to the wider populace. Even before getting into the literature's substantive debates about implementation, we might think that this a worry for my project – implementing it is likely to take a lot of work.

We have, then, an overview of the process of conceptual engineering, in Pairing View terms: the design phase, which involves formulating a revised lexical item-concept pairing, and the implementation phase, which involves securing uptake of this revised pairing in others. In what remains of this appendix, I want to look at two debates in the conceptual engineering literature – one that is usually thought to bear on the design phase, and the other on the implementation phase. This isn't exhaustive – see also e.g., Kitsik 2023; and Queloz and Bieber 2022 for some political concerns about conceptual engineering, and Simion 2018a; 2018b; McKenna 2018; and Podosky 2018 for a recent debate about the epistemic side of conceptual engineering – but the two issues I consider here have occupied a considerable portion of the conceptual engineering literature for some time and so I'll focus on them. We'll begin with what I'll call the "continuity challenge", before moving on to the "implementation challenge".

A.2 The Continuity Challenge

Broadly put, the continuity challenge for conceptual engineering is that it's not clear that the revised concept produced in the design phase of a project is the same concept as – or a concept of the same thing as – the concept that we started out with. But it might not be immediately clear why this represents a challenge for conceptual engineers. So, in this section I'll set out some different formulations of this challenge, and offer some (tentative) responses on behalf of Disability-as-Subordination.

The classic formulation of the continuity challenge can be found in the Carnap-Strawson debate on explication. I don't propose to relitigate this debate at great length, but I'll offer a brief overview as it helps to understand what's at stake with the continuity challenge.[110]

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[110] For recent more substantial discussion of the Carnap-Strawson debate, see Capellen 2018; Pinder 2020; Schroeder and Preston 2019; and Sundell 2020.

Rudolf Carnap's method of explication involves – put very roughly – taking a less exact concept and turning it into an exact one (see Carnap 1947: 7–8). Peter Strawson's response to this is that to take an inexact concept used in ordinary discourse and turn it into an exact and scientific one doesn't help solve any of the philosophical problems around that ordinary concept, but rather *changes the subject* (1963: 505). By analogy, if I ask you a question about apples, and the answer you give is not about apples but rather about oranges, you haven't answered the question – you've merely changed the subject (Sundell, 2020: 580). In conceptual engineering terms, the worry is that MONEY* might be an interesting and useful concept, but it isn't a concept of MONEY-ness – it's a change of subject. As Haslanger herself puts it, 'revisionary projects are in danger of providing answers to questions that weren't being asked' (2012: 225).

There are at least two ways that this worry that conceptual engineering "changes the subject" – that its products are discontinuous with its starting points – might pose a challenge for conceptual engineers. One is more theoretical, or perhaps methodological, and bears on the design phase. The second is more practical. Let's take these in turn. It's not obvious, on the picture provided above, that conceptual engineers can't respond to charges that they're merely changing the subject with a shrug. But a characterisation from Delia Belleri (2021) might shed some light here. Suppose that we start an inquiry into some first-order question like "what is F?". But in the course of the inquiry, we make a revision, such that "F" now comes to express F*. Whatever answers we give at the end of our inquiry will then fail to be answers to the question we started out with, so our inquiry is faulty.

If the above setup feels a little abstract, let's fill in some of the details with an example Belleri adapts (2021: 3) from Cappelen and Plunkett (2020: 12–3). Suppose a philosopher – call her Eleanor – starts an inquiry with the question "is free will compatible with determinism?". In the context of Eleanor's inquiry, "free will" expresses the concept FREE WILL, the intension of which is something like "the ability to do otherwise". During her inquiry, Eleanor finds that "free will" and its paired concept better describe some cases if the intension is changed to something like "being the source of one's own actions", and swaps in a concept – FREE WILL* – with that intension so that it gives a better fit with those cases. Eleanor, ultimately, gives the answer that yes, free will is compatible with determinism. But that answer doesn't really address her initial question, because of the revision in what is expressed by “free will”. There is, as Belleri (2021: 3) terms it, a discontinuity in the inquiry due to Eleanor’s changing the subject. This problem of inquiry discontinuity is one understanding of the continuity challenge for conceptual engineering.

There are a variety of proposals on how to resolve this more theoretical version of the continuity challenge. For example, Haslanger (2020b; 2012) argues that we can ensure continuity by maintaining sameness of “function” between unrevised and revised concepts, where function is understood as the role a concept plays in some system. For example, MARRIAGE and some MARRIAGE* have the same function when they both partition couples in our social system in the same way (2010b: 225).[111] Cappelen (2018) appeals to continuity of “topic”, where topics are coarse-grained enough that “money”-MONEY and “money”-MONEY* can be thought to share a topic even though there is a considerable difference in intension and extension. But I’m minded to take up the answer that Chalmers (2020: 10) suggests is available in at least some cases: to reply to charges of inquiry discontinuity that we may well have changed the subject, to an interesting and important one. In the case of ameliorative projects of the kind I’ve been undertaking with Disability-as-Subordination, it remains unclear that it’s insufficient to say that if we have changed the subject then that’s for the better – here’s the subject that we should have been talking about, given our legitimate purposes, perhaps all along.

We might, further to the above, think that ameliorative projects are guided by questions that aren’t vulnerable to inquiry discontinuity of the kind that Belleri’s setup captures. As I characterised things in Chapter Four, the guiding question for ameliorative inquiries is “what is the concept of F-ness that we should be using to best serve our legitimate purposes?”, and it’s not clear how what we finish up with could fail to answer this question in the inquiry discontinuity sense. Settling this definitively in Disability-as-Subordination’s favour would require more argument, of course, but these two answers – happily biting the bullet, and pointing to the nature of ameliorative inquiry – suggest that the inquiry discontinuity understanding of the continuity challenge is not intractable for my kind of conceptual engineering project.

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[111] Note that this view of concept functions is not universally endorsed – compare e.g., Cappelen 2018; Prinzing 2018; and Simion and Kelp 2020.

More pressing for my project, perhaps, is the second understanding of the continuity challenge that I'll discuss in this section. This arises downstream of the design phase of a conceptual engineering project, when implementation has been partially completed. Consider two members of the relevant linguistic community for a given project, one of whom possesses and uses the revised lexical item-concept pairing – e.g., "disability"-DISABILITY* – and the other of whom uses the unrevised pairing – e.g., "disability"-DISABILITY. What happens when these two speak about disability? As Belleri (2021: 3) notes, there's a good chance that communication between the two will break down. At best, it looks like they'll just be talking past one another. Call this kind of discontinuity, between the revised and unrevised pairings possessed by speakers, "communication discontinuity". The continuity challenge in communication discontinuity terms, then, is how to find a solution to this kind of miscommunication during implementation. This matters, I take it, because communication discontinuity is thought to be harmful to the implementation process; securing uptake in others will simply be more difficult when you and would-be uptakers are talking past one another. And for a project like mine in Disability-as-Subordination, where – as I noted in §A.1 – the target group for implementation seems to be all English speakers, there's likely to be a great deal of miscommunication in trying to implement the "disability"–DISABILITY* pairing just in virtue of how many would-be uptakers there will be. Given, per Chapter Four of the main thesis, the adoption of DISABILITY* is meant to serve in exposing, explaining, and undermining ableist oppression, and provide political resources to the anti-ableist political project, the prospects for achieving these goals look dim if implementation will be hamstrung by communication discontinuity.

Proposed solutions to inquiry discontinuity are also sometimes offered as solutions to communication discontinuity, but even if we take them to work in the former case they may not work in the latter. For instance, Viktoria Knoll (2020) argues that Cappelen's appeal to sameness of topic serves to conceal, rather than resolve, communication discontinuity. And the somewhat-bullet-biting response I offered above to the inquiry discontinuity problem won't do here. So, what can we say instead? An interesting possibility arises from recent work by Rachel Sterken (2020). Sterken argues that what I've called communication discontinuity can actually be productive for revisionary projects. Consider a phrase I've used in the course of this thesis: "no women in the ideally-just future". If we've taken up the products of Haslanger's project on gender – we've adopted "woman"-WOMAN* – this phrase will make sense to us. But for a hearer who is still using the "woman"-WOMAN pairing, this will sound odd, and perhaps even shocking. Sterken argues – referencing Haslanger's project herself – that instances of communicative disruption like this can be "transformative". That is, the hearer is confronted by an utterance that doesn't match their own understanding, and this causes them to reflect on their own usage of the relevant lexical items and concepts, to start to understand how changes in those things can effect change, and to engage in further communication with the speaker in order to better understand what's been said (2020: 430).

There's more to be established about Sterken's view and the precise conditions under which communicative disruptions can be transformative in the relevant way, as well as how to situate this view within the wider literature on metalinguistic negotiation and verbal disputes.[112] But for the time being and for our purposes here, I'm happy to tentatively propose that the possibility of transformative communicative disruption gives a prima facie case for thinking that the communication discontinuity understanding of the continuity challenge isn't insurmountable. It may just be that pushing through instances of communication discontinuity, hoping that they turn out to be productive, is part of what's involved in implementing a conceptual engineering project, or at least one that targets everyday lexical item-concept pairs like "disability"-DISABILITY rather than rarified, technical ones like "antiquark"-ANTIQUARK. But before moving on I want to offer one final consideration, that's an amusing coincidence even if nothing else. Cantalamessa (2021) has argued that some of what DPM and disabilities studies theorists and activists have been involved in seems to be a kind of productive navigation of communication discontinuity – making claims that deliberately clash with the understandings of their hearers in order to promote uptake of their own revisions to DISABILITY.[113] It would be overreaching to suggest that this indicates that *any* conceptual engineering project in the realm of disability can

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[112] See Hansen 2021 for a particularly helpful discussion on this latter point.

[113] Readers may recall that I first cited Cantalamessa back in Chapter Two of the main thesis, when discussing whether the social model could be understood as an ameliorative conceptual engineering project. But suggesting that the DPM has sometimes been involved in productive communication discontinuity isn't to suggest that we must understand the social model that way.

automatically claim to overcome the continuity challenge by pointing to this as a case study. But it is interesting to note that, if Cantalamessa is right, then productive communication discontinuity has occurred before, and as part of the same political project that Disability-as-Subordination seeks to participate in.[114]

In this section, I've set out two ways of understanding the continuity challenge for conceptual engineering, and offered tentative responses to them on behalf of my project. With that done, we can turn to the other challenge for conceptual engineering that I want to discuss in this appendix: the implementation challenge.

A.3 The Implementation Challenge

Broadly put, the implementation challenge for conceptual engineering is that – for some reason – securing uptake of the products of the design phase of a conceptual engineering project will be prohibitively difficult. Views on the implementation challenge don't divide up as neatly as with the continuity challenge. So, in this section, I propose to go through some individual views on the implementation challenge and address each in turn, rather than trying to group things together as I did with inquiry discontinuity and communication discontinuity. But before turning to that, it's worth saying what the implementation challenge is *not*. The implementation challenge is not simply the observation that conceptual engineering projects that have been undertaken have not completed their implementation phase. Mark Pinder (2022) has argued that – understood as a conceptual engineering project – Haslanger's project on gender concepts has failed, because people have not (in my terms) widely adopted the "woman"-WOMAN* pairing. But I take it that to admit uptake of Haslanger's revisions hasn't (yet) been widely secured isn't to admit that it's not possible that Haslanger's project will ultimately succeed – perhaps we're just not very far along in the implementation phase. Rather, the implementation challenge arises from

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[114] I should note that Cantalamessa is quite firm that the practices she attributes to the DPM aren't exactly the practices that Sterken talks about as transformative communicative disruptions. The differences are too fine grained to give space to here, but see Cantalamessa 2021: 54 for some discussion.

views to the effect that there is something about the mechanics of conceptual change that hampers our ability to implement conceptual engineering projects.

For Cappelen (2018: 72–5), there are two prongs to the implementation challenge. The first is epistemic – that the processes involved in conceptual change are too complex to be understood in the way that conceptual engineering would require us to be able to understand them. The second is metaphysical – that even if we *could* understand those processes, they are beyond our directed control. For Cappelen, conceptual change does happen all the time, just not in the directed, programmatic way that successful conceptual engineering would involve. Max Deutsch (2020a) holds a similar view. For Deutsch, conceptual change can and does happen over time, but the processed involved are opaque to us, and so conceptual engineering amounts to trying to effect conceptual change by mere stipulation. If Cappelen and Deutsch are right then prospects look gloomy, both for my project, and conceptual engineering as a whole. On this picture, it looks like conceptual engineers can mess about as much as we like in the design phase, but will never be able to carry our projects through to completion in the implementation phase.

Perhaps the extremely severe version of the implementation challenge from Cappelen and Deutsch is right, and we do lack the kind of directed control over conceptual change that conceptual engineering requires. But, happily, Cappelen supplies his own answer to this. He argues that, despite conceptual change being beyond our understand and control, we should press on with conceptual engineering anyway. This might sound highly surprising. How should we make sense of this claim? Cappelen (2018: 75) likens the seeming futility of successfully implementing conceptual engineering projects to other areas of life in which we don't understand and have little control over the forces at work, like raising a child, to use his example (although not being a parent myself I reserve judgement on whether the example is a good one!). In such cases, he argues, we keep trying, in spite of the knowledge that what we do will have no, unknown, or unintended, effects (2018: 74–5). More concretely, he also suggests that lacking clear direction about how to go about implementing a normative proposal doesn't mean that the proposal is wrong or that we shouldn't try to implement it anyway. Referring to Haslanger's gender project, Cappelen suggests that Haslanger may well be correct about what "woman" ought to express, even if successfully implementing the corresponding conceptual change is rendered unlikely by the unknowability of, and lack of control over, the processes involved in such change (2018: 75).

Cappelen's surprising response to his gloomy assessment of conceptual change is sometimes understood as a proposal for – as Matthieu Queloz and Friedemann Bieber (2022: 2) entertainingly put it – a kind of Gramscian combination of pessimism of intellect and optimism of will. But I think this is to misunderstand Cappelen's proposal. Cappelen's proposal isn't that we should press on with implementation in the hope that we "luck into" successful implementation. Rather, per assessments from Eugen Fischer (2020: 3) and Koch (2021a: 83) we should understand Cappelen as a sort of conceptual engineering "ideal theorist", who doesn't believe that the worth of trying to pursue conceptual engineering ultimately depends on the possibility of being successful. Either way, though, we should keep trying to implement our conceptual engineering projects even if we think the implementation challenge is insurmountable.[115] My tentative conclusion here, then, is that this version of the implementation challenge ought not to damn my project.

Less (initially) gloomy than the view that we have no control over conceptual change is the view that we do have such control but in a way that is at odds with conceptual engineering. Koch (2021b) suggests that, in much the same way as we have control over the climate, we possess collective and long-range control over conceptual change. Roughly, on Koch's view, a group has collective long-range control over something if there is a set of actions that members of the group can take, possibly discontinuously and over a long period of time, that brings about a change in that thing. So, while it may be the case that nobody individually has control over conceptual change, it might be that there are actions that a sufficiently large group can take that over time such that conceptual change is brought about. But Sigurd Jorem (2021) has argued that *even if* we do have this collective long-range control, it is incompatible with the scale of implementation that conceptual engineering requires. That is, conceptual engineers just have to secure uptake in so many people that successful implementation isn't possible, except perhaps in niche cases of very small linguistic communities. This "scale" version of the implementation challenge looks

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[115] Indeed, Cappelen (2018: 73) suggests that we're *bound* to keep trying anyway – that's just what humans do.

particularly severe for projects like mine given – as I noted in §A.1 – the size of the target group for implementation is on the MONEY rather than ANTIQUARK end of the spectrum.

Jorem's (2021) proposed solution to this problem is that conceptual engineers should merely look to target speaker meaning in their implementation efforts. That is, it's enough – in Pairing View terms – for people to mean to express, say, DISABILITY* when they use "disability". Pinder (see 2021) proposes something similar. But Deutsch (2020b) argues that understanding implementation in this was "trivialises" conceptual engineering – conceptual engineering on the speaker meaning picture of implementation becomes too easy and loses its power to help solve philosophical problems. I'm not going to adjudicate this debate here, not least because the speaker meaning view of implementation, I take it, is neither incompatible with nor necessitated by anything I've committed to about conceptual engineering up to this point. Instead, I'll say the following in defence of my project. Even if it's true that we only have collective long-range control over conceptual change, and that we will have to secure uptake in very many people, it's not clear that this is a strike against ameliorative projects like mine for achieving their socio-political aims. Perhaps it would mean that we should lower our expectations for how quickly those aims will be achieved, and that we should admit that the scale problem means we'll never achieve full implementation by securing uptake in everyone. But the point with Disability-as-Subordination wasn't to change the standing meaning of "disability". The point was to help the anti-ableist political project. And it's just not clear that admitting that implementation will be slow, and perhaps always incomplete in virtue of how many would-be uptakers there are, means admitting that the project isn't worth pursuing.

The final version of the implementation challenge for conceptual engineering that I will consider here is of quite a different sort. Mark Richard (2020; 2019) has suggested that some conceptual engineering projects will have a harder time with implementation than others. To use a distinction made by Chalmers (2020), we can split conceptual engineering projects into two kinds: homonymous projects – which appropriate an existing lexical item – and heteronymous projects – which introduce a new lexical item. My project appropriates "disability" and pairs it with a revised concept, DISABILITY* – it is a homonymous project. A heteronymous project might, say, introduce "schmisability" and pair it with DISABILITY*. Richard (see e.g., 2019: 194) suggests that homonymous projects will struggle with implementation because they have to overcome existing patterns of usage of the lexical item in question. In his analysis of Haslanger's project on gender, he suggests that our time would be better spent trying to get people to understand that women – who count as such per the extension of the pre-revision concept, WOMAN – are oppressed, than picking the battle of trying to revise the lexical item-concept pairing. On this picture, then, my project has signed itself up to an implementation challenge, and I should instead just be trying to get people to understand disabled people's oppression rather than faffing around trying to do revisionary conceptual engineering.

I'm sympathetic to part of Richard's view here; patterns of existing usage *do* make homonymous projects more of a challenge to implement than heteronymous ones. But Richard undersells what Haslanger's project is meant to achieve. Recall from Chapter Four of the main thesis that WOMAN* is meant not merely to highlight the subordination of women, but also to secure important resources – equivalents to what I've called Commonality, Futurity and Centring – for the feminist political project. Even if Richard is right that highlighting women's social positioning is achievable without revising the "woman"-WOMAN pairing, it's not clear that just straightforwardly trying to convince others of women's subordination secures those resources. And the same is true with DISABILITY* – part of what makes it a useful concept for the anti-ableist political project is what it offers in terms of Commonality, Futurity and Centring. So, I'll accept that pursuing a homonymous conceptual engineering project is to take on entrenched patterns of usage of the relevant lexical items, but I reject the suggestion that the political projects ameliorators are involved in could be just as well served without recourse to revisionary conceptual engineering.[116]

In this section, I've surveyed a range of views on the implementation challenge to conceptual engineering. Regarding the view that we don't have any control over conceptual change, I've agreed with Cappelen's view that this doesn't mean we should abandon trying to implement conceptual engineering projects. Regarding the view that we only have limited

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[116] There might also be some further advantages to homonymous projects; consider that slur reclamation projects are sometimes preferred to slur elimination in part because they replace the previous harmful meaning of the term, rather than maintaining it but having it fall out of use. But I won't consider this further here.

control over conceptual change and that this sits badly with the scale of implementation conceptual engineering requires, I've suggested that this might mean that I should lower my expectations on the pace and totality of implementing my project but does not preclude pursuing it. Finally, regarding the view that projects that appropriate existing lexical items needlessly create an implementation challenge for themselves, I've suggested that there are benefits to homonymous ameliorative conceptual engineering for political ends that aren't obviously secured by conventional political projects.

A.4 Appendix Summary

This appendix has accomplished two things: it has offered a characterisation of conceptual engineering that goes beyond the brief sketch offered in the main thesis; and it has considered two important debates in the conceptual engineering literature and their implications for my project. I don't want to overstate what I've achieved here – I haven't exhausted the range of debates in the conceptual engineering literature, and nor have I said everything that there is to be said about the debates that I have covered. But I hope that I have resisted two charges here: that I appeal, in the main thesis, to understanding Disability-as-Subordination in terms of conceptual engineering in order to get around objections to my account but don't consider conceptual engineering-type problems for the account; and that my account is obviously not viable in virtue of those problems.

I began (§A.1) by offering a characterisation of conceptual engineering in terms of revising lexical-item concept pairings, and by sketching out how a conceptual engineering project proceeds from a design phase into an implementation phase. Next (§A.2) I considered two versions of a continuity challenge for conceptual engineering. The first concerned discontinuity between unrevised and revised concepts in terms of a change of subject. I suggested that this could be answered by biting the bullet on having changed the subject and/or denying that specifically ameliorative projects are vulnerable to this challenge in the first place. The second concerned breakdowns in communication between people using revised versus unrevised lexical item–concept pairings. I suggested that this could be answered by appealing to productive instances of such communicative breakdowns. Finally (§A.3) I turned to a challenge for conceptual engineering in terms of implementing conceptual engineering projects. I covered three versions of this challenge. On the first, we lack the kind of control over conceptual change that conceptual engineering requires us to have. I suggested that, in virtue of Cappelen's response to this problem, this doesn't mean that we ought not to pursue conceptual engineering projects anyway. On the second, a combination of limited control over conceptual change and the scale of implementation required means that conceptual engineering projects will be prohibitively difficult to fully implement. I suggested that this might mean I should lower my expectations for my project, but that a slow pace of change and the chance of imperfect implementation doesn't preclude pursuing it. Finally, on the third, conceptual engineering projects that appropriate existing lexical items create a needless problem for themselves in trying to overturn existing patterns of usage of those lexical items. I suggested that for projects like mine and Haslanger's taking on this more difficult implementation may be worth it in terms of securing resources for their respective political projects that are absent from non-revisionary approaches.

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