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**Deposited in DRO:**

05 October 2018

**Version of attached file:**

Accepted Version

**Peer-review status of attached file:**

Unknown

**Citation for published item:**

Begon, Jessica (2018) 'The minority body : a theory of disability, written by Elizabeth Barnes.', *Journal of moral philosophy.*, 15 (1). pp. 100-103.

**Further information on publisher's website:**

<https://doi.org/10.1163/17455243-01501007>

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**Elizabeth Barnes, *The Minority Body: A Theory of Disability* (Oxford: Oxford University Press, 2016) 224 pages. ISBN: 9780198732587 (hbk). £25.00.**

[Draft. Final version available in *Journal of Moral Philosophy* (2018).]

It is assumed, says Barnes, that to be disabled is to have played the natural lottery and lost. Disability is taken to be a tragedy: something that makes the life of those unlucky enough to be disabled necessarily, and perhaps significantly, worse. If disabled people flourish at all, they do so *in spite*, and never *because*, of their disability. In her excellent book, Barnes challenges these assumptions about disability, and gives a powerful defence of the deeply controversial ‘mere-difference’ view of disability. For Barnes, then, to be disabled is to have a minority body; it is not to have a body that is intrinsically worse.

Barnes begins by arguing that we must develop a unifying, explanatory account of disability, which delivers the correct verdict on paradigm cases without assuming disability is suboptimal (pp.10-13). Her definition is a social one, though not in the sense that all the disadvantages of disability are merely caused by social norms and infrastructure. Indeed, Barnes emphasises that we should not lose track of the idea that “whether someone is disabled ought to be a question of what their body is (really) like”, whilst also acknowledging that these bodily features are only important “due to the way we think about bodies, rather than some objective similarity between such bodies” (p.38). Barnes argues that those best placed to determine which bodies should be considered disabled, are disability activists. Thus, “disability *just is* whatever the disability rights movement is promoting justice for” (p.43).

Next, in chapters 2 and 3, Barnes develops and defends her central claim that we should adopt a ‘Value-Neutral Model’ of disability. This is a mere-difference view, according to which disability is a neutral feature: one “that’s bad for you with respect to some aspects of your life...[and] good for you with respect to other aspects of your life” (p.79). A frequently raised concern about mere-difference views is that it surely cannot apply to *all* disabilities. Yet Barnes’s subtle account of what it is for a disability to be neutral with respect to well-being attempts to head off this objection by allowing for most of the claims that an advocate of this position might push. Her mere-difference view, then, does *not* imply that there is no difference in average well-being between disabled and non-disabled people (in an ableist world); it does *not* imply that being disabled cannot involve the loss of some intrinsic goods (only that it is not *merely* this lack); and it does *not* imply that all the bad-making features of disability are the result of social norms and infrastructure, as on the social model (even if many are).

Crucially, Barnes does not deny that disability might be a *local* bad, negatively affecting “x’s well-being with respect to some feature *F*, or some time *t*” (p.80). She denies only that it is a *global* bad (negatively affecting x’s overall well-being) and that it is (always and necessarily) bad *simpliciter* (something that makes “your life go worse *in virtue of it specifically*”, whatever its overall causal effects on well-being (p.87)). One can accept this version of the mere-difference view, then, whilst also agreeing that disability can sometimes be bad for you, “depending on what (intrinsic or extrinsic) features it is combined with”, and that disability is sometimes, and “perhaps always”, locally bad (p.88).

Barnes next considers two potential objections to her approach. First, in chapter 4, to her reliance on the positive testimony of disabled people on the basis that it is unreliable. Specifically, that they may simply be ‘adaptive preferences’: adaptations to the suboptimal in the face of limited options. Barnes quickly sets aside the procedural views of Jon Elster and Luc Bovens, on the basis that they are, in Elster’s case, over-inclusive, demanding conditions of procedural rationality few of our preferences meet; and, in Boven’s case, under-inclusive, demanding a consistency present in many disabled individuals’ preferences. For the bulk of the chapter, then, she focuses on Martha Nussbaum and Amartya Sen’s substantive approach, where adaptive preferences “involve *both* a change in preference due to a constraint of options *and...toward something suboptimal*” (p.128). To diagnose disabled individuals preferences and testimony as adaptive, then, we need reason to think disability is suboptimal, and that it constrains our options. In response, Barnes points out that “we are *all* limited and constrained by our bodies” (p.132), and that if we distrust disabled individuals’ preferences, we would also have to distrust gay people’s (who cannot have a biological child with a romantic partner) or men (who cannot give birth).

Second, Barnes responds to the worry that accepting a mere-difference view will mean that it would be permissible to cause disability, and impermissible to remove it. She begins by considering various reasons why we could not cause disability, even if it is a neutral feature: because it would constitute unjustified interference with an agent; because of the high transition costs of *becoming* disabled; and because we generally disapprove of changing identity-determining traits in infants (their sexual orientation, say) even if this does not constitute an autonomy violation. In general, then, the fact that causing some feature is impermissible, need not imply it is sub-optimal: there may be some benefits we should not cause and, indeed, some disadvantages we should not remove. More controversially, though, this leads Barnes to the conclusion that “there is no discrepancy between the cases of causing an infant to be disabled and causing an infant to be non-disabled” (p.154). She acknowledges that this is counterintuitive, but notes that this is unsurprising given the ableist bias of our intuitions. To argue that there *is* a cause/remove discrepancy, we

would need to demonstrate that the constraints of disability are “somehow worse” than those of non-disability (p.158). One way to ground this claim might be to suggest that being disabled comes with greater potential risks than being non-disabled. Yet Barnes rejects this view, arguing that the risks of being disabled, like the risks of being gay, are “highly contingent and circumstantial” (p.153), and “could easily disappear” (p.154) in less ableist (or homophobic) societies, and so should not ground a cause/remove discrepancy in either case.

Barnes’s arguments are nuanced, interesting, and in many respects persuasive. However, they give rise to a tension that crucially goes unresolved in the book. On the one hand, she acknowledges that being disabled may sometimes lower overall well-being, that some *aspects* of some disabilities are bad-differences (p.75), and even that some specific disabilities are bad simpliciter (p.102). Yet, on the other, she draws general conclusions about disability as a whole: for example, that there is no cause/remove discrepancy for disability *per se*. By including a diversity of conditions within a unified category of disability it becomes true that disability in this broad sense is not *necessarily* a bad-difference, but this category still encompasses conditions (whether few or many) that *are* bad-differences.

First, this may lead us to wonder whether we ought to remain committed to a unified category of disability. Why not, instead, distinguish those disabilities, or aspects of them, that are bad simpliciter from those that are not, where a mere-difference view may be appropriate for the latter conditions but not the former? Further, it may lead us to question Barnes’s conclusion regarding the cause/remove discrepancy for disability. We can agree that we should not assume that all disabilities are, by definition, bad-differences that warrant removal, but it does not follow that we should accept that all disabilities are mere-differences, and that it would be wrong to remove any of them. Thus, contra Barnes (p.167), we can accept her version of the mere-difference view, yet still believe that it *is* sometimes wrong simpliciter to cause a non-disabled person to be disabled: if this particular disability, or some aspect of it, is a bad-difference (whether due to circumstance, or intrinsic features).

A further niggle that may arise in reading Barnes’s book is the lack of guidance regarding what individuals are entitled to, with the focus instead on what is permissible. For example, she argues that the mere-difference view is compatible with offering cures to disabled adults, insofar as the opportunity to “determine...[our] own physicality” (p.163) is valuable. However, surely the more important question is not whether it would be wrong for a scientist to develop a cure but whether, if we are disabled, we are entitled to demand that the government fund the development of such cures. Her discussion of adaptive preferences is similarly light on action-guiding principles, focussing on the problems that occur if adaptive preferences are *misdiagnosed*. Barnes notes that

“misapplied, the adaptive preference model can simply entrench pre-existing bias” (p.137), and considers the epistemic injustice of unwarranted attributions of adaptive preferences, where this leads to the exclusion of the views and experiences of an already underrepresented group. She does not, however, consider the harm of making *no* diagnoses of adaptive preferences: that if those subject to oppression do not recognise their own mistreatment, they may not be entitled to redress. Indeed, that it may not be considered mistreatment, since ‘no one complains’. Barnes’s rather negative approach feels unsatisfactory, then, and leaves us with little guidance beyond a general indictment not to assume disabled people are not to be trusted. Of course, we should not, but, as with anyone else, it might be just as problematic to assume the reverse.

Perhaps Barnes’s central aim is not to provide guidance on such specific questions, but to make a wider point. This is that disability is not a tragedy, or something “you should be ashamed of or apologetic about”, but is, instead, a feature it “*makes sense* to celebrate” and be proud of (p.182). Barnes’s challenge to the philosophical orthodoxy on this provides a hugely important conceptual resource for those who wish to capture the experience of flourishing with (and not in spite of) a disability. Nonetheless, the tension remains between acknowledging the diversity of disability and disabled experience and the ways in which various disabilities can be disadvantageous, yet also drawing general conclusions about disability as a mere-difference. Barnes ably demonstrates the problems with assuming that disability is, necessarily, a bad-difference, but there are dangers, too, in understanding all disability as a mere-difference.