

Elizabeth Barnes
The Minority Body: A Theory of Disability
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Reviewed by Nancy J. Hirschmann, 2017

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Writing about disability from within the discipline of philosophy is a hard job. It is hard because so many philosophers who have written about disability take a unilaterally negative view of it: disability is a disadvantage, it makes a person's life less worth living, it is a disorder, something to be cured and, if not, then endured, but always with a consciousness of being less, being deprived, suffering a loss. It should be eliminated, either by medical cures or, more extremely, by selective abortion and genetic screening and even engineering. Feminist philosophers have done the most by far to forcefully challenge this thinking and present different ways of thinking about disability, with the help of some nonfeminist philosophers. But the field of disability philosophy still seems to be dominated by the negative, pitying, and pejorative views of disability.

The reaction to such negative views has been "the social model" of disability: the argument that although bodies may have impairments, such as diminished vision or an amputated limb, what turns such impairments into "disabilities" is the way that society is structured: both physically or materially, in a built environment that makes it more difficult for persons with such impairments to negotiate the physical landscape; and attitudinally, in prejudicial and discriminatory attitudes that take negative views of persons with such impairments, ranging from their being treated as freaks, to being locked away in institutions, to being denied employment for which they are qualified, or even for which they would be qualified with the provision of appropriate material accommodation. On the social-model view, impairment presents a difference, not a disadvantage; it does not determine anything negative about the lives of people with impairments, which can be and generally are rich and fulfilling (or would be if discriminatory attitudes and a hostile built environment did not make their lives so difficult). Disability is negative on the social model only because and insofar as it is produced through discrimination; impairment is neutral, sometimes even a positive good. (And it should be noted that many who take this view nevertheless often use "disability" as a synonym for "impairment.")

This model, though empowering to persons with impairments and the foundation for a great deal of the activity in the disability rights movement, seems, to increasing numbers of disability scholars, to oversimplify. Elizabeth Barnes is one such philosopher. She starts from the skepticism about the negativity of disability that we find in the social model, but pulls back from

its extremity, making several claims that social-model advocates would find troubling. First, she reclaims the term *disability*, finding that the distinction between impairment and disability does not really do the work that the social model claims it does. Second, relatedly, she maintains that disabilities-cum-impairments can and often do have intrinsically negative qualities for the person so affected, ranging from pain, to extra time it might take to engage in everyday tasks, to the frustration of desires to engage in certain activities. That is, though many negative qualities stem from a hostile environment, as advocates of the social model claim, others would persist despite the provision of even a fully accommodating environment, which the social model seems to deny. Such recognition does not yield the conclusion that, therefore, accommodation is a pointless expense that we shouldn't bother with (because disabled people will still be miserable); but nevertheless such recognition needs to be made. Third, and most important, Barnes maintains that disability is far too variable to be categorized as uniformly good or bad across the board. Even pain, she maintains, cannot be "neatly and directly correlated with reduction in well-being" (74).

Categorizing the main competing views as "bad difference" and "mere difference," Barnes acknowledges that some people do view their disabilities negatively, as alien forces, as tragedies, as inconveniences, and wish they did not have them. But others view them neutrally, as simply the way their bodies happen to be, as just their particular way of existing in the world, their particular difference. Still others view their disabilities in a positive light, providing them with particular perspectives or insights or experiences that they otherwise would not have, and providing a valuable difference to society. Barnes points out that we must allow for these differences in how people experience their own bodies. The problem is that the "bad difference" view is often considered as all or nothing: if it's bad, then your life must be terrible. Instead, Barnes points out, people may view aspects of their disabilities, such as pain, in a negative light, and they can even prefer that they did not have their disabilities, but it does not necessarily follow that such people do not value and enjoy their lives overall. Similarly, the problem with the "mere difference" view is, again, that it can never allow any negative self-assessment on the part of the disabled person: but if a difference is a "mere difference," it is sometimes asked, then why can't we encourage the active production of disabilities by sending people to war, amputating their limbs, or blinding them?

Such arguments, Barnes argues, illustrate the typical hyperbole of supposedly rational philosophical thinking that is actually quite hostile to disability. We can see that the response to both the "bad difference" and the "mere difference" arguments takes the same view: that disability is a terrible thing to endure, making life worthless and unlivable. She methodically and systematically works through the various negative objections to and views of disability to demonstrate that they are never justified as wholesale, blanket proclamations. Part of the problem is this: because we live in a world where there is so much constructed hardship for disabled persons--as the social model has shown us--it is virtually impossible to say whether disability per se makes one worse off or better off. We lack the epistemic frame to make such arguments. So Barnes instead adopts what she calls a value-neutral model, in which disability "can sometimes be bad for you--depending on what (intrinsic or extrinsic) factors it is combined with. But it can also, in different combinations, be good for you" (88). The fact that there are *some* bad features associated with disabilities by the persons who have them does not entail that disability per se is bad, any more than the fact that there are *some* bad features of being a

woman or being female" and that these "are simply eliminable" entails that it is bad to be a woman, or worse than it is to be a man (75).

This is not to say that Barnes does not hold some positions that many in the disability community will be unhappy with. In the first place, she explicitly indicates that she will consider only physical disability, and not cognitive disability (2), an approach that is increasingly frowned upon in disability scholarship. Further, as already noted, she joins a small but growing group of disability scholars who have rejected a simple adoption of the social model, arguing that disability has some intrinsic effects and manifestations that will persist despite accommodation, assistive technology, and welcoming, positive attitudes and policies: "whether you have a disability is partly determined by what your body is like (and not merely by how your body is perceived or treated by others) . . . [I]t's the application of social features . . . to objective features of bodies that creates disability" (47). These intrinsic or "objective" features do not entail that disability equals disadvantage per se, but it does mean that some people will experience their disabilities in negative ways, and we must allow for recognition of disadvantages that are ascribable to the existence of disability even if full accommodation were provided. This is something that a significant portion of disability scholars do not wish to recognize, yet I think that Barnes is correct to say this, and she joins a small but growing group of disability scholars in this view.

Well-being is her central concern, especially understanding the relationship of well-being to disability (54). The claim that there are some intrinsic effects of objective bodily features and that some persons will experience these negatively does not carry with it any sort of broader conclusion about "disability" or "being disabled." To put it in a different terminology that Barnes also uses, things can be locally bad but globally good. A global bad or good is determined by the notion that

some things are bad [or good] for you *on the whole or all things considered*. Other things are bad [or good] for you with respect to certain aspects of your life or with respect to certain times. I am assuming here that it makes sense to talk about both your well-being at a particular time and your well-being with respect to certain features, and the difference between these and your overall well-being (your well-being as a person across time). (80)

Most bad things that people associate with their disabilities, she asserts, constitute local bads that do not affect the overall value of a person's life; they are not globally bad. And "even if we grant that disability does involve a greater degree of local bads, this gives us no good reason to think that disability is bad simpliciter, given what we know about the actual first-person testimony of disabled people" (105). She offers the example of her nondisabled sister, who runs every morning; she hates getting up early, which is a local bad, but it is a global good because "it makes her fitter, less stressed, and happier" (81). At the same time, things can be globally bad--like getting the flu--but locally good--if, for instance, it allows a child to stay home from school. In both cases, the global outweighs the local. It is the failure to sustain this differentiation, and the tendency to collapse local into global bads, that leads so many philosophers to assert that disability is bad *simpliciter* (84).

The problem with such illustrations, however, is that they fail to distinguish between things that are locally bad subjectively and bad intrinsically. That is, her sister hates getting up early, but some people love it; that is a local bad for her, subjectively. But her sister also has "chronically sore feet," which Barnes considers a "a bad that is local to a particular feature (her feet) but not a particular time (her feet are pretty much always sore)" (81). Here there is some sleight of hand, however; it is not clear why having the flu is a global bad, but chronically sore feet only local. After all, the flu attacks your respiratory system, not your feet, but you feel bad all over; similarly, sore feet can make you feel bad all over. But moreover, like the flu, chronic foot pain is bad no matter who you are; it is intrinsically bad. It may not be bad enough to outweigh the good of running, for some people, which may be Barnes's main point. But intrinsic versus subjective badness introduces some finer gradation into the argument that she does not carry through. Specifically, because Barnes starts off with a notion of disability as entailing a particular body part that does not function properly, there often is an intrinsically problematic aspect to that impairment; and disability is thereby not just about the lack of accommodation, or discriminatory attitudes, but relates to bodies themselves. Though many persons may not be bothered by, or may even value, being disabled, Barnes points out that this feature of the body persists and can create difficulties for the person. That, indeed, is precisely what serves as the foundation for the moral obligation to provide accommodation, and what differentiates disability accommodation from, say, my university having to repaint my office every few months because I've grown tired of the color (my example, not Barnes's). This is an important part of the argument, and a very important contribution to the literature. But she does not always follow through in her illustrations. For instance, she posits two gay or lesbian partners who have a "deep, longstanding desire" to have a baby with each other but cannot do so because such reproduction requires egg and sperm (89). But that is hardly unique to being gay and presupposes many other contingencies. More to the point, the valuing of the genetic composition of a desired child--that is, in contrast to having a child per se, having one that specifically holds genetic material from both parents--is itself socially constituted in ways that are deeply sexist and patriarchal. The inability to have such a child is hardly an intrinsic disadvantage like pain; it is a socially constituted one that is fully consistent with the strict version of the social model of disability, which Barnes wants to reject.

This point does not undermine her main argument that disability is "value neutral." And her analogy between disability and being gay does not necessarily collapse because of the weakness of this particular example, though her treatment of the analogy between gender and disability is generally more successful. The argument as a whole is systematic and methodical like all excellent philosophy. Many times she would make a point to which I could imagine an objection; a few paragraphs later she would answer the question I had jotted down in the margins.

For readers of this journal, perhaps a more puzzling question might be why feminist disability philosophers, who have done some of the best work in disability philosophy, do not play a bigger role in Barnes's argument. She does discuss a few feminists, particularly Sally Haslanger on social constructivism, and Miranda Fricker on epistemic injustice; and she briefly discusses or references Eva Kittay, Anita Silvers, Susan Wendell, and a few others. She also, as already mentioned, draws on LGBTQ identity and experiences, as well as on gender, as comparison cases to demonstrate the flaws in philosophical arguments that take a unilaterally negative view

of disability. But she does not broadly engage the plethora of feminist disability philosophy to any great extent, which was a disappointment.

Barnes's analytic philosophy also sometimes gets the better of her argument. For instance, in considering why the "mere difference" argument can reject the notion that it is acceptable to actively produce a disability in someone, instead of drawing on hypotheticals, she could have easily waded into the cochlear-implant controversy, where deaf parents who want to raise deaf children are pressured by medical personnel and family members alike to give their children the implants in infancy. Given Barnes's claim that she wishes to attend to "the first-person testimony of disabled people" (3), she paid relatively little attention to such testimony in specific real-life controversies like this.

These issues do not detract from the strengths of this volume, however. It is a thoughtful, thorough, and rigorous argument that nevertheless has an accessible style. It is not a book for a generalist audience, but could work quite readily in both undergraduate and graduate courses. Her attempt to moderate a path between the physical body and social constructivism, and to combat a generalized skepticism in the field of philosophy about the possibility that disability might be a good thing for some people, or at least a neutral thing, that lives of disabled persons are generally as rich, valuable, and worth living as those of nondisabled persons, and that such skepticism is "rooted in--often knee-jerk unreflective--stereotypes about what disabled lives are like" (142) is an unapologetic and strong case for disability positivity. It is a valuable contribution to disability philosophy in particular, and philosophy in general.