

What is Disability? Theoretical Strategies to Define a Contested Concept

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Abstract: The concept of disability is used across a variety of contexts (e.g. medical, legal, artistic) to describe different phenomena and prescribe distinct behaviours or norms. The definitional challenge is not only that the category of “disabled people” is heterogenous, but also that what “disability” should denote, primarily or exclusively, is controversial amongst both theorists and practitioners. This conceptual breadth is far from innocuous: disability models have the potential to influence public policies, culture and interactions, by suggesting what rights, duties and social expectations disability entails. They can both benefit and harm people categorized as “disabled”.

Instead of examining those various definitions and arguing in favour of one of them, this essay considers the unavoidable cultural polysemy of disability and contrasts the appeal and limitations of the main theoretical strategies to manage it. Some disability models deny that competing understandings of disability are valid, while others seek to determine procedures through which disabilities will be defined and assessed and still others conceptualize disability in a more culturally malleable way.

Keywords: Disability, models, definitions, culture, polysemy, heterogeneity

Theoretical Strategies to Define Disability

“So utterly has he surpassed the whole human race in impudence that he tries with his single voice to persuade you all that I am not classed as disabled.”

Lysias, *On the Refusal of a Pension to the Invalid*, §13 (403 BC)

1. How Should We Manage the Polysemy of a Highly Contested Concept?

The central case of disability seems deceptively obvious in popular culture: a severe, permanent impairment, such as tetraplegia or blindness. It is nonetheless impossible for policymakers and philosophers to agree on a single definition. Tom Shakespeare and Nicholas Watson (2001, 22) write that disability “is a complex dialectic of biological, psychological, cultural and socio-political factors, which cannot be extricated except with imprecision.” Many researchers and institutions, like the World Health Organization (2002, 2), understand disability as an “umbrella” term in order to do justice (or surrender?) to its conceptual breadth. However, which phenomena and values are centrally denoted by, or peripherally connected to, the concept of disability remains a highly controversial question.

“[W]e all know what a disabled person is”, Shakespeare (1999, 25) writes, “it is a common sense category, much as ‘woman’ or ‘black person’ or ‘homosexual’. These are all words we use with confidence.” Yet, a closer inspection reveals that those categories (disability, race, gender, sexual orientation) taken to be natural features of certain individuals are at least partially socially constructed and may refer to *relations* between people, or *expectations* imposed on people, rather than to a *kind* of people. For example, “disable people” may denote non-workers within specific settings or understandings of labour (Oliver 1990). They may be a necessary category of “outliers” for certain theories of the social contract to make sense just as they may be described as those who cannot meaningfully participate in social institutions (Silvers & Francis 2005). Rather than denoting the “ab-normals” and the “dis-abled”, the concept of disability can reveal questionable, hidden assumptions about “normal abilities”. Thus, the recently blooming attention of philosophers to disability may pull the thread of a greater fabric. Scrutinizing the ideologies and social imaginaries underlying disability discourses opens the door to revolutionary explorations of what justice, beauty, and morality could involve if we did not treat “different bodies” as outliers. Those cultural and philosophical critiques are not merely theoretical: they can lead to concrete, circumscribed policy changes urgently needed by “disabled people”. As Lysias’ speech on a disabled, aging tradesman pleading before the Council of Athens to keep his disability pension suggests, how we define disability has long had concrete repercussions on people’s lives.

Descriptively speaking, the concept of “disability” can help us to explain some phenomena due to its close relationship with other concepts such as normality, abnormality, capacity, and incapacity. But perhaps more importantly, how we understand disability has substantive normative implications. Concepts and models of disability can serve to attribute a certain value to the phenomena we call “disability” so that we can decide, individually or collectively, how we ought to react to them. Once a definition of disability is used in legal contexts and social movements or embedded in a policy, it can do both harm and good. For instance, it can contribute to marginalizing people with disabilities (PWD) or it can empower them to make claims through their right to equality. How we define disability in policies and laws will typically create assumptions—either implicitly or explicitly—about: (1) its causes, whose problem it is, or where it is located, (2) how to properly respond to it, and (3) which actor(s) should shoulder this duty.

The concept of disability can be used to accomplish so much practical, political, legal, cultural, psychological and theoretical (harmful or beneficial) “work” that cataloguing that work with any kind of historical survey is impossible. To maintain a degree of generality while asking a specific question, I retreat to the realm of meta-philosophy and select some theoretical treatments of the concept of disability

by categorizing them as answers to the issue of the concept's *polysemy*, that is, as philosophical strategies to handle the fact that "disability" has various meanings that cannot be reduced to one another.

Doubtless, the notion of "disability" poses other problems than polysemy, but the polysemic nature of disability is a feature worth reflecting on as a challenge faced by philosophers of this "highly indeterminate" (Boorse 2009, 55), if not "essentially contested", (Sillers 2003, 473) concept.

Philosophers must, one way or another, confront the range of phenomena that are called "disability" in their culture, as found in a variety of contexts (medical, social, activist, legal, artistic, biographical, popular, religious, etc.).

The polysemy of disability is an issue with important, longstanding, practical consequences. Jerome Bickenbach (2012) reports that countless definitions identifying different people and different needs govern differently purposed disability policies. He asks if this plurality of meaning "is a sign of incoherence that should be remedied, inevitable and something we just have to live with, or, finally, appropriate and perfectly acceptable" (20). Barbara Altman (2001, 98) also points out that the polysemy of the concept of disability can have lamentable repercussions on the welfare of disabled people.¹

I suggest that polysemy is a philosophically interesting feature of disability. This claim, and the further claim that it may also be an ineliminable feature of disability, should not be surprising given that disability is a multi-faceted, evolving cultural object that is commonly understood to have heterogenous referents. What is surprising is that philosophers would assume that this polysemy is only a contingent, philosophically uninteresting feature of disability: a cultural mess that they must clean up. Many philosophical disagreements about disability simply overlook the fact that the disputants are talking about different phenomena (impairment vs. oppression; care vs. justice; legal vs. extra-legal obligations, etc.). Some of those disagreements are more productively articulated as disagreements on how to handle the polysemy of disability (Beaudry 2016).

The five philosophical strategies I examine in this essay define disability in ways that deny, transcend or embrace its polysemy. They include:

Determinate accounts that are:

- (1) reductionist or
- (2) mixed

Second-order accounts that are *open-ended* with regard to:

- (3) referents and/or
- (4) value

and

- (5) radically open-ended accounts.

The first two strategies aim at proposing a clear definition of disability by offering *determinate* criteria to decide what counts as a disability. For instance, a reductionist model might hold that disability is nothing other than a socially imposed obstacle to reach opportunities available to others, such as the absence of a ramp preventing a wheelchair user from accessing the grocery store. Another might equate disability with impairment, like missing a limb.

Dissatisfied with the narrow extension of reductionist theories that appear to fail to do justice to the fact that disability cannot be reduced to only one of its facets, theorists and policy-makers have

¹ Such as preventing them from benefitting from certain disability benefits (Altman 2001).

expanded the list of criteria to create *mixed* models, defining disability as a more complex phenomenon, such as an interaction between individual traits and the social environment (World Health Organization 2002; Shakespeare 2014, 74-75).

However, even multiplying criteria may fail to do justice to the complexity of disability. One philosophical strategy is to maintain hope that we can achieve a complex conception of disability by tinkering with the criteria until we get it right. An alternative solution is to retreat into a more abstract definition. Proponents of a more abstract understanding of disability make room for the fact that disability can refer to various phenomena (what I call *open-endedness of referents*) or be valued in positive, neutral or negative ways (*open-endedness of value*). Instead of defining a list of determinate criteria, open-ended accounts develop procedures, mechanisms, or higher-level ways of dealing with the polysemy of disability. Those procedures or more abstract commonalities still offer a unified account of disability, even if it is a “second-order” one. I call those accounts “second-order” accounts, because they do not offer first-order rules to decide what counts as a disability, but second-order rules to decide what those first-order rules should be.

Finally, other philosophers find that there is no unifying (descriptive or normative) feature common to various phenomena called “disability”. They talk of disability as a purely open-ended notion. The virtue of radically open-ended accounts lies in the possibilities opened by embracing polysemy.

One of the main tensions that my survey highlights relates to practical considerations regarding the tasks that disability models can accomplish. On one hand, defining disability precisely seems to allow us to efficiently respond to disability-related needs by setting up mechanisms that streamline disability claims and reasonably prioritize between them.² On the other, fixed definitions are likely to be set by a socially dominant group, to be ideologically tainted, or to be otherwise used as a tool of governance (Oliver 1990, 1999; Tremain 2001, 2015). If the latter, insisting on the indeterminacy of the concept rather than on its solid metaphysical or moral grounds would facilitate its counter-hegemonic appropriation. We may call this the dilemma of specificity. Philosophers negotiate it when they answer the hard question: Can or should the concept of disability achieve consistency and stability? This essay examines each of the five kinds of disability account listed above. The value of each depends upon how it answers the dilemma of specificity and how it responds to a related, and similarly difficult, question: *should we adopt a theory of disability which has oppressive effects on people with disabilities?*

2. Determinate Accounts of Disability

2.1 Reductionist Models

If the letters “a, b, c, d...” each stand for a specific *definition* of disability, a reductionist way to handle the complexity of the notion of disability would be to opt for one single definition at the exclusion of others. Disability would mean “a” *or* “b” *or* “c”, etc., and proponents of the “a” definition would deny the validity of “b” or “c” as accurate or helpful definitions of disability.

Prime examples of reductionist accounts are the *medical* and *social* models, which define “disability” *exclusively* in terms of biological dysfunctions or social oppression, respectively. Medical models of disability hold that disability is a private issue, exclusively or primarily caused by biological impairments. By contrast, social models claim that disability is socially created through a variety of obstacles that prevent people with impairments from having equal opportunities, access to public spaces,

² The more clearly defined a goal is, the easier it is to monitor, and the more clearly defined the conditions of application of a rule are, the less controversial its application to particular cases is.

and institutional resources. The contrast between those models constitutes a seminal dichotomy in the philosophy of disability.

These reductionist definitions of disability, however, can be difficult to defend, particularly because “conceptual definitions are neither true or false but are the (...) communications of the (...) person creating them. (...) [They] are either understandable or not, useful or not...” (Altman 2001, 101). The more exclusivist the account is, the easier it is to attack. A definition that categorically excludes any biological, social, economic, legal or experiential influences from the purview of “disability” is giving itself the almost insurmountable task of demonstrating that these other facets of “disability” are morally or descriptively misguided, or trivial and pointless.

Perhaps because of these issues, it is a challenge to find an explicit philosophical defence of a *reductionist* medical model, that is, an argument to the effect that disability ought to be understood as a purely medical condition in abstraction of all other dimensions.³ Even medical sociologists who insist on the “causal relationship between illness, changes in the body, and disability” (Bury 2000, 179) concede that disabilities are shaped by social contexts. However, the medical model remains culturally influential, and its lack of formal defence is not surprising; it reflects the ideological and invisible *status quo* that fuels the popular ableist view that disabilities are private medical tragedies. A related reductionist claim is that disability is a state of affairs which is inherently bad, undesirable or harmful. This view is mainstream amongst bioethicists and utilitarian philosophers, but is criticized for ignoring the subjective experience of disabled people who do not judge their disabilities to be sources of discontent or harm.⁴ While social modelists have focused on discrediting their main competitor, the medical model, for failing to recognize the primary importance of social factors in creating disability (e.g., UPIAS 1976; Oliver 1990), the social model itself has been criticized for its inattention to impairment, either as a medically manageable phenomenon or as subjectively experienced by PWD (e.g., Shakespeare 2014).

The best parry to an anti-reductionist attack is essentially to give in and narrow one’s claims down to specific dimensions of disability. For instance, one may claim that specific pathologies are highly likely to make one’s life worse off without endorsing the bolder, dubious claim that a person is necessarily made worse off by any disability. One may speak about managing impairments medically, or criticize the oppression or discrimination that particular groups of PWD suffer from, without denying the positive impact of “disability pride”.

³ Wasserman et al. (2016) write that “[t]he medical model is rarely defended, but often adopted unreflectively by health care professionals, bioethicists, and philosophers who fail to appreciate the disabling effects of environmental and social factors”. The closest I have found to an explicit defence of the medical model is Dominic Sisti’s (2014, 1) argument that “a naturalist theory of function may serve as the core concept of disability”. Sisti’s position invites the question: a naturalist understanding of disability *may* be placed at the heart of the concept of disability, but why *should* it? His argument relies on a naturalist understanding of the ontology of impairment, most commonly associated with Christopher Boorse’s (1977) biological and value-free understanding of health, disease, and pathologies. Sisti points to Boorse’s naturalist understanding of *pathology* and Vehmas’ and Mäkelä’s (2008) partially naturalist understanding of *impairment*, but these authors explicitly do not extend their naturalist outlook to the concept of disability.

⁴ Consider, e.g., Kahane and Savulescu (2009), Harris (2001), Singer (2004), McMahan (2005), and Daniels (2007). Criticizing those views, see Moris (1991), Vehmas (1999), Silvers (1998, 2003) and Barnes (2016). Critics of the social model declare that it belongs to the past (Shakespeare & Watson 2001), while its defenders claim we need it for the future (Oliver 2013; C. Barnes 2013). I have argued elsewhere that this disagreement does not prevent philosophers from imagining tomorrow’s vocabulary for disabled identities *and* reflecting on the propriety of postulating reductionist definitions when it is politically opportunistic (Beaudry, 2018).

The main advantage of a reductionist view seems to be that it targets specific issues (e.g., medical care or social oppression) and draws policymakers' attention to them. Whether this can be done without a reductionist stance is questionable. For instance, Colin Barnes (2004, 22) sees the social model as a tool to help PWD gain political ground and criticizes the academic turn toward medical sociology for its failure to grasp "the enormity of the challenges facing disabled people and their organisations". Barnes, as well as Oliver (2009, 2013), also takes issue with the fact that disability scholars, perhaps like medical practitioners, usurp epistemological authority over the concept of disability, removing it from the control of the disability community struggling for recognition. Reciprocally, critics of the social model hold that its focus on oppression fails to attend the body and impairments, as subjectively experienced by PWD (Morris 1991; French 1993; Crow 1996; Thomas 1999), and as used in the constitution and control of the "disabled subject" (Liggett 1988; Hughes & Paterson 1997; Shildrick 2012; Tremain 2015).

Even as we move into mixed theories of disability, readers may still detect how a reductionist drive influences non-reductionist disability theorists who conceive of disability as a Russian nesting doll. A disability model may well encompass both impairment and disability, and both scientifically tested and socially constructed elements. However, theorists often place one of those two sets at the heart of the doll and suspect models that invert the doll's order of imbrication of being unrealistically politicized (e.g., Bury 2000) or overly medicalized (e.g., Oliver 1990).

2.2 Mixed Models

Mixed or multi-factorial models of disability identify more than one cause of disability or incorporate distinct dimensions of disability within a single definition. Historically, mixed models were a response to the (reductionist) medical and social models of disability. Whereas reductionist models hold that disability means *a or b or c*, mixed models hold that disability means "*a and b*", or "*a and c*", or "*a and b and c*", etc., wherein a, b, c, etc. denote different dimensions or referents of disability. Mixed models typically define disability as the product of an interaction between physical or psychological facts and social ones. The overall gravity of a disability may then be measured by a contextual benchmark (e.g., functional limitations) although its treatment may be compartmentalized (e.g., physiotherapeutic treatment or reasonable accommodation in the workplace). Mixed models that reconcile individual and environmental causes of disability are mainstream in disability studies (e.g., Bickenbach 2012, 14-15, 79).

Theorists of mixed models also generally pay attention to a constellation of disability-connected notions (such as pathology, impairment, and handicap) as they typically situate disability amongst those notions or make them constitutive of disability. Reductionists, by contrast, generally assume that their understanding of disability rests on a distinct pillar.

Sociologist Saad Nagi's influential mixed model of disability was one of the first to address the confused multiplicity of concepts falling under the umbrella notion of "disability". His publications on disability span over four decades, and his latest definition of disability loosens its connection with impairment while incorporating the insights of the social model. He defines disability as "an inability or limitation in performing socially defined roles and tasks expected of an individual within a sociocultural and physical environment" (Nagi 1965; 1991, 315). Another famous example of a mixed model is the WHO's (2002, 9-10) "biopsychosocial model" in which "disability and functioning are viewed as outcomes of interactions between health conditions (diseases, disorders and injuries) and contextual factors".

Whereas the WHO and Nagi models, as well as the social model, can be seen as responses to a reductionist *medical* model of disability, other multi-factorial models of disability can be seen as a response to the *social* model's reductionism, by emphasizing the significance of impairments in creating people's limitations. This is the case with Tom Shakespeare's (2014, 74) understanding of disability as "always an interaction between individual and structural factors". He conceives of "disability" as an

interaction between intrinsic factors, such as impairments, and contextual factors, and juxtaposes a realist ontology of the former with a constructionist understanding of the latter. Shakespeare calls this “critical realism” (73).⁵

Another strand of multi-factorial accounts has suggested that disability is a scalar and universal condition, in the sense that all human beings are at risk of some degree of disability over the course of their lives. This approach prevents conditions a, b and c from acting as demarcations of a special category (“the disabled”) by interpreting a, b and c as universally possessed traits, *in potentia* if not in actuality. “[W]ithout such a perspective”, Irving Zola wrote in 1989, “we will further create and perpetuate a segregated, separate but unequal society—a society inappropriate to a larger and older ‘changing needs’ population” (401). Zola’s influential model is a kind of mixed model since it recognizes that disability is a function of “the fit between any impairment and the larger social environment” (406).

Multifactorial models do justice to the complexity of disability-related issues. However, they have issues of their own. The main one also affects reductionist accounts: people must meet determinate criteria before being considered “disabled”. As a result, certain claims for justice may be denied for reasons that appear formalistic, arbitrary, or substantially misguided. A striking illustration of the humiliation and attrition which PWD and their families are often put through as the result of such a stilted evaluative “grid” is Ken Loach’s (2016) movie *I, Daniel Blake*, which depicts disability claimants tormented by Kafkaesque bureaucracy.

Analyzing legal successes and failures, Judith Mosoff (2009, 141) has noted that some disabilities rate lower on a “hierarchy of legitimacy”. For instance, people claiming a disabled status due to chronic fatigue or pain, temporary or invisible disabilities, obesity, mental illness or addictions may be suspected to “fake” their condition. Under the *Canada Pension Plan* (CPP), a person must have “a severe and prolonged mental or physical disability” to be deemed disabled.⁶ These criteria are further narrowed with reference to both contextual and biomedical factors, with “severe” defined as “incapable regularly of pursuing any substantially gainful occupation” and “prolonged” as “likely to be long continued and of indefinite duration or is likely to result in death”.⁷ Allan Granovsky’s temporary, intermittent disability prevented him from working sufficiently to access CPP. In *Granovsky v Canada*, he challenged this definition of disability. The Supreme Court of Canada decided, however, that the legislation was not discriminatory as “drawing lines is an unavoidable feature of the CPP” and because Parliament was entitled to not provide benefits for “more fortunate people” who do not have a permanent disability.⁸

Problems resulting from fixed criteria can involve laws and policies but also daily interactions with people who often implicitly endorse a lay disability model of some kind. For example, a young man with an invisible disability that requires him to sit may be frowned at if he were to ask someone to give up their seat on a bus. Conversely, Anita Silvers (2003, 478) describes how offering wheelchair users the chance to cut in line at the post office assumes they are suffering when in fact they may be more comfortable waiting than those who are standing. Part of the issue is that *interpreters* of disability models are biased, but I am more interested in the fact that reductionist and mixed accounts of disability simply

⁵ Here, like in other disability discussions, it is not obvious whether those views would best be described as a combined, distinct metaphysical view (“critical realism”) applied to a holistic concept of disability or, rather, as two ontological views, each suited to understanding different kinds of disability referents.

⁶ *Canada Pension Plan*, RSC, 1985, c C-8, s 42(2).

⁷ *Ibid.*

⁸ *Granovsky v Canada (Minister of Employment and Immigration)*, 2000 SCC 28, [2000] 1 SCR 703 at para 79.

exclude new (or continuously ignored) but legitimate disability-based claims. They use a fixed⁹ list of steady features (physiological or social) they use to determine if a condition is a disability or not.

Faced with such problems, proponents of mixed, determinate models suggest refinements in order to better capture those whose disability should be recognized and exclude those who should not benefit from that recognition (e.g., Bickenbach 2012). Critics of determinate models may agree that under- or over-inclusiveness can be perpetually corrected, but they argue that a commitment to fixity of criteria, in spite of its pragmatic virtues (namely, that the law needs bright lines), is conceptually wrongheaded. In particular, the assumption that disability is a fixed, rather than evolving, concept invites the question: why start with the goal of developing a determinate account at all? Descriptively, it may not do justice to the extraordinary variety and evolving cultural nature of “disability”. Moreover, even though a determinate model may be more or less successful at enabling the identification of nearly all cases of disability, it is not clear we should endorse a framework that inevitably excludes those deemed “peripheral cases”. Finally, determinate models might fail even on their own terms, as point-based policies construct disability instead of merely “capturing” it. According to critics, these models invite people to constitute themselves as disabled subjects, create disability and abnormality, and serve to control both able-bodied and disabled people (Price and Shildrick 2002; Tremain 2001). Determinate models’ inherent lack of flexibility risks excluding some people and normalizing others, thus becoming tools at the service of ideologies rather than at the service of the likes of Daniel Blake and Allan Granovsky.

Mixed models can also produce conceptual issues, as the ambition to provide a unified understanding of disability can exacerbate the contradictions between a model’s conceptual components. Many debates around disability would dissolve if competing sides recognized that they are concerned with different phenomena, problems or values. In other words, mixed models include an assumption of commensurability, or at least of coherence between the constitutive elements of disability, which causes unnecessary clashes between theorists or practitioners who are expected to explain how their compartmentalized goal fits within this holistic outlook and coheres with other specific goals.

To sum up our conclusions so far:

Determinate models of disability (including both reductionist and mixed models) set up stable qualifying criteria that may lack flexibility to accommodate unusual, new, peripheral or otherwise neglected disability-related claims that are nonetheless morally compelling. The virtue of determinate models is that they lead to a stable, uniform, predictable and efficacious basis for disability claims.

Reductionist models of disability have generally fallen into disfavour because they tend to neglect the diversity of causes and experiences of disability, although it is still argued that they are politically more effective than their alternatives.

Mixed (typically medico-social) models are the most influential and mainstream models, probably because they are thought (correctly or not) to offer a compromise between medical expertise and activist critiques, a descriptively superior outlook compared to reductionist models, and potentially useful qualifying criteria.

3. Second-Order Accounts of Disability

⁹ Those lists of atypical functions and social features are not definitively *closed*; most mixed models would consider amending them. However, both the lists and processes of amendments are rigid in a way that risk being harmful or unfairly burdensome on claimants.

“Open-ended” approaches employ more abstract criteria in identifying disability. These criteria are still determinate in the sense that they conceive of limits on what can count as disability. They are more open-ended, however, since they propose generalized content to delineate disability or focus on the process for determining disability rather than providing specific descriptors.

3.1 Open-ended referents

David Wasserman (2000, 158) pushed for an open-ended stance towards disability when he argued that the *American with Disabilities Act* should be extended to provide protection “to all disfavored physical and mental differences”. This proposal relies on the notion of stigma to give shape to disability. The ADA, he says, should “challenge discrimination based on physical or mental difference” rather than only “protect a vulnerable class of people bearing the most salient or substantial difference” (148). Wasserman’s argument would enable the ADA to consider kinds of unfair discrimination (for instance, those related to norms of beauty and sexual attraction) that currently elude discrimination law.

Content-based open-ended accounts have the virtue of allowing theorists, activists, and policy-makers to ask whether and to what extent the notion of “disability” should be extended to capture those not-yet-theorized or politically-recognized social ills. Consider the following cases: (1) someone who is disfigured by neurofibromatosis; (2) someone who is disfigured by a fire; (3) someone whose face is heavily tattooed and whose nose, ears, eyes, lips etc. are pierced with a great number of rings; and (4) someone who wakes up from a coma to discover they were involuntarily tattooed and pierced in the same way. Many criteria used to evaluate a discrimination claim (the presence or absence of choice, limitation, or impairment) would fail to detect the “lookism” that unifies all four cases.

On the other hand, consider Savulescu and Kahane’s (2011, 45) “welfarist” account of disability as a biological or psychological state that “makes it more likely that a person's life will get worse, in terms of his or her own well-being, in a given set of social and environmental circumstances”. Consider, also, Tom Koch’s (2008) claim that Tom Shakespeare is not disabled by his achondroplasia but rather by his decreased influence within, or rejection from, parts of the disability community because of his controversial views. Koch defines disability as any state of affairs (including choices made by relatively socially privileged individuals) that undermines an individual’s power or ascendancy. Kahane and Savulescu’s (2009) account captures “stable intrinsic properties” that are not typically thought of as disability even though they significantly diminish individual well-being in particular circumstances (such as being gay in a homophobic society). Koch’s suggestion is even more radical, detaching the concept of disability from the notions of body, normality, or significant negative effect on well-being. While open-ended accounts of disability can expand the concept of disability in fruitful ways, others can be excessively broad in that they fail to even consider our ordinary intuitions about “disability” and to explain why they should be discarded.

One promising kind of open-ended account focuses on process, offering a mechanism to decide the rules according to which disability will be identified and/or dealt with. This sort of account provides rules about rules. It has the virtue of avoiding substantive disagreements by developing agreement on a way to handle such disputes.

An example of this kind of process-based, open-ended account is Elizabeth Barnes’ (2016, 38) “moderate social constructionism”, which posits disability as “rule-based solidarity”. She argues that disability was shaped by “a form of group solidarity” where “[a]lthough they had a strikingly heterogenous range of physical conditions, they perceived a commonality in how those physical conditions were stigmatized” (46). Barnes does not think that a bodily feature should be a disability only because the disability community says it is, and adds an important further procedural constraint on identifying “disability”. This identification must rely on *rules*. The disability movement has the authority

to make rules to identify disability rather than the authority to directly identify disability. Barnes thus makes room for the movement to be mistaken in applying its own rules, but not, *ex definitio*, in making the rules in the first place. This latter authority is exposed to diverse criticism but Barnes would likely defend it as the best available way to counter-balance the testimonial injustice that paradigmatically “disabled people” suffer from.

According to Barnes (2016, 45) the “disability rights movement” tends to consider a person to be “disabled” if they possess a sufficient number of features it associates with disability. These are instances of first-order rules (R1) to identify disability. While R1 remain *open*, Barnes’ (2016, 48) model includes *fixed* notions about how R1 are to be decided, which I refer to as second-order rules (R2). These include the requirement that R1 are to be decided by members of the “disability rights movement”, that their content relies on “judgements of solidarity”, and that their normative orientation relies on a theory of justice (E. Barnes 2016, 28).

3.2 Open-ended values

So far, I have discussed open-ended accounts that give constraints on, but do not offer definitive lists of, conditions that counts as disability. This open-endedness applies to *referents*. Theories can also be *axiologically* open-ended: they may allow for the same disability referent to be valued positively, neutrally or negatively, depending on the context. There is intuitive appeal to such a perspective, given that having a mild intellectual disability and being in a wheelchair have different repercussions in a pre-industrial farming context compared to a society trading knowledge as valuable currency. Many in the disability movement have deplored the general assumption that PWD are necessarily made worse off by their disability and urged the development of a culture that sees disability in a more positive light (e.g., Morris 1991). Both Elizabeth Barnes (2016, chaps. 3, 6) and Anita Silvers (1998, 2003) have countered that assumption and argue that the value of disability should be left open-ended. Silvers also writes (2003, 475-76), conversely, that disability activists must refrain from insisting that all medical treatments or social measures to eliminate or cure disability are necessarily wrongheaded.

A worry one might still have with these open-ended accounts is that they are not inclusive enough. A more radical approach to “disability” renounces this universalizing goal as irreparably misguided, doomed to exclude human difference rather than welcome it, and to accidentally recreate and foster the conditions of exclusion, oppression or marginalization which it sought to transcend. Such views are associated with postmodernism, which “fragment[s] the concept of identity” and “substitute[s] a fluid, shifting notion of a process of becoming that defines neither its own corporeal boundaries nor a fixed content” (Price and Shildrick 2002, 62). Such perspectives challenge the “ingrained tendency for disability activists and scholars to claim a clear set of identities *as disabled people*” (Price and Shildrick 2002, 62). While second-order accounts of disability avoid settling on a stable definition of disability and, instead, look for a stable method to get to that definition, radically open-ended accounts resist *any* notion of determinacy.

4. Radically Open-Ended Accounts of “Disability”

What does it mean to take seriously the open-endedness of the concept of disability? What would a model embracing the fact that disability has many, evolving, referents look like? What would its strengths and weaknesses be? Radically open-ended understandings of disability do not necessarily abandon the concept of “disability” but encourage its adherents to (1) specify the particular meaning or referent they have in mind, while (2) remaining aware that disability’s pluralistic and fluctuating nature can encapsulate a variety of ethical problems, and (3) consider whether different referents could be compatible instead of contradictory in the case at hand. They also (4) encourage disability theorists and practitioners to cultivate a critical distance from the concept of disability, even as they deploy it to

achieve desirable ends. This critical distance requires awareness that the very use of “disability” risks reasserting the problematic ideologies, affects, conceptual and psycho-social imaginaries upon which the concept (perhaps inevitably) rests.

The invitation to recognize the indeterminacy of one’s own choice of referent(s) may be trivialized as an acknowledgement of fallibility, or ridiculed as legitimizing any (e.g., a Nazi) model of disability. I believe it survives these criticisms as well as more serious objections, though it also has substantial limitations.

Radically open-ended approaches stem from dissatisfaction with determinate accounts which seek to define disability in a unitary or universalizing way. They challenge the assumption that the philosophy of disability fails us if it does not provide us with a unified concept. What is lost in stability, they say, is gained in critical capacity. This critical outlook answers the dilemma of specificity by prioritizing long-term over short-term emancipation.¹⁰ Its proponents concede that medical, social, or civil rights models of disability can helpfully choreograph the pursuit of specific goals to improve the well-being of PWD while insisting that these models will not challenge the issues at the heart of the problem. Those include the “fundamental binary of disabled/non-disabled”, the “psycho-social imaginary that disavows morphological imperfections” (Shildrick 2009, 5-6), the powerful negative affective responses felt toward differences and the “meta-historical narratives that exclude important dimensions of disabled people’s lives and of their knowledge” (Corker and Shakespeare 2002, 15). Those powerful vectors undermining the well-being of PWD can only be challenged by radically “reconfigur[ing] the meaning of disability [in order to] disrupt the whole nature of the relationship between differently embodied subjects” (Shildrick 2009, 171).

Such approaches maintain a skeptical stance towards the possibility of a better unitary theory of disability, as such a theory inevitably involves the exclusionary and reductionist tendencies they criticize. Even a more complex, multi-layered theory of disability would “misleadingly fix what is fluid and reduce what is multidimensional to a few impoverished aspects” (Silvers 2002, 228). Margrit Shildrick (2009, 172) writes that she “refuses to flatten out the multiple layers of significance and meaning” and argues that what critical disability theory needs “is not to settle on a singular perspective... but rather to continue a process of intersectional exploration that is not afraid to utilise critique even in the absence of an alternative way forward.” Proponents of a radically open-ended account of disability think that determinate value-neutral accounts of disability are compelling because of the plurality of evaluations they invite, not because of any unitary notion of disability they put forward.

Proponents of radically open-ended approaches aim at developing a more nuanced and holistic description of disability as a phenomenon that is not only collectively engineered but also subjectively experienced in a variety of ways, including as a constituent part of one’s identity. They also problematize the boundaries of the concept of disability or the social structures within which it is used and do not shy away from testing its elasticity to the point of radically transforming its purpose.

Critics of an open-ended approach would say, however, that agreeing to disagree does not move a philosophical discussion very far, and conceptual breadth comes at the cost of a conversationally sterile incommensurability. As indicated by the dilemma of specificity mentioned before, there is also the risk that too fluid, broad or thin a conception of disability will be politically inert.

¹⁰ Of course, disability theorists who disagree are not against long-term emancipation! They simply think that it will be brought about by using traditional legal and political frameworks and liberal theories that postmodern and post-structuralists question.

The strongest criticism of radically open-ended approaches comes, as one would expect, from the reductionist end of the spectrum. In particular, “first wave” disability theorists (e.g., Oliver 2013, 1026; C. Barnes 2013, 9), have strongly criticized the political efficacy of “second wave” perspectives. They argue that the focus on subjective experiences and deconstructing categories has distracted from the all-important, concrete emancipatory goals advocated by disability rights movements. For instance, the hope that a critique of the cultural depreciation of the “disabled body” would correct economic inequality ignores the fact that markets “generate economic inequalities that are not mere expressions of identity hierarchies” (Fraser 2000, 112; Vehmas and Watson 2014, 647). However, one may reply that open-ended approaches can create avenues for new kinds of emancipatory self-understandings. The matter is therefore complicated, since even if we agree with the position that disability research should be unabashedly partisan and “should be judged in terms of its capacity to facilitate the empowerment of disabled people” (Mercer 2002, 245), empowerment may be understood in conflicting ways.

An open-ended outlook on disability can also be criticized for squandering hard-earned political capital related to the term “disability”. However, this claim is much narrower than a broad rejection of non-reductionist models and needs to be substantiated on a case-by-case basis. For instance, a pluralistic understanding of disability may become a distraction within a particular discourse (e.g., within the legal discourse and, more specifically, within a single judicial decision or a single statutory framework). However, in most cases where courts, policy-makers and legislators are criticized for not properly attending to disability issues, scholars attribute their failures to a paucity, not an excess, of conceptual options.

Postmodern and poststructuralist writers are well aware that disabled activists will struggle with radically open-ended models. They are complicated and difficult to comprehend without an understanding of their philosophical underpinnings (Pfeiffer 2001; Corker and Shakespeare 2002). Critical disability theorists must endeavour to remedy this practical issue. A more substantial problem, however, is that some accounts of disability can simply not be operationalized within existing legal and political frameworks, insofar as they challenge some basic liberal assumptions underlying them. Take, for instance, Foucault’s (2003) notion of the “monstrous” as being partly defined by the fact that its existence is a challenge *to* the legal order, or Derrida’s (2000) ethical call for absolute hospitality which precludes asking a guest to identify themselves before agreeing to host them. Such ideas are powerful but clearly difficult, if not impossible, to operationalize *within* a liberal legal order. I am optimistic in thinking that disability theorists can nonetheless go a long way in making at least some of those radical solutions palatable within our liberal framework, even as we continue to criticize some fundamental tenets of said framework (Beaudry 2017). Besides, even an open-ended understanding of disability, which seems to be “virtually unusable” before courts, may have great impact on legal culture.¹¹

Proponents of radically open-ended accounts therefore have different intuitions regarding the best way to solve the dilemma of specificity. They acknowledge that their “critics find intolerable ... that the question of what comes next is deliberately left open” (Shildrick 2009, 171) but believe that alternative modes of struggle fail to address what disability truly is: a complex, never static, relational, discursive phenomenon, reproduced by “normals” and “abnormals” alike and emancipatory only when used as an object of deconstruction.

Proponents of determinate accounts may answer that such cultural critiques take the romantic tone of revolutionary movements, the success of which seems less likely than piecemeal strategies. Yet,

¹¹ Consider Wasserman (2000, 156), who notes how a more open-ended (stigma-based, legal) conception of disability would be much harder to successfully use in legal proceedings, but nonetheless advocates its adoption on the basis of its overall impact.

they may at least come to terms with what radically open-ended accounts have to offer by using them to think about disability referents in novel ways, keeping our minds open to many complicated factors we might not have otherwise noticed, while resisting the view that disability is an undefinable concept, or is nothing but a call for dialogue, expression or resistance surrounding different human embodiments. In other words, they may use such ironic, critical postures as ethical constraints upon theorists of disability rather than as theories of disability. However, true reconciliation seems impossible. Taking a critical posture seriously requires theorists of determinate accounts to water them down to a vague unified definition (e.g., “different embodiment”). Those who advance determinate theories would not find this conceptually illuminating or politically useful. Those who develop critiques of culture and power would answer that nothing less will do: even if they try to make the best of current emancipatory tools, theorists of determinate accounts of disability are unwitting accomplices of apparatuses of power over “disabled subjects” (Tremain 2001, 2015).

5. Conclusion

In this essay, I have argued that polysemy is a philosophically interesting feature of disability and that some theoretical disagreements about disability are more productively articulated as disagreements about how to handle that polysemy. I have categorized and examined the main philosophical strategies — from reductionism to radical open-endedness — to manage the semantic breadth of the term “disability” in descriptively or normatively helpful ways. I presented some of the strengths and weaknesses of each view. I suggest that they may be deployed simultaneously if they do not pursue inevitably clashing goals. They may not clash as often as their apparently mutually exclusive theoretical commitments suggest, as they at least often converge in their ambition to improve the well-being of people who regard themselves, or are regarded, as PWDs, simply addressing different facets of this well-being and justifying different practices to improve it.

Negotiating the co-existence of a multiplicity of disability models does not imply the need to completely abandon the concept of disability in favour of more specific notions. Disability remains a term that at least denotes or connotes “abnormal embodiments”, including phenomena entirely external to the bodies of “disabled persons” (such as prejudices directed at imagined abnormal embodiments or strictly cultural artifacts). It is a useful commonality between a constellation of discourses that relate to objects that are at least united by this family resemblance and may overlap or interact with each other, even though it is unlikely that a “master theory” would neatly choreograph all such interactions. This view does not require giving up on the various disability theories and models that exist. It only circumscribes their ambition to provide an all-encompassing framework to deal with a cluster of shifting dilemmas, and moderates their “romantic optimism that all the values we cherish ultimately will fit into a single system, that no one of them has to be sacrificed or compromised to accommodate another” (Hart 1958, 620).¹²

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