

THE REHABILITATION OF REALIST ACCOUNTS OF THE ONTOLOGY OF IMPAIRMENT

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Summary: In this thesis I engage in discussions concerning the ontology of impairment and the ontology of disability. I argue that impairment is a phenomenon of the brute world and that disability is a phenomenon of the social world. More specifically, I defend a neo-Aristotelian realist account of the ontology of impairment – pace social constructivists who reject the notion of impairment and pace the Searlean realist account of the ontology of impairment – and I defend a constrained social constructivist account of the ontology of disability – pace disability as solidarity and pace other unlimited social constructivist accounts. I reach out to Tom Shakespeare, because, although we emphasize different aspects of it, I am convinced that we are working on the same project. My aim is to show that an ontological investigation into impairment and disability which respects the distinction between brute and social reality does not only bring us ontological and conceptual clearness, but also has significance for us, social beings, in our struggles for recognition and justice. My claim is that (atypical) bodily characteristics and related bodily abilities can have multiple and varying significances – some brute, some personal and some social – which should not be conflated.

Contents

Introduction	1
1. Impairment Is a Phenomenon of the Brute World	4
<i>Enter Brutes</i>	4
<i>Brutes Can Be Impaired: Against the Rejection of the Notion of Impairment</i>	6
<i>Brutes Can Be Impaired: Against the Rejection of Brute Standards</i>	8
2. What Supplies the Standard in the Brute World?	11
<i>Life-Forms, Natural-Historical Judgments and Natural Defect</i>	12
<i>Life-Form-Relatedness: Bodily Characteristics, Atypicalities and Impairment</i>	16
<i>Excursus: Have I Lost My Mind? / Constrained Constructivism</i>	21
<i>Impairment and Beyond: The Multiple Significance Account</i>	26
<i>Impairment vs. 'Natural Enhancement' / Graduality</i>	26
<i>Impairment vs. Sickness, Illness and Disease</i>	31
<i>Complaint of Lack of Unity / Genetics</i>	39
<i>Appendix: Gender Studies and the Human Body</i>	44
3. From Facts to Values: Where It Might Go Wrong	47
<i>Having an Impairment 'Is Not Necessarily Equal to' Having a Worse Life</i>	47
<i>Who Has Never Been Impaired? / Dealing with Realities Is a Good Thing</i>	51
<i>So What's Wrong with Treatment?</i>	53

4. Disability Is a Phenomenon of the Social World	55
<i>Constrained Social Constructivism</i>	55
<i>Critical Realism: Reaching Out to Tom Shakespeare</i>	61
<i>And Now the Story Begins</i>	70
Conclusion	72
Bibliography	74

Introduction

In this thesis I discuss the notions of impairment and disability. My field of investigation is ontology and thus my questions are: (1) Are impairments real? (2) Are disabilities real? (3) What is impairment? (4) What is disability? The first two questions might seem to be a bit vague at first: what is it for something to be real? With 'being real' I mean that something is a fact/phenomenon of either the brute world/reality or the social world/reality, or perhaps both.¹ The latter two questions are, of course, related to the first two questions: to know whether something is real, one needs to know what it is that one is questioning the existence of.

Although this might not be intuitively clear, the importance of these philosophical, ontological questions reaches beyond philosophical interest and the need for conceptual clearness in academia. First, finding out whether something is a social construction, or not, can be very useful in finding out what kind of solutions are appropriate to approach particular problems. Some problems which people with impairments face can be solved by, e.g., critical cultural analysis, other problems can only be remedied by, e.g., medical treatment. Second, the identification of ontological distinctions can support people in their social-political struggles. People who are trying to get a treatment and people who are fighting against discrimination sometimes find themselves in opposition to each other, not always because they disagree on the right course of action in particular cases, but too often because both sides claim to be discussing disability, while their situations actually vary significantly. Showing that impairment, disability, disease, sickness and illness are distinct phenomena allows people to make distinctions between their situations, which allows them to pursue different aims without having to frustrate each other's social-political struggles. Third, although normative debates probably will be of more importance to people who have an impairment, to people who are being disabled, et cetera, these normative debates will only be truly interesting if the phenomena under discussion are being understood properly. This thesis aims to provide the ontological and conceptual groundwork which is needed for such a proper understanding.

In the debate on the ontology of impairment and disability, social constructivism has become the established position. The strength of this position lies in its ability to account for the insight that disability clearly isn't a phenomenon that can be explained with reference to

¹ I take this distinction between brute reality and social reality from: John R. Searle, *The Construction of Social Reality* (New York: The Free Press, 1995). Of course the debate on how social reality is constructed has continued after the publication of Searle's book, but I will not focus on that discussion in this thesis. The distinction between brute reality and social reality is a very interesting ontological distinction in its own right and, as I aim to show, an ontological investigation into impairment and disability which respects this distinction between brute and social reality does not only bring us ontological and conceptual clearness, but also has significance for us, social beings.

individuals exclusively; there has been established a consensus that social relations need to be taken into account, at least at some point. However, social constructivists often deny the existence of impairments and I think this is a mistake.² In arguing that impairments are real, I will make two rather unconventional moves. First, instead of starting out with discussing definitions of disability and impairment and assessing the strengths and weaknesses of these definitions, I will begin my research by introducing and discussing a thought-experiment which introduces the distinction between brute reality and social reality. I do so because I think that it is more fruitful to focus first on what kind of (bodily) phenomena we find in the world, without already having some prejudice about the concepts impairment and disability, so to say. Second, in defending a neo-Aristotelian realist account of the ontology of impairment, I will establish a connection between two debates which, to my knowledge, have not been brought together so far and which both might be considered by many to be minor subdisciplines of philosophy.³ These are the debate on the ontology of impairment and disability and the debate on the ‘philosophy of life’. More specifically, I will introduce Michael Thompson’s ideas on life-forms and natural defect to the debate on the ontology of impairment.⁴ However, this doesn’t mean that I want to defend the normative (ethical) neo-Aristotelian doctrine of natural goodness/natural virtues, which usually takes the account of life-forms as a starting point.⁵

My central thesis is then that there are two phenomena, one belonging to brute reality and one to social reality, which we can meaningfully call impairment and disability respectively. In *Chapter 1* I will elaborate upon this distinction between brute reality and social reality. In order to defend my position I will have to face some problems: (Q1) How can there be impairment in the brute world? i.e. What supplies the standard for human bodies? – In response to these questions I will defend my neo-Aristotelian realist account against a

² Cf. Elizabeth Barnes, *The Minority Body* (Oxford University Press, forthcoming). In this thesis I will mainly discuss the manuscript of the first chapter of Barnes’ book project, which will probably get the title “What Is Disability?”

³ ‘Realism’ is meant to capture the idea that impairments are real and, although social reality isn’t less real than brute reality, is meant to capture the idea that impairments aren’t social constructions. ‘Neo-Aristotelianism’ is meant to express that my account is deeply inspired by Michael Thompson’s account of life-forms. To give a very brief characterization of my understanding of neo-Aristotelianism: a neo-Aristotelian defends the claim that generality and teleology are pivotal notions in understanding what life is, i.e. a neo-Aristotelian is anti-reductionist about the ontology of life, i.e. (an understanding of) life is not reducible to (an understanding of) matter.

⁴ Michael Thompson, *Life and Action, Elementary Structures of Practice and Practical Thought* (Cambridge: Harvard University Press, 2008), 25-81.

⁵ Cf. Michael Thompson, “Apprehending Human Form,” *Royal Institute of Philosophy Supplement* 54 (2004): 47-74. Philippa Foot, *Natural Goodness* (Oxford: Clarendon Press, 2001). I will elaborate this point in the second chapter of this thesis.

Searlean realist account of the ontology of impairment in *Chapter 2*.⁶ (Q2) Doesn't a brute standard prescribe any deeply troubling actions, like the 'extermination' of impairments? – In *Chapter 3* I will argue that it doesn't and I will show how brute facts are wrongfully used to argue for troubling conclusions and prescriptions. (Q3) If impairment belongs to the brute world and disability to the social world, how are these notions then related? – In *Chapter 4* I will defend a constrained social constructivist account of the ontology of disability, which aims to shift focus from trying to understand how disabled bodies are socially constructed to trying to understand when a social construction is ableist.⁷ Moreover, although I acknowledge that people who are being disabled often do have an impairment, I argue that people who do not have an impairment can be disabled too. Finally, since this ontological account merely is the starting point for normative debates, I reach out to Tom Shakespeare, who defends a similar – but not identical – position and who has done much interesting work on important normative (social-political) questions concerning impairment and disability.⁸ My modest aim is merely to make plausible that impairments are real and thus that the aforementioned problems are significant and deserve philosophical attention.

⁶ Simo Vehmas and Pekka Mäkelä take insights from John R. Searle's ideas on the construction of social reality to develop their realist account of the ontology of impairment. Therefore I call them the 'Searleans'. Cf. Searle, *The Construction of Social Reality*. Simo Vehmas and Pekka Mäkelä, "A Realist Account of the Ontology of Impairment," *Journal of Medical Ethics* 34:2 (2008): 93-5. Simo Vehmas and Pekka Mäkelä, "The Ontology of Disability and Impairment," in *Arguing about Disability*, (eds.) Kristjana Kristiansen, Simo Vehmas and Tom Shakespeare (Abingdon, Oxon: Routledge, 2010), 42-56.

⁷ 'Constrained' is thus meant to express that a social constructivist account of the ontology of impairment shouldn't be concerned with discussing bodies; it should be concerned with discussing social constructions and how these can disable people with particular bodily characteristics. As I aim to show, one can be disabled 'in virtue of' having an impairment, but also 'in virtue of' bodily characteristics which aren't impairments.

⁸ Tom Shakespeare, *Disability Rights and Wrongs Revisited*, second edition (Abingdon, Oxon: Routledge, 2014).

1. Impairment Is a Phenomenon of the Brute World

In this first chapter I will introduce the distinction between social reality and brute reality. This distinction serves as a tool to determine which phenomena are socially constructed and which are not. My aim is to make plausible that impairment is a phenomenon of the brute world and that we therefore have to investigate what provides the standard in the brute world. In establishing my argument, I will investigate the human body closely, paying special attention to the differences between bodies. Interestingly, in carrying out this investigation, I will encounter all kinds of differences between bodies which we cannot all capture by using the notions of impairment and disability. Therefore I will argue that we need a more refined conceptual apparatus to capture all body-related-phenomena we find in the world. But first, prepare yourself for a challenging thought-experiment.

Enter Brutes

Imagine a planet very much like planet Earth, on which there are all kinds of life-forms: grasses of all kinds grow there, trees grow tall and flowers color the landscape. Birds fill the sky, fish swim in the waters, insects creep around, and mammals nurture their young, generation after generation. However, no society can be found on this planet: there are no cities, there is no rule of law and there is no economy. After all, there are no humans. The most ‘advanced’ mammal is a non-linguistic life-form: the Brutes. They are ‘biologically’ very similar to us, but also differ from us in important respects, because being a linguistic or non-linguistic life-form is, arguably, related to having particular bodily features or not having them. However, let’s suppose, for reasons that will become apparent in a moment, that the differences between Brutes and humans are minor in all other respects. Presented with an anatomy of both, one should really have to search for the differences which make the one a speaking, understanding and constructing being, and the other not.

Let’s call the world of the Brutes a ‘brute world’, meaning that this world doesn’t contain any social or institutional facts, i.e. there are no social constructions. I want to use this brute world to assess the ontological questions I presented in the introduction. I want to use this world instead of our social world,⁹ because we tend to think too much about what we find around us. If one, for example, asks a philosopher about Plato’s Ideas, one should not be

⁹ Here I follow John R. Searle’s account of brute facts and institutional facts: Searle, *The Construction of Social Reality*, esp. 1-29. I do not wish to say that our world is entirely social, nor that the construction of the social world isn’t grounded in the brute world. Our world is, one might say, a world with brute and social facts. Hopefully I have constructed the world of the Brutes in such a way that it is plausible that it is our world minus the social reality we construct.

surprised to hear a story about tables and chairs. We give so much meaning to the world around us and we have built so much of this world, that we tend to forget what we haven't constructed. I find this a problematic starting point for the discussion I want to engage in and this thought-experiment is meant to avoid that starting point.

The questions I raised in the introduction will now get the following form: Does *x* exist in the brute world?¹⁰ Thus the new formulations are: (1) Do impairments exist in the brute world? – I will argue that they do. (2) Do disabilities exist in the brute world? – I will argue that they don't. I also want to consider: (3) Is there ableism in the brute world? – I will argue that there isn't. In other words, I want to defend a realist account of the ontology of impairment and a social constructivist account of the ontology of disability. However, as I mentioned before, I think that there are more questions like these, which often aren't taken into account. That is, I think there are more ontological nuances that we should respect in developing accounts of impairment and disability. Therefore I will not start out by defining disability and impairment, but start out by investigating the Brutes in order to find out what kind of differences there are between individuals and what the significance of these differences might be.

So, what do Brutes look like? Brutes have two legs, two arms, two eyes, two ears, and one nose. At the end of their arms they have hands and at the end of each hand they have five fingers. Some parts of their bodies are covered with hair, especially their heads, and so on. What do Brutes do? Like many other living beings inhabiting the brute world, Brutes spend most of their time gathering food, resting, and, what might be called, securing the survival of the species. A more detailed account of these activities can be given, like: Brutes reproduce and take care of their young; Brutes are omnivores, et cetera. In order to be able to do these things, Brutes walk long distances, swim, climb hills, and do many other things. Of course there is more to the Brute than meets the eye: Brutes have a heart, a liver, a stomach, and many other organs. All these organs are made up out of cells, which have organelles, in which all kinds of tiny mechanisms are constantly in progress. In short, think of all the biological knowledge you have of our own species, from DNA to behavior, and apply it, *mutatis mutandis*, to the (ontological) makeup of the brutes.

However, even though you probably had no problem accepting the picture I just

¹⁰ Compare the following straightforward examples: (1a) Does money exist in the brute world? – No. (1b) Do wedding vows exist in the brute world? – No. Why? Because these are both socially-linguistically constructed and in the Brute world there are no social-rational beings to construct them. (2a) Does oxygen exist in the brute world? – Yes. (2b) Do enzymes exist in the brute world? – Yes. Why? Because these 'stuffs' are both ontologically objective in Searle's terms, i.e. their existence does not depend on the existence of social-rational beings, like human beings, which construct them through language.

sketched of the Brutes, you probably also wouldn't be surprised if I told you that not all Brutes perfectly adhere to this picture. Some Brutes have one leg, others have one arm. There are Brutes which have no teeth. Moreover, the picture I just sketched doesn't seem to do much justice to the diversity we find among Brutes. They have different skin colors, eye colors and hair colors. Some Brutes have a tip-tilted nose and others don't. Brutes have different reproductive organs. Some Brutes have lived longer than other Brutes and one could more or less tell by examining their bodies. Some of these differences also seem to have repercussions in the behavior of the Brutes. Those with one leg can't walk, let alone climb a hill. Brutes which have no teeth can't eat and if they try to they choke. Some Brutes can become pregnant and other Brutes can't.

What to make of these observations? My first answer is that there is no straightforward answer to this question. I have presented these differences between Brutes as exactly that: mere differences. However, I can't imagine anyone, who, in considering these differences, didn't want to make some classification, or at least had the idea that not all differences were the same kind of differences. Therefore I argue that these observations already show that not all bodily differences have the same significance, not even in the brute world. Some differences lead to different types or degrees of functioning, others don't. Some differences do not seem to have any significance at all. Some of these differences seem to have a genetic ground, while others seem to have a pathological or a traumatic ground. In other words, some differences seem to be deviations or defects.

However, some scholars would want to dispute this picture and claim that Brutes cannot be sick nor impaired because sickness and impairment are social constructions, or do not exist at all – so neither in brute reality nor in social reality. “Are there really differences between Brutes which are more than mere differences?” they ask. In response to this question, I argue that the thought-experiment about the Brutes shows that something goes wrong in denying the existence of impairments, like some social constructivists do, and that something goes wrong in denying the existence of standards which we don't construct, like those whom I call the ‘Searleans’ do.

Brutes Can Be Impaired: Against the Rejection of the Notion of Impairment

Some social constructivists argue that impairments do not exist, that only disabilities exist and that these are socially constructed. If this is true, there are neither disabilities nor impairments in the brute world. But what to say then of the Brute with one leg? It can't walk, it can't run, it can't climb mountains, et cetera. But doesn't it ‘have to do’ these things in some sense? After

all, its whole way of living is built around the ability to walk. How long will the Brute survive? What about the Brute that fell off a cliff and got his stomach pierced by a sharp tree branch and broke its legs in the process? How long will *this* Brute survive? If the Brute survives, it probably won't be able 'to do all the things it usually does.' I think these examples show that a Brute can be impaired, because it can be limited in its 'abilities' by virtue of its bodily characteristics.

Of course, I will still have to argue what supplies the standard for the individual in the brute world which makes it the case that it 'has to do' particular things and I will have to answer more questions, like: "What is the significance of being able to do something in the brute world?" "What is the significance of being badly injured?" and "What is the significance of not being able to live long?" I will try to answer these questions in time. My claim here is merely that we need to try to answer these questions. Denying the fact that such injuries, defects, deviations, diseases – or whatever term will turn out to be most apt in these cases – can limit the ability of the Brute, and thus denying the fact that, that which we usually call impairment exists in the brute world, just seems to be plainly false.

Furthermore, in denying the existence of impairment and in claiming that disability is a social construction through and through, accounts of disability as a social construction have little to no foothold in brute reality, which makes it very hard to give any definition of disability that can deal with the insight that not all bodily differences are the same kind of differences. In other words, these accounts often cannot give a good answer to the question why, for example, obesity is or isn't a disability.¹¹ After all, they have no account of the significance of bodily characteristics to point out what the difference is between not being able to walk because one is very heavy and not being able to walk because one has one leg – if, as some claim, there is such a difference at all, of course. This problem seems to arise because social constructivists disregard the rather straightforward insight that there is no disability without differences qua bodily abilities. If there were no bodily differences, i.e. if we all looked exactly alike and thus had exactly the same bodily abilities, then no one could be excluded on the basis of having certain bodily characteristics or abilities. But there are bodily differences, unfortunately people are being excluded on basis of those differences, and thus we need to investigate the significance of these differences.

If social constructivists would accept that some bodily differences have significance

¹¹ Social constructivists often think that there are some paradigm cases of disability which serve as a test case for possible definitions/accounts, but I think this is overly optimistic. If one pays close attention to the phenomena under discussion, like I just did, one sees that what social constructivists take to be paradigm cases of disability, actually turn out to be all kinds of things.

outside the context of the social world, then they could argue why, for example, missing a leg and being obese aren't the same kind of phenomena. Then it might turn out that, in the social world, we can arrange our environment and institutions in such a way so that the obese person and the person with one leg can fully and equally participate in society and thus aren't disabled in this sense. That doesn't, however, take away the fact that the one person is still missing a leg and that the other person is still quite heavy. These brute facts could just as easily have been a (mistaken) ground for the social exclusion of people with one leg and, at the same time, for the social inclusion of heavy people. Moreover, these bodily characteristics might have other (brute) significances: they might, for example, cause pain to the person who has such a bodily characteristic, make her ill, et cetera.

Fortunately, over the past few years some social constructivists have been struggling with 'the disappearance of the body' in their accounts themselves. Like them, I think social constructivists were initially right in claiming that we should pay more attention to the social aspect of disability, but many social constructivists have now gone too far in focusing on the social environment and on institutions, thereby disregarding the significance of bodily differences as such. Since some defenders of social constructivism are starting to acknowledge this, I have high hopes that we actually don't need to discuss whether such phenomena as not being able to walk have significance in the brute world and that we can all acknowledge that we should rather discuss where we can go wrong, and often do go wrong, in arguing from such brute facts to social values and practices. Unfortunately, still many social constructivists are so preoccupied with taking away social injustice, that they fail to see the straightforwardness and importance of the variety of ontological distinctions we have to make in order to show where such arguments go wrong.

Brutes Can Be Impaired: Against the Rejection of Brute Standards

Simo Vehmas and Pekka Mäkelä seem to be the positive exception in this regard. In an attempt to reintroduce the body in social constructivist accounts of the ontology of disability, Vehmas and Mäkelä have defended a realist account of the ontology of impairment which is deeply inspired by the work of John R. Searle.¹² They argue that there are brute facts which underlie impairments and that impairments are also partly socially constructed. So, according to this view, there might be three chromosomes 21 in the genes of a Brute, but a Brute cannot have an *extra* chromosome 21, nor can it have *Down Syndrome*, because these statements involve institutional facts. Also, according to this view, Brutes have hearts, but there is no one

¹² Vehmas and Mäkelä, "A Realist Account of the Ontology of Impairment," 93-5.

and nothing in the brute world to determine – or, rather: prescribe – whether some heart is a good heart or not. I think the following passage shows their view most clearly:

On a pure biological level, the existence of a certain chromosome is not in any way dependent of representation. But naming this particular biological phenomenon as an “extra” chromosome 21, we shift from a brute level to an institutional level. This is because defining some entity as “extra” implies that it is seen vis-à-vis statistical typicality and the way organisms of this kind usually are. Most of all, however, the definition of this syndrome (like all other syndromes) is related to the functions we have set upon organs and organisms. [...] When we have assigned a function to a heart or any other organ, we can use the vocabulary of success in relation to them – that is, we can speak of malfunction, or better or worse hearts. This we *could not do* if we talked about simple brute facts of nature [my italics].¹³

I think that, although it takes a step in the right direction, this account is deeply mistaken. We actually don't get to decide whether we are impaired or sick or not. I don't think I get to determine, for example, what counts as a properly functioning heart. It seems like Vehmas and Mäkelä want to say that if I fall to the ground because my heart leaks, so that my vital organs don't get enough blood, I better hope that society hasn't determined this to be normal functioning of a heart. This cannot be right. A more charitable reading might say that it seems that one has to value health, or a long life, or something similar, in order to be able to argue that having a leaking heart or missing a leg is somehow bad, or at least significant in some sense. This seems to be Searle's own view.¹⁴ However, I do not think one has to value life *in order for the heart to have a function*. A heart has a specific teleological function, namely to pump blood through the body, and when a heart fails to do so, then it doesn't function properly. Of course a human being can be happy about the fact that his heart remains to do so, and a Brute will never be happy about that. That doesn't take away that if a Brutes' heart fails to pump blood through the veins of the Brute, it fails in being a well-functioning brutean heart. Thus, the significance of such bodily functions isn't a social significance but a brute significance. I will, of course, have to give an argument for the existence of a brute standard and can't just insist that there is one, but I think the preceding case shows us that it would fill a void if we were to find such a brute standard.

I think this point is often disregarded because the special status of living beings is disregarded. I will develop this point throughout this thesis, but let me give a first indication to show what the dispute is. Brutes are in an important respect dissimilar to the mountains they climb and the soil they walk on. After all, mountains are clearly reducible to (simple)

¹³ Vehmas and Mäkelä, *Realist Account*, 94-5.

¹⁴ Searle, *The Construction of Social Reality*, 13-23.

matter alone, while living beings also seem to operate in another context, namely the context of teleology. Searleans seem to acknowledge that human beings function in another context, namely social reality, but they disregard the context of teleology. In doing so, they seem to, on the one hand, put (aspects of) living beings in the same category as mountains. On the other hand they seem to put (aspects of) living beings in the same category as social constructions like money.

However, although social constructions and the context of teleology may both be ‘grounded in’ brute facts in some sense, money and living beings clearly are different ‘ontological stuffs.’ Moreover, while the existence of money depends on human existence – or at least the existence of social-rational beings – the existence of the kind of brute standard I am trying to identify merely depends on the existence of living beings as such – hence the introduction of the Brutes. Furthermore, Searleans think that pathological concepts are institutional concepts, i.e. that they aren’t necessarily part of a description of life.¹⁵ Again, they think so probably because they think that the biological is (completely) reducible to the physical and that the physical has no standards to live up to. I think this view is untenable. I think that, for example, pathology is an important part of (understanding) what life is. Thus, in this thesis I want to stress that Brutes and human beings are *living beings* and part of the dispute is, in my opinion, how we should understand (these) living beings.

¹⁵ Vehmas and Mäkelä aren’t the only scholars who claim that pathological concepts are institutional concepts. Although I will focus on the notions of impairment and disability in this thesis, I will present a proposal on how to understand pathological phenomena and concepts in the second chapter of this thesis. Then I will also discuss the seminal papers of Christopher Boorse and Lennart Nordenfelt, namely: Christopher Boorse, “Health as a Theoretical Concept,” *Philosophy of Science* 44:4 (1977): 542-73. Lennart Nordenfelt, “The Concepts of Health and Illness Revisited,” *Medicine, Health Care and Philosophy* 10:1 (2007): 5-10.

2. What Supplies the Standard in the Brute World?

What I hope to have established in the first chapter is (1) that (human) bodies differ in a variety of ways, (2) that these differences seem to have varying significances (in the brute world), (3) that there seems to be a standard in the brute world, and (4) that if we want to find out what that standard is, it might be worthwhile to investigate more closely what it means that human beings are living beings. The question I now have to answer is: *if* neither Brutes nor humans do so, what, if anything, *does* supply the standard in the brute world? What makes it possible that Brutes are impaired rather than merely ‘just how they are’? In this chapter I will argue that the standard in the brute world is supplied by the life-form a living being bears. In order to be able to show more nuances between different phenomena, I will occasionally switch from discussing Brutes to discussing humans, in the hope that you have by now become familiar with my distinction between brute reality and social reality.

My argument in this chapter, which is deeply inspired by Michael Thompson’s account of life-forms and natural defect, is, in short, the following:

- (p1) Since human beings are living beings, they actually bear a life-form.
- (p2) Many human beings actually differ from their life-form in some respect(s), i.e. have ‘atypical’ bodily characteristics.
- (c1) From (p1) and (p2): Many human beings are ‘defective’ in some respect(s).
- (p3) *Some* of those ‘defects’/‘atypicalities’ of (c1) limit human beings in their life-form-typical functioning.
- (p4) We can meaningfully denote the phenomenon described in (p3) with the notion of ‘impairment’.
- (c2) From (c1), (p3) and (p4): Impairments are real.

First I will elaborate upon this argument for my *neo-Aristotelian realist* account of the ontology of impairment. Then I will defend this view against some (social constructivist) complaints and I will do so partly by arguing for a *constrained constructivism*, i.e. we can and do construct a lot of our world, but we have to face some brute realities. In addition to this argument I will show which conceptual distinctions we should make in order to respect the ‘ontological otherness’ of a variety of body-related phenomena, namely those that do not, or only partly, fall under the scope of ‘some’ in (p3). In this regard I will defend a *multiple significance* account of bodily characteristics.

Life-Forms, Natural-Historical Judgments and Natural Defect

I think that it would be considered to be ridiculous if I were to give an argument for my claim that human beings are living beings, but unfortunately this insight is disregarded often. Arguably, in some philosophical debates it doesn't really matter that human beings are living beings, because in those debates we highlight another side of being human, like being a social being, being a knowing being, et cetera. However, I think that if one wants to argue that impairments do or do not exist, one is dealing with human bodies, and if one is dealing with human bodies, one should at least consider the possibility that it matters that human beings are living beings. As I remarked upon before, I think attention is often too quickly directed at the social aspect of our existence, thereby disregarding our 'natural' or 'biological' existence.

However, one other motivation to disregard the biological element of our existence seems to be ontological reductionism. One might, namely, want to argue that all that exists, in our world and in the brute world, are atoms in force fields, or perhaps even more elementary 'particles'.¹⁶ Thus, all my talk about mountains, trees and Brutes is misleading, a defender of this position might argue, because in the end all that there is, are atoms. Now, even a reductionist might allow us to talk about mountains as long as we acknowledge that a mountain is ontologically of the same stuff as all other stuff. The introduction of other kind of stuff is what causes real problems. One of these allegedly problematic stuffs is form as addition to matter; reductionists argue that the (neo-Aristotelian) account of life-forms is ontologically redundant. I would approach ontological reductionism as a challenge, namely: one has to come up with good arguments for why we should introduce things that are ontologically distinct from 'atoms in force fields'. I think Thompson has given such arguments. However, the aim of this thesis is not to defend an account of life-forms, but to show how this account can contribute to the debate on the ontology of impairment. Therefore I will take Thompson's account of life-forms as a starting point and argue that a neo-Aristotelian realist account of the ontology of impairment provides more ontological and conceptual clearness than a Searlean realist account of the ontology of impairment and that it is more useful for social debates.

So, what does it exactly mean to insist that human beings are living beings? In "The Representation of Life" Thompson defends and elaborates "a logical treatment of the idea of life."¹⁷ He refutes the view that living beings can be differentiated from non-living 'beings' by

¹⁶ Cf. Searle, *The Construction of Social Reality*, 5-7.

¹⁷ Thompson, *Life and Action*, 27.

reference to characteristics, i.e. he refutes that life can be given a definition content wise. Rather, one should try to grasp the distinctive form of thought in which life is represented. The mark of this form of thought is *generality*, which is captured by the notion of the ‘wider context’. An individual living being, unlike particular instances of non-living entities, can only be understood by reference to this wider context, which is its *life-form* or ‘*species*’. Judgments which capture such thoughts about the wider context are called *natural-historical judgments*. Natural-historical judgments shouldn’t be unfamiliar to us: it is just those generic judgments we make about living beings, for example on nature programs.¹⁸

Although Thompson also starts out with these quite everyday natural-historical judgments, it is possible to learn more about particular life-forms and thus to make more refined judgments. I already presented some of these natural-historical judgments in my characterization of Brutes, like: “Brutes have two arms.” These do, of course, also apply to human beings. So “The human being has two arms” is a natural-historical judgment, but so is “The human being is an omnivore” and so is “The human heart has a right ventricle and a left ventricle.” And so, although Thompson rightly argues that (an understanding of) life cannot be reduced to (an understanding of) chemical and mechanical processes *simpliciter*, a logical treatment of the idea of life by no means excludes talk of cells and microbiological processes like metabolism.

Thompson’s logical treatment of life thus amounts to an argument for the irreducibility of the logical form in which life is represented, but also for the irreducibility of life as a ‘metaphysical gear’.¹⁹ What the relation between the logical argument and the metaphysical argument is, is a subject of controversy, but for now it suffices to say that according to Thompson (individual) living beings can only be understood by reference to their life-form *and* that life-forms are actual, i.e. they have a place in our metaphysics. Put in metaphysical vocabulary, the life-form organizes (i.e. arranges, structures) matter. In other words, life-forms are essences; they are what make something to be what it is. Thus it does not determine every aspect of individual organisms, but only some essential features. Yet, Thompson’s

¹⁸ This paragraph merely introduces the notion of natural-historical judgments. Admittedly, it’s a very dense display of Thompson’s ideas – it comprises, at least, four chapters of his essay on “The Representation of Life.” Although a more complete and technical discussion of natural-historical judgments is thus possible, I leave it at this exposition. After all, I want to discuss Thompson’s ideas and not repeat them. For now, I will make just two further definitional remarks: (1) The ‘collection’ of natural-historical judgments about one life-form we call a *natural history*. (2) The elements of a natural history are organized by *natural teleological judgments*.

¹⁹ Cf. Jesse Mulder, *Conceptual Realism*, esp. 257-310. Mulder takes up the notion of metaphysical gears and shows why life is one of these metaphysical gears, i.e. he elaborates a more metaphysical take on Thompson’s argument than Thompson does himself, at least explicitly.

account of natural histories seems to contain much more information than, for example, Aristotle's elaboration on different soul-functions, i.e. form-functions, in *De Anima*.²⁰ Aristotle classifies forms of life by their capacities: plants have the capacity of nutrition, animals also have the capacity of sensual perception and only the human being also has the faculty of intellect. It is clear that, according to Thompson, there is much more to a life-form than this, and I agree.

Although their life-form is thus the essence of living beings and although this essence is described in natural-historical judgments, natural-historical judgments do not necessarily express what all or even most members of that particular life-form are/do/have. Natural-historical judgments thus aren't statistical analyses of majorities versus minorities. The life-form 'prima facie' determines what individuals looks like, but differences between individuals are determined by the material existence of living beings. After all, a lot can go *wrong* on the level of matter and sometimes the life-form 'can no longer get a grip on' matter. For example, we confidently express in a natural-historical judgment that "The human being has two legs" even though we know that, e.g., our neighbor only has one leg due to an accident.²¹ The question now is: Why do we say that something went 'wrong' in such a case? Why do we say that a heart function can be 'sound' or 'defective', like we saw in the example of the Brute with a defective heart?

In other words, how are we to understand the emergence of such concepts as *defectiveness* and *soundness*? Thompson proposes to understand this emergence of normativity as follows. The natural-historical judgment itself cannot be reduced to a normative judgment. It doesn't hold that "Every human being ought to have two legs."²² This normative reformulation takes away "the 'factual' or 'positive' character of natural-historical judgments."²³ Rather, the natural-historical judgment sets a (*natural*) *standard* for the individual. Consider the following passage:

²⁰ Aristotle, *De Anima (On the Soul)*, trans. Hugh Lawson-Tancred (London: Penguin Books, 1986), 412a-435b, 155-221.

²¹ I agree with Thompson that such an observation doesn't justify the reduction of a natural-historical judgment to e.g. a *ceteris paribus* formulation. I accept his argument that the 'normal' conditions under which a human being develops two legs are non-accidental; that they are presupposed by the life-form itself. Thus a natural-historical judgment can be true even if many individual bearers of that life-form do not actually are/have/do what is expressed in the judgment.

²² It doesn't get us any further to insist that a 'properly constituted' human being has two legs, because there probably is no human being that is 'properly constituted' in every respect, i.e. nobody is perfect. Moreover, as I mentioned before, the 'normal' conditions under which a human being develops two legs are non-accidental, i.e. they are presupposed by the life-form itself.

²³ Thompson, *Life and Action*, 76.

The system of natural-historical propositions with a given kind or form as subject supplies such a standard for members of that kind. We may implicitly define a certain very abstract category of ‘natural defect’ with the following simple-minded principle of inference: “The S is F,” and “This S is not F,” to infer: “This S is defective in that it is not F.” It is in *this* sense that natural-historical judgments are ‘normative’, and not by each proposition’s bearing some sort of secret normative infrastructure. [...] What merely ‘ought to be’ in the individual we may say really ‘is’ in its form.²⁴

The emergence of ‘normativity’ then seems to lie in, what might be called, a ‘bio-logical contradiction’. Namely, every living individual actually bears a life-form – i.e. the notion of a life-form is not only general but also actual – but these individual bearers might not completely ‘adhere to’ or ‘resemble’ the life-form they bear perfectly. In fact, there might not even be a single ‘perfect’ individual. It is because our neighbor *actually* bears the life-form of the human being and at the same time *actually* ‘differs’ from it, that he is ‘defective’ in heaving one leg.

As such the notion of natural defect is of course rather *abstract*. And indeed, Thompson observes that we usually employ more *concrete* concepts: e.g. sickness, deformity, blindness, et cetera. Furthermore he states: “Whether and when any of [these concrete concepts] is applicable to a given individual organism will of course depend on the character of its life-form,” i.e. they are *life-form-relative*.²⁵ Finally, he states that “such concepts may be said to express *forms* of natural defect.”²⁶ Thus, he argues, natural defect isn’t just an abstract notion, but it is an *artificial* one. After all, no individual organism is said to have a natural defect, but rather that it broke a leg, is injured, has a virus, is sick, et cetera.

Yet, we find the same dynamic between abstractness and concreteness in the concept of life-form itself. We never understand an individual organism by reference to the notion of life-form itself, but always to *its particular* life-form. That the notions of life-form and natural defect are abstract is thus comprehensible. But why would Thompson then emphasize that natural defect in particular is an artificial category? Honestly, I wouldn’t know, but I think nothing important yet depends on this statement of Thompson. I do think, however, that the concrete forms of natural defect and their relation with the abstract notion of natural defect are in need of further discussion. The very straightforward bio-logical contradiction we found in the definition of natural defect seems, namely, to be too simplistic.

²⁴ Thompson, *Life and Action*, 80-1.

²⁵ *Ibidem*, 81.

²⁶ *Ibidem*.

Life-Form-Relatedness: Bodily Characteristics, Atypicalities and Impairment

After all, as I hope to have made plausible in the first chapter, there are a lot of differences between individuals and these differences seem to have a variety of significances. Some differences seem to be concrete forms of natural defect, while others do not seem to be such natural defects. I will argue that the brute phenomenon of impairment is closely related to Thompson's account of natural defect, but I also want to bring in a lot more nuances, also in terminology – so, please, do not reject the account at this point because you, for example, do not like the notion of natural defect which is employed. In short, the most basic ontological phenomenon I am dealing with is that not all human beings have the same bodily characteristics. My task is now to argue which significance these bodily differences have.

In his very minimal display of his account of natural defect, Thompson doesn't make an explicit distinction between bodily characteristics and, what might be called, the (teleological) functions, (life-form-typical) abilities and activities 'related to' those characteristics. Thompson shouldn't be blamed for not making such distinctions because he focuses on defending his account of life-forms and not on the development of a comprehensive account of natural goodness and natural defect. So, although he doesn't make a distinction between 'what a living being is', 'what it has' and 'what it does' because these are all possible contents of a natural-historical judgment, I think it will be helpful to make that distinction here in order to tease out some differences in significance of bodily characteristics.

Since life-forms are essences, some bodily characteristics are determined by the life-form while others are left open by the life-form. It isn't, however, completely clear in Thompson's account what is exactly left open by the life-form. In other words, it isn't completely clear which bodily characteristics are mentioned in the natural history of a life-form and which aren't. This is important because if something is expressed in a natural-historical judgment, then it sets a standard for the individual, otherwise it doesn't. Thompson mentions eye color as a bodily characteristic that is left open by the life-form.²⁷ It is indeed true that human beings can have green, blue and brown eyes, and that even within these categories eye colors differ. However, it also seems to be plain that if we would encounter a human being with red eyes, we would presume that he or she wears color contact lenses or, if

²⁷ Cf. Thompson, *Life and Action*, 206-7: "Features of individual living beings are of course frequently rightly brought back to particular antecedent facts. But the truth of such claims presupposes that the feature at issue is precisely not itself characteristic of the kind and thus not rightly attributed to this type of thing in natural-historical description. It might be deformity, defect, disease or faulty operation, but it might equally be a determination of something the species leaves open, like eye color in humans – and, of course, most truths about individual organisms fall into the latter class."

that doesn't turn out to be the case, that something is 'wrong' with that person. However, nothing important seems to depend on such, what one might call, 'not-life-form-related atypicalities', because no function/ability/activity seems to be directly related to eye colors. Similar phenomena are the variation in whether one's earlobes are attached or not, whether one has a tip-tilted nose or not, and, arguably, how one's palm lines run. My point is that blue eyes 'see as well as' green eyes, tip-tilted noses 'smell as well as' hooked noses, and ears 'do not hear worse' when one's earlobes are attached.

However, there seems to be at least one other way in which such atypicalities are significant.²⁸ After all, Brutes, like humans and many other species, reproduce and do not seem to do so arbitrarily. In this context those otherwise seemingly insignificant bodily characteristics can become very important. In some species, like birds of paradise, the display of such bodily characteristics has become a very complex and fascinating activity. This selection mechanism is, as such, a phenomenon of the brute world. However, in our social world such 'selection mechanisms' can get an extra dimension in the context of dating, relationships, popularity, fashion and aesthetics more generally. We should not conflate the brute phenomenon with the social phenomenon, but neither should we reject the possibility that these phenomena are somehow related too easily. So, although, from a (natural) historical perspective, our social-rational constructing behavior might have 'evolved' from 'minimally social' behavior, there can, I argue, still be made a clear distinction between merely 'actualizing' one's life-form in 'social' activity and truly constructing social realities in social-rational activity. Surely it will be difficult sometimes to distinguish the first kind of 'social' activity from the second kind of social activity, but that doesn't diminish the plausibility of the ontological distinction between brute reality and social reality.²⁹

²⁸ There is at least one example of an indirect significance of bodily characteristics other than the one I discuss in this paragraph. That example is more relevant to topics that I discuss at the end of this chapter. Namely, some bodily characteristics do not have a direct function but might point towards an underlying atypical bodily characteristic which might turn out to have some functional consequences in another, perhaps less visible, respect. In other words, such a bodily characteristic might serve as a 'symptom.' However, it does so in a social context – perhaps also in a minimally social context – but usually has only little brute significance (see next footnote).

²⁹ What I mean to say is that we should make a distinction between the (mating) behavior of paradise birds and the construction of social reality by social-rational beings like us. In the first case individuals bearing a particular life-form merely 'do what *the* paradise bird does'. For example, the teleological structure of the being of the paradise bird might encompass that the bird reacts to particular stimuli, like perceiving a particular shade of red. Paradise birds might do so 'because' other fertile paradise birds display this particular shade of red in their feathers. When two birds, a female and a male, react to the right stimuli, they might complete a 'mating ritual'. We might call reacting on such stimuli 'minimally social behavior'. However, it is clear that in doing so the paradise bird hasn't created a new, social reality. It isn't the case that 'having feathers of a particular shade of red' counts as beautiful or fashionable. We, on the other hand, can construct social reality by 'counting something as', like counting particular pieces of paper as money, counting having particular bodily characteristics as fashionable, et cetera.

Be that as it may, other bodily characteristics seem to have a more direct functional significance. Having an atypicality in this respect seems to have a different kind of significance. So, although eye color might not be a significant factor in seeing, an eye needs to be constituted in a particular way in order to be functional, or, alternatively, to be sound. Here, again, one can only determine whether an eye is functional with reference to the life-form – if one doesn't know what kind of eye one is examining, one can't determine whether it is functional. Anyhow, in order to be able to see, an individual living being should be constituted well in a lot of different ways. In case of the human being the pupil should be properly constituted as well as the retina, the optic nerve and particular parts of the brain. These characteristics are thus all part of the natural history of the human being. When one of these characteristics differs from the life-form, we speak of natural defect.

Thus bodily characteristics seem to get some particular significance when they directly or indirectly have consequences for what we can and cannot do, especially when 'what it enables us to do' is a life-form-typical ability, i.e. an ability that is part of the natural history of a life-form. For example: "The human being sees with such and such precision." So, not having a retina isn't a mere difference, while having blue eyes might be. Other examples of bodily characteristics with this kind of significance, i.e. 'life-form-related-atypicalities,' seem to be, for human beings: having one leg, having a leaking heart valve, not having ear ossicles, et cetera.

An elaboration of Thompson's account of natural defect then seems to show that not all functions/abilities are equally 'important' and that this 'importance' depends on whether the function/ability is part of a life-form's natural history. That this claim has some plausibility can be shown, in my opinion, by the following examples. A Brute which isn't able to see, might have great difficulty finding food or shelter. It might, for example, be true that "The Brute seeks food once a day. Brutes pick berries, but only particular blue berries. Red berries and black berries are poisonous and therefore Brutes do not gather these." Now, if a particular Brute is 'color blind', or is otherwise 'visually impaired,' the Brute might eat the wrong berries and become very sick and might even die. On the other hand, if one Brute is able to lick his elbow and another Brute isn't, nothing much important seems to depend on this ability. *It is the first class of lack of brute functioning/abilities, namely the lack of life-form-typical functioning/abilities, that one might call impairment.*³⁰

³⁰ Admittedly, nothing important depends on my choice to reserve the notion of impairment for this phenomenon, but I think this conceptualization has some intuitive plausibility. In the remainder of this thesis I will defend this conceptualization in more detail.

Yet, up until now I have been talking of functions and abilities under the same heading. However, isn't there a significant difference between having one or more organs that do not *function* properly and not being *able* to do something? After all, a dysfunction of one or more organs seems to be more directly life-threatening and 'unpleasant' than not being able to do something. One might want to infer from this insight that the first class, which one might want to call injuries, are 'bad differences' while impairments, referring to the latter class, are actually 'mere differences'. Although I acknowledge that it bears some importance that some atypicalities are life-threatening and acknowledge that there is some 'negativity' in view, I argue that such a proposal – which might be introduced as an alternative to my proposal – misplaces or misinterprets the 'negative' connotation attached to the phenomenon of impairment.

Namely, what Thompson has found – I am convinced – is that some bodily characteristics can be called 'defective' by reference to the life-form the individual living being bears. Although Thompson denies that life can be defined by pointing out that it has something to do with homeostasis, his logical treatment of life of course reaffirms that we find a teleological structure in examining life, which more or less amounts to some kind of 'homeostasis' and 'holism'. For example, the heart pumps blood through the veins, so that vital organs are being supplied with oxygen, so that..., et cetera. A 'defect' amounts to the 'disruption' of this kind of teleological structure. However, precisely because teleological structures 'surpass' the individual, some atypicalities affect 'what the living being does' more directly than others. In other words, although having a leaking heart valve disrupts the teleological structure more directly, having one leg will also disrupt the structure, because the Brute with one leg cannot, for example, get to the food which is needed for vital organs to function. Thus, although atypicalities might be impairing directly or somewhat indirectly, they do not do so in different ways, i.e. in both cases they are disrupting the teleological structure. Abilities and functions are thus the same kind of things, but discussed at different levels. So, it is true that "The Brute eats berries (in order to get the nutrition the Brute needs)" and it is true that "The stomach of the Brute digests berries (in order to process the nutrients)." A lack of the first, i.e. an 'ability', and a lack of the second, i.e. a 'function', are similar disruptions of the teleological structure.³¹

³¹ At this point some social constructivists (especially defenders of the [strong] social model of disability; see chapter 4) might want to object. "Our point is precisely that the environment is an important constituent of what disability is," they might say. "Impairment should be conceptualized without reference to the environment and disability should be understood as the interplay between impairment and the environment. Your understanding of abilities is mistaken," they might claim. They might give the following

Now, this ‘disruption’ of the teleological structure is, I argue, all the ‘negativity’ we should search for in the brute world. Of course, such a ‘disruption’ can have as a consequence that the individual dies. However, the ‘negativity’ of such an event lies exactly in the disruption of the teleological structure, or surpasses the realm of the Brutes. Thus when I discussed the Brute with a leaking heart valve in one of my examples in the first chapter of this thesis and argued that we can’t deny that this Brute is impaired, I meant that we can’t deny that the heart of the Brute does no longer function as it is ‘supposed to do’. By now you can understand that I mean that we find a bio-logical contradiction in the being of this Brute, i.e. that it has a life-form-related atypical bodily characteristic. Sure, the Brute will probably die, but death of course occurs where the teleological structure of bodily characteristics is disrupted beyond repair. Indeed, many of us, i.e. human beings, don’t *want* to die, but Brutes and many other living beings just do; they do not really ‘care’. So, for something to be an impairment it isn’t necessary that it is valued negatively by the individual who has the impairment, nor is it necessary that it is life-threatening. However, neither should we disregard that impairments sometimes – and perhaps often – *are* life-threatening.

examples to support their claims: “What if Brutes lived in a world where only blue berries exist? Is the visually impaired Brute then no longer impaired? What if blue berries were everywhere? Is the Brute with one leg then no longer impaired? Doesn’t this show that environments are disabling?”

Although I agree with these social constructivists that our social environment is an important constituent of what disability is, I think understanding impairment as an environment-independent phenomenon is unhelpful. We shouldn’t make such a sharp distinction between the individual and the environment, because, as I argued above, ‘normal’ conditions are presupposed by the life-form, i.e. one could say that a life-form has a ‘natural habitat’. In other words, Brutes live in a world with red, black and blue berries and these are quite scarce. They just do.

This doesn’t exclude the possibility that environments and life-forms change (or, perhaps: ‘adjust’). However, we have encountered only few drastic natural-environmental changes over the past hundreds of years which affected our life-form, or perhaps none. Moreover, environmental changes often affect life-forms and comparing two different life-forms doesn’t get us to the notion of impairment, because it is understood with reference to the life-form the individual bears, not with reference to other life-forms. Therefore, at least in discussing impairment and disability, a discussion of life-forms and their environment from an a-temporal perspective is, in my opinion, justified. Hence, the examples mentioned above, although they are intellectually quite interesting, are not so relevant for the current investigation. Moreover, questions concerning *changing* life-forms and environments are more interesting in discussing evolution, a complex debate which I need not discuss in detail here.

Yet, of course we, human beings, do adjust our environment to a great extent. However, as I will try to show in the fourth chapter of this thesis, when we are trying to understand what kind of phenomena impairment and disability are, such adjustments aren’t very interesting in themselves. Sure, we created the ability of stairway-walking by creating stairways, and sure, some might not be able to perform this ability. However, I think such abilities are only interesting to us because they enable us to do *other* (socially relevant) things. For instance, building stairways allows us to build efficient houses. Other examples are the introduction of sidewalks to enable us to travel safely, the introduction of bathrooms and showers to promote hygiene, et cetera. In the fourth chapter of this thesis I will argue that such environmental adjustments and the abilities they create/presuppose are only interesting when we exclude people from the abilities they create, for example by refusing to create alternative ways to get the same results, like refusing to build elevators. After all, introduce a stairway to the world of the Brutes and even if they climb the thing, it will not get them anywhere and it will not exclude the Brutes who cannot walk the stairs from anything, because it goes nowhere.

And so, in discussing impairment we should not forget how fragile we are. For example, human beings are often no match to ‘mother nature.’ One hailstorm can cause us significant damage to the head and might even kill us. One might get struck by lightning, drown in a whirlpool, et cetera. More importantly, we often cut ourselves, we often have dental problems, we get exposed to radiation, et cetera. And I haven’t even begun to mention the dangers which we create ourselves. That is why I claimed that there might not be a single human being which is ‘perfect’ in all respects, i.e. who, in Thompson’s vocabulary, has no natural defect. Certainly there seems to be no one who has no atypicalities. Some of these atypicalities involve impairment. The phenomenon I wish to describe with the notion of impairment thus isn’t very complex or fascinating, like the workings of the life-form seem to be. Rather, impairments show us that we cannot escape our material existence and that, from our point of view, we live in a quite ‘violent’ world.

So, many of us ‘get’ an impairment, just not all impairments are permanent. Sometimes ‘natural defects’ are ‘material changes’ which are chronic, i.e. on which the life-form can no longer get a grip. Some of these changes, like missing a leg, limit the abilities of the individual for the rest of its life – in the brute world at least. My proposal is that in the case of chronic defect we speak of atypicalities (perhaps: deformities) causing *chronic impairment*, in other cases of atypicalities (perhaps: injuries) causing *temporary impairment*. We cannot, sometimes literally, walk away from these impairments but neither are we confronted with some mysterious phenomenon. I think this is an important insight, because it shows that ‘natural defects’ are more common than one would expect when following the debate about disability and impairment. Thus, although a concept like ‘the minority body’ seems to have some initial plausibility as a description of disability, perhaps in a statistical or in another social sense, this concept clearly, if anywhere, belongs to the social world rather than the brute world.³²

Excursus: Have I Lost My Mind? / Constrained Constructivism

At this point some of you, especially those of you who consider yourselves social constructivists, might wonder whether I have lost my mind. “All right,” you might admit, “bodies do differ. And indeed, Brutes and all other kinds of animals might be ‘impaired’ in the sense you just described and defended, but only because they aren’t rational creatures and because they do not have a social reality. But surely *we aren’t Brutes!* It matters that we have a social reality and that we are more developed beings,” you say, “because it makes irrelevant

³² Cf. E. Barnes, *The Minority Body* (forthcoming).

all the things you claim ‘we do’, ‘*should be able to do*’, and perhaps even ‘*ought to do*?’” The claim would be that the account of life-forms and natural defect doesn’t have any significance *to us*. In particular, that it cannot teach us, i.e. social beings, anything about what impairments and disabilities are, because what matters to us is what we *want* to do, what we *have a right* to do, what we *have an obligation* to do, et cetera. In short, that my neo-Aristotelian realist account of the ontology of impairment has no practical (ethical) or pragmatic consequences. Although I will discuss such challenges more explicitly in the last two chapters of this thesis, I feel like I should at least give some preliminary answers here so that I do not lose half of the readers I actually want to reach.

So, am I just table-thumping, insisting that this *is* how living beings *really are*? Am I saying that we should be able to do particular things, and even that we should want to do those things, because we bear a particular life-form? Well, I *am* trying to convince you that it bears some significance that we are living beings. Pace the Searleans, I claim that we do not construct the function, and therewith the standard of functioning, of organs and other bodily characteristics and processes. This doesn’t, of course, take away the fact that we, as opposed to Brutes and other living beings, *do* value the functioning of our bodies. I happily admit that the value we ascribe to our bodily characteristics and functioning might not always coincide with the standard the life-form sets for them. Moreover, without hesitation, I admit that the social norms we construct do not necessarily, and actually often do not, follow the natural standard our life-form sets for individuals bearing our life-form, nor do I argue that they should. Thus, as I will show in the third chapter, I do not want to argue that the existence of a brute standard justifies any social exclusion or anything like that. Nor do I wish to develop an account of natural goodness, one comparable to, for example, Philippa Foot’s *Natural Goodness* or other accounts of natural virtues.³³

Yet, then the question arises: what *is* the significance of a neo-Aristotelian realist

³³ Cf. Michael Thompson, “Apprehending Human Form,” 58-60. Philippa Foot, *Natural Goodness*. G.E.M. Anscombe, “Modern Moral Philosophy,” *Philosophy* 33:124 (1958): 1-19. Micah Lott, “Moral Virtue as Knowledge of Human Form,” *Social Theory and Practice* 38:3 (2012): 407-31.

It is thus important to note that my neo-Aristotelian realist account of the ontology of impairment only builds on Michael Thompson’s account of life-forms as such, and doesn’t make, nor depends on, the step from an understanding of life-forms to ethical neo-Aristotelianism, a position which Thompson characterizes as adhering to the following two claims: (1) “[W]ill and practical reason are on the face of it just two more faculties or powers a living being may bear, on a level with the powers of sight and hearing and memory.” (2) “[A]n individual instance of any of the latter powers [...] is intuitively to be judged as defective or sound, good or bad, well-working or ill-working, by reference to its bearers life-form or kind or species.” (Thompson, *Life and Action*, 29.) Thus, although I claim that the life-form sets a standard for individuals, I do not claim that norms are like standards: I do not say that ‘doing something a human being does’ is also good in an ethical sense. Therefore such criticisms of neo-Aristotelianism as Chrisoula Andreou’s will not affect my account: Chrisoula Andreou, “Getting On in a Varied World,” *Social Theory and Practice* 32:1 (2006): 61-73.

account of the ontology of impairment? First of all, I will admit that ontological and conceptual clearness *are* important motivations behind my defense of the neo-Aristotelian account. In the following sections I do, for example, want to show that the notions impairment, disease, sickness and illness are often employed in an unnecessarily confusing manner. Some social constructivists may not like this realist tension, but I think one should deal with some realities, and that one can do so while acknowledging that a large part of our world is socially constructed. Thus, the chief importance of the development of a convincing realist account of the ontology of impairment is in my opinion to show *that there is a reality which we cannot escape*. Thus, one might call me a ‘constrained constructivist.’³⁴

So, I am not arguing that one *should value* life and that one thus *should value* the well-functioning of one’s heart, but I am saying that for a human heart to be a well-functioning heart, it *should* function so and so. In other words, one might not value that one’s heart functions well because one wants to die, for example because one is very ill in another respect, but one cannot claim that one’s heart hasn’t developed as it should, nor that something went wrong in not having had a particular accident. Likewise, one certainly is allowed to value being blind, but one cannot say that being blind is a typical human bodily characteristic – typical in the life-form-related sense of course. Thus, I think there is a distinction between having a natural defect and having, what one might want to call, a by-value-qualified defect. In the first category the standard is set by the life-form, in the second category the norm is provided by the valuing individual.

Why would we then not call these by-value-qualified defects ‘impairments’? First, as the preceding considerations show, it makes no sense to insist that something went wrong in the development of one’s body if this body somehow doesn’t adhere to our personal preferences. Calling such a bodily characteristic a ‘defect’ perhaps already goes too far. Second, although some philosophers would perhaps want to argue that some values are universally shared, my intuition is that people will have all kinds of different preferences, also concerning the makeup of their bodies. Therefore, if we would try to capture which bodily characteristics can be meaningfully called impairments along the lines of personal preferences, we would not get any further than ‘something is an impairment if a person considers it to be an impairment.’ I do not think such a definition explains anything. Moreover, what would we then call the disruptions of our teleological structure? Third, I think calling the lack of life-form-typical functioning ‘impairment’ shows more clearly that there is

³⁴ Dr. Joel Anderson coined the term. I will elaborate upon this position in the fourth chapter.

a reality which we cannot escape. Denying this reality, for example by shifting focus to preferences, doesn't take this reality away. Thus, I think it makes more sense to say that impairments, defined as the lack of life-form-typical functioning, can be valued differently, and for theoretical purposes we can speak of by-value-qualified defect, although perhaps in a figurative sense.

However, although impairments might be valued differently, in the social context, i.e. in society, it doesn't seem to be the case that everyone can just do what one wants to do. Of course, most western people, especially western scholars, are reluctant to be paternalistic, reluctant to argue for restraints and prohibitions, and reluctant to justify coercion and compulsion, and probably rightly so. However, it is perfectly clear that we live in a sphere of rights and obligations. If we demand a certain right, we demand a certain obligation. In our society, one might argue for the right to treatment for people with cancer, but one might also argue for the right to get a prosthetic leg if one has one leg. One might do so, for example, when one has one leg due to an accident, like our neighbor – remember him? Now, someone, call him the 'antagonist', argues that having one leg is just a mere bodily difference and that it depends on what one values in life whether having one leg is a (by-value-qualified) defect. Moreover, the antagonist argues that if the (social) world around us would be so organized that people with one leg can fully participate in society, one would no longer be disabled – I actually to some extent agree with the protagonist on this last point. Now, often when one claims the right to have a prosthetic leg, one doesn't merely mean that one wants the right to have one, but that our society should be so structured that people with one leg get assistance in developing and paying for one. The antagonist is challenging this claim and thus people like our neighbor should come up with an argument for why they have a right to having a prosthetic leg. Is it then sufficient that those people *want* one? I do not think so.

For consider another person entering the debate, claiming that he would like to have a third leg and that he thinks people should respect his wish and thus that we have an obligation to enable him to get a prosthetic third leg. Now, the people with one leg bring forth such arguments as: "Some of us just want to be able to walk again, like we used to do. If such and such thing hadn't happened in our lives, we would still be able to walk. It is not that all people with one leg are unhappy about the fact that they have one leg, and we respect those who do not want to have a prosthetic leg, but we feel like we have good reasons to want a substitute for the leg we have lost or never developed." My claim is that these people make a valid point and that this point can only be understood with reference to our human life-form. I think the person with two legs can't make such an argument and that we should ask him: why should a

human being have three legs?

Now, those of you who are familiar with the debates on enhancement might feel the urge to say something at this point. Did I just give an argument against enhancement? Well, not really. I am actually not in the business of normalizing; not concerning impairment, nor concerning enhancement. In other words, although the life-form sets a *standard* for individuals, it doesn't prescribe a *norm*. Thus, if we would want to defend a norm, e.g. human beings should be so enhanced that they optimize all their abilities, or something like that, I think we need further arguments, i.e. arguments that surpass *factual* reflections on our life-form. However, I have been arguing that some people *might* have a good argument when they claim that they want to 'lend their life-form a hand,' so to say. That doesn't mean that I do not respect those who do not want to adhere to the standard the life-form sets for them, nor do I claim that everyone should do so *without further argument*. After all, I haven't even begun to develop a normative framework which might support such arguments. In other words, the point which is brought forward by the people with one leg isn't a sufficient normative argument of course. Nonetheless, I think it can support such a normative argument.

Thus, I *am* claiming that arguments can profit from a proper understanding of life-forms. On the one hand, when the benefits of a particular bodily adjustment, which might be called a treatment, do not outweigh the costs, people might still have the right to get that treatment, because one can show how this treatment contributes to how one's body should function, considering that it is a human body. On the other hand, in a similar situation where the benefits do not outweigh the costs, life-form-related arguments might outweigh arguments about, for example, diversity in culture. Is it really that important to preserve a Deaf culture? I think that all the artificial moves defenders of the Deaf culture have to make in order to preserve this culture, shows that they are fighting against reality. Namely, if our life-form can get grip on matter, we are hearing beings. I am not saying that human beings should be hearing beings, nor that people who can't hear, aren't human beings. I am merely saying that human beings are hearing beings and that until we find good arguments to drastically change this given – which, I will admit, only we could actually accomplish, as opposed to, for example, Brutes – we should not walk away from this reality.

Finally, as I hope to show in the following sections, my view on atypical bodily characteristics is more complex than might have appeared to be the case so far, and thus the relevance of the aforementioned arguments is also more complex. For now, I hope to have convinced you that I haven't lost my mind and that a neo-Aristotelian realist account of the ontology of impairment at least has *some* important relevance for us and our debates on

impairment and disability, so that I can now show you, inter alia, how a neo-Aristotelian realist account allows us to make convincing conceptual distinctions to respect the otherness of the ontological phenomena impairment, ‘natural enhancement’, disease, sickness and illness, and how such phenomena can, but do not always, relate.

Impairment and Beyond: The Multiple Significance Account

After all, in identifying the difference between temporary and chronic impairment it already became apparent that it is too easy to say that a lot goes wrong with material bodies and ‘that is it.’ A process like healing shows that our life-form and many other life-forms involve much more complex processes which seem to ‘anticipate’ things that can go wrong. Moreover, we can not only heal after an injury, but we can also heal after sickness. How do impairment and disease/sickness/illness relate? Furthermore, some atypicalities, like having a particular gene, seem to ‘cause’ other atypicalities, which might ‘cause’ impairment. How are we to understand such relations? Finally, as I already remarked upon, aren’t some bodily differences enhancements rather than impairments? In the following sections I will focus on these questions. I will argue that these questions do not threaten the account of impairment I have presented and defended above.

My claim is that it isn’t merely the case that there are a lot of differences between bodies which have different significances, of which one significance is ‘being impaired’, but that it is also the case that *one* bodily characteristic, i.e. *one* difference, can have a lot of different significances. Thus, we shouldn’t be discussing whether, for example, MS or Down Syndrome or Marfan’s Syndrome are impairments *or* diseases *or* something else, but rather what the underlying bodily characteristics and processes are, and what the significances of these are; for example whether they involve an impairment or not. Thus, I argue, someone might be impaired *and* sick *and* ‘enhanced’ at the same time, and even in virtue of the same bodily characteristic. One might call this account the multiple significance account of bodily characteristics, as opposed to the singular significance account.

Impairment vs. ‘Natural Enhancement’ / Graduality

I just suggested that some atypical bodily characteristics might be ‘natural enhancements.’ It might, for example, seem to be quite plausible that a Brute could hear and feel better when it has become blind, or that a Brute could swim better because it had developed very large and strong arms and legs due to some alteration in its genes. Hearing, feeling and swimming probably are life-form-typical abilities for a Brute, so some atypical bodily characteristics do

not seem to entail a *lack* of life-form-typical abilities and/or functions, but rather enable an individual to perform life-form-typical abilities more effectively, efficiently, or something like that, and/or enable organs to function more effectively/efficiently. Now, although this seems to be a very plausible and, perhaps, unproblematic insight at first, it raises some questions. First, these examples seem to point out that there is some graduality in how much an individual adheres to her life-form. Second, these examples seem to point out that atypicalities might be ‘positive’ or ‘negative’ in a stronger sense than I have been willing to accept so far. I will discuss these points jointly, because I think they arise from the same confusion, which I will try to take away in this section.

One clue to suspect that we are dealing with a mistake is that Thompson doesn’t even mention the possibility of a natural enhancement. Why not? Well, the argument for the life-form as a standard merely surmounts to the claim that there is a standard in the brute world which makes it so that some Brutes are standard in, e.g., having two legs, and other Brutes are not standard in, e.g., having one leg or having three legs. Whether such a deviation from the standard is ‘good’ *or* ‘bad’ or ‘positive’ *or* ‘negative’ in any other sense than ‘standard’ *or* ‘non-standard’ seems to require an additional argument. As I have argued above, impairments are, in first instance, merely ‘negative’ because they are disruptions of a teleological structure. However, they might of course also be negative in a more personal or social sense. Likewise, ‘being able to do something better’ could of course be valued personally or socially, but could also be disvalued. So, a particular ‘natural enhancement’ might not be a social enhancement at all; it might be the case that a Brute runs very fast and that running is a life-form-typical ability, but in a society where people value a temperate way of life, running, for example running through the streets but also running in an athletic stadium, might be considered to be disruptive, pretentious and annoying.

Yet, more importantly, do such ‘enhancements’ really have a significance similar to the brute significance of impairments? Well, we should remember that the standard which the life-form sets for the individual is ‘factual’ rather than normative. Thus, although we might be glad to have the best visual capacities in the world and might get an award for this achievement (if it can be called an ‘achievement’ at all of course; perhaps somebody just *has* them), it doesn’t seem to be the case that the individual with the best visual capacities adheres to his life-form ‘better’. After all, if someone understands what the function is of a particular bodily characteristic, e.g. that the heart pumps blood through the veins, then it seems odd if this person asks: “Yes but what if an individual did that better?” We should respond: “Better than what or who?” The answer will probably be: better than other individuals bearing that

life-form. Thus, this person doesn't make such a claim with reference to the life-form, in which case this 'enhancement' would have gotten the predicate 'natural', but with reference to other individuals.

Thus, as opposed to impairment, enhancement, I claim, is always either a statistical phenomenon – in which case the term enhancement isn't really suitable – or a social phenomenon, i.e. qualified by personal or social values. Namely, an individual bearing a particular life-form can only be *better* in performing particular actions *than most or all* other individuals bearing the same life-form or better in performing actions other life-forms also do, but the individual cannot at the same time have a 'better' teleological structure than others and still adhere to the *same* life-form which provides this structure. Human beings might artificially develop novel bodily characteristics which suit their personal desires better, but we should then wonder whether they are still human beings.

So, although a Brute which is 10 feet tall might be able to pick an apple which hangs high up in the tree, this is merely an advantage over other Brutes, and there hasn't been added an additional link to the teleological structure of its being. However, you might contest, what if only such Brutes can survive and Brutes therefore evolve to be 10 feet tall? Yet, this is how *new* life-forms evolve, and such an insight doesn't teach us anything about our life-form here and now and thus doesn't teach us anything about differences between individuals bearing the same life-form.³⁵

Still, you might contest, aren't a lot of animals (minimally) social beings, which fight over resources, over high positions, (ultimately) over better reproduction chances, et cetera? Aren't such facts about animals also natural-historical judgments, i.e. part of a natural history of a life-form? Doesn't this insight bring to the fore a tension between what is social and what is brute? Well, it is indeed true that many forms of life are quite 'social'. However, these 'social relations' are often merely based on brute force, i.e. one just is the strongest and thus the 'leader'. By contrast, if there actually is some (minimal) social reality, it might be the case that such bodily characteristics as 'being the strongest', which the life-form *leaves open*, can get a further *social* significance. After all, I do not argue that brute reality and social reality are entirely distinct realms which have no relation whatsoever. I do argue, though, that it is helpful to make such a distinction in order to show that social realities, although perhaps 'grounded in' brute realities, actually are different kinds of things than brute realities. Moreover, I already introduced the distinction between merely following one's life-form in

³⁵ As I will repeat throughout this thesis, 'evolution and life-forms' is a difficult topic and we need not enter this difficult debate here.

social behavior and actually constructing social realities. The point which I make here is that the Brute which can get the most apples is more ‘effective’ in being Brute, precisely because Brutes do gather and eat apples. Because the ‘lucky’ Brute doesn’t do anything that goes beyond what Brutes do, I think the notion of enhancement is unhelpful in this context. Enhancements rather are those bodily adjustments we sometimes imagine in science fiction and they entail the ‘development’ of *new* life-forms. These bodily adjustments thus open up another kind of debates than the one I am engaging in here.

However, wasn’t my point that some Brutes are impaired because they cannot do what other Brutes do, or at least not as well? Haven’t I been saying that some people see worse than others, and that there is some level under which people have a visual impairment? Thus, although I have been arguing that an impairment is the *lack* of a life-form-typical ability/functioning, isn’t a ‘lack’ perhaps somewhat too crude? In other words, aren’t there a lot of *gradations* in the ‘severeness’ of atypicality? Well, such questions show exactly where these complaints go wrong, because that is precisely what I haven’t been trying to say. That is something the Searleans would say. What I am saying is that a Brute with an impairment cannot do what it does, considering that it is a Brute, i.e. that the teleological structure of its being is disrupted. So, in explaining what functions particular bodily characteristics have, we point towards other bodily characteristics and their functions, and will soon have to explain the entire teleological structure to make exactly clear ‘what things are for’. In this story, we make all kinds of natural-historical judgments which thus set the standard for the individual. What we should acknowledge is that this standard is actually set quite high, considering (1) that in a teleological structure a lot of functions are related to each other and (2) that we are fragile beings and thus that this structure quickly gets disrupted.

Thus, yes, there are a lot of gradations in ‘severeness’ of atypicalities and related impairments, but that doesn’t mean that individuals adhere to their life-form more or less. Moreover, only few individuals adhere to the standard and many do not – at least not in all respects. Thus, impairment has nothing to do with statistical minorities and majorities. Furthermore, considering that teleology plays such an important role in evaluating bodily characteristics, ‘being well coordinated’ probably comes closer to ‘perfection’ than ‘having some extremes’. To illustrate, we can’t just say that weighing above 100 kilograms is a statistical advantage, or rather an impairment, because that depends on the entire makeup of one’s body. Someone who is five feet tall and weighs 100 kilograms might not be able to walk, but someone who is seven feet tall and has the same bodyweight, might be functioning ‘perfectly’, e.g. this person might be very muscular and well-fed. Moreover, just very few of

us even come close to this kind of ‘perfection as coordination’ and thus one who merely adheres to the standard seems to be quite brilliant quite fast.

Thus, in order to find out whether something is a natural defect or just a statistical ‘(dis)advantage’ – e.g. a lot of Brutes walk faster than this particular Brute, but it can walk and do all the things Brutes do, so it has no impairment – we should have a sophisticated understanding of the life-form we are investigating. Some natural-historical judgments are rather straightforward: “The human being has two legs” – not one, not three. However, how well do we see? – clearly not so well as an eagle, but much better than a mole; but what does that tell us? We can find out what a human eye sees, but we have to do some research for this. That doesn’t, however, change the fact that human beings have particular visual abilities. In other words, epistemological difficulties do not harm the ontological argument.

So, although some natural-historical judgments *seem* to leave room for variation, we should not mistake complexity for diversity and thus actually should not accept such judgments. For example, it might seem to be true that “The female Brute gives birth to six to ten babies in her life.”³⁶ The development of ‘new’ life might be so complex that, even under ‘normal’ circumstances, there is a great variation in the number of babies a female Brute gives birth to. However, it is probably more likely that, if we make such a judgment, we have been persuaded to consider statistics rather than teleology. In other words, we might have turned to the Searlean perspective too easily and disregarded the special status of living beings. After all, because we are fragile beings, the standard the life-form sets for us might not always be easy to grasp, precisely because so many of us do not adhere to this standard. Thus statistical inquiries are actually quite futile in some – and perhaps many – cases.³⁷

In conclusion, an understanding of statistical (dis)advantages as presented above has the following important implication for my multiple significance account: one bodily characteristic might be an impairment *and* a statistical (dis)advantage. Thus, although this kind of statistical (dis)advantage has another status than the bio-logical contradiction we find with impairment, it might have the same kind of personal and/or social repercussions; *we* might value them and attach norms to them. Thus we could not – or at least not in every case

³⁶ Thompson gives a similar example about female bobcats. However, I believe this example should be understood as an introductory example, i.e. an example to show what kind of judgments we are discussing, not as a final example of a natural-historical judgment. Thompson, *Life and Action*, 63.

³⁷ In our own case, in addition to material fragilities, many of us do not value having children at a particular age, might not value having a lot of children, et cetera, and therefore use contraceptives. Consequently, close to no one ‘adheres’ to the standard our life-form sets for us in this regard. Thus, if we would investigate how many children human beings give birth to statistically here and now, this would not come close to what our natural history tells us. Thus, finding out “how many babies a female human being gives birth to in her life” might remain totally unknown to us – and this probably isn’t a big issue.

– determine whether having a bodily characteristic is positive or negative *per se*. However, only by separating the two phenomena we can understand where the Searleans go wrong in claiming that impairments are only partly brute phenomena. The significance of statistical (dis)advantages is indeed always social, i.e. it always refers to doing something better or worse than others, but the significance of impairments is, at least in the first instance, brute, i.e. it always refers to the life-form the individual bears. Such a distinction is not only important for conceptual and ontological clearness, but might also very well have repercussions in debates about equality, justice, recognition, fairness, et cetera.

Impairment vs. Sickness, Illness and Disease

Bodily characteristics might have even further significances. In the first chapter I already suggested that we might want to make a distinction between ‘natural defects’ with a traumatic ground and those with a pathological ground – and, perhaps, those with a genetic ground. Thompson explicitly identifies sickness as a concrete form of natural defect, but I think that there is at least one pathological phenomenon that isn’t a natural defect and that phenomenon is infection. I will argue that we should make a conceptual distinction between life-form-related atypicality and disease, in order to describe two different ontological phenomena: a life-form-related phenomenon and a matter-related phenomenon. Both categories can only be understood with reference to life-forms, but only the first is contained in them. Although it might sound a bit mysterious, it should by now be clear that life-form-related atypicality is the matter-related phenomenon. Moreover, I will also argue that we should make a distinction between impairment, disease, sickness and illness, since these also describe different phenomena which often, but not always, appear together.

Again the Searleans will be my opponents. Impairment and disease/sickness are, namely, indistinguishable in the Searlean account. Both disease and impairment are grounded in brute facts, but the norm is in both cases set by us, or so the Searleans argue. Brutes cannot be sick nor impaired because they do not have language and thus cannot construct any social reality and thus no social norms.³⁸ I already argued that I find this view to be mistaken as such, but I also think that a realist account of the ontology of impairment should be able to make a distinction between impairment and disease which goes further than arguing that we can make such a distinction by constructing social reality. It should be able to do so, not just because often a distinction between disease and impairment is made, and not just because people with an impairment often do not want to be called sick, but mainly because I think

³⁸ Cf. Searle, *The Construction of Social Reality*, 27-9.

there actually are two ontologically distinct phenomena and an account of impairment should respect such differences. However, again, this isn't to claim that someone with an impairment might not also be sick.

In order to find out what the ontological difference exactly consists of, consider the following example of a feverish human being with an influenza infection.³⁹ Epidemiologists will give the influenza virus a technical name, typically H(number)N(number), but generally we will simply say that this person got the flu. Let's assume that we found out that something was 'wrong' with this human being by discovering that she had a deviating body temperature. We can make the logical structure of our discovery explicit as follows:

Natural-historical judgment: The human being has a body temperature of 36,9 °C.⁴⁰

Fact about individual organism: This human being has a body temperature of 39.0 °C.

Natural defect: This human being is defective in that she has a body temperature of 39.0 °C.

Now, it seems a small step from this abstract formulation of natural defect to a concrete form of natural defect, because usually in such a case we say that this person has a fever. However, 'having a fever' is of course merely a reaction to, and thus a symptom of, the influenza virus. If we find out how the virus works on the body of *the* human being, how the immune system of *the* human being works, et cetera, we will find that this *particular* feverish individual is actually behaving like *the* human being does in such circumstances. Moreover, one is inclined to say: "That is why the human being has an immune system: it is meant to fight off such infections!" And indeed, the person heals over time; but our minds aren't yet at ease.

For what does this example imply? Apparently having a fever is 'non-standard' in one sense, but perfectly 'normal' in another. What to say of another person which doesn't get a fever when she's infected by an influenza virus? Probably that his immune system is defective, or that he is defective in having an immune system that works so and so. Of the first person we might say that she has been sick and is better now, but of the latter human being we should say that he always will be defective in some respect. Therefore there seems to be a relevant difference between these 'deviations'.

³⁹ I developed a first version of the puzzle I present in this section in a paper which I wrote in preparation for this thesis, namely: Robin de Bruijn, "Generality and Normativity, On Natural-Historical Judgments and Natural Defect," unpublished manuscript. There I also developed my thoughts on a possible ontological and conceptual distinction between disease, sickness, illness and impairment for the first time.

⁴⁰ We need to add some qualifications. The body temperature may depend on: age, time of day, part of body where it is measured and what a person has been doing. I will return to this point.

The fact that certain forms of life involve an immune system already shows that a phenomenon like infection, and the related phenomenon fever, isn't something which is restricted to the side of the individual organism. This becomes especially clear if we compare these phenomena with the atypicalities which are caused on a chemical-mechanistic level, which I elaborated upon above. Radiation might change cells, sharp edges can cut off limbs, fire can burn skin, et cetera. In other words, these 'natural defects' can be explained by particular antecedent facts, but that isn't the case with an influenza infection. Viruses are part of the (living) environment of certain life-forms and they are thus connected to certain life-forms by a teleological relation, and not merely by a causal relation. Like it is true that "The wolf eats chicken" and thus that "Under circumstances xyz, the chicken gets eaten by wolves," so it is true that "The influenza virus H(n)N(n) infects human beings" and thus that "Under circumstances xyz, the human being gets infected by the influenza virus H(n)N(n)." Moreover, the entire process which is triggered by being infected has a teleological structure. For example: "Why does the body temperature of the human being rise when it is infected by bacteria? – Because bacteria cannot survive under those temperatures." Likewise, it is non-accidental that the particular infected person got a 'fever', because it is 'normal' for *the* human being to get a higher body temperature when infected by viruses or bacteria.

Yet, we still want to say that our 'patient' was *sick* and that sickness is a normative concept. However, if we argue that our 'patient' behaved perfectly under the circumstances, then we seem to lack a standard to which this human being could fail to live up to. After all, it seems to be absurd to add a negative element to the natural history of the human being, saying that "The human being doesn't have an influenza infection." Actually, it is more likely that it is true that "During its life, the human being gets infected by multiple influenza viruses."⁴¹ This isn't true because *most* human beings get an influenza infection; it is true because the conditions under which the human being gets the virus are just as non-accidental as the conditions under which it 'flourishes'. The concepts 'fever,' 'infection' and 'virus' thus seem to be contained in the natural history of the human being and/or the teleological structure it bears with the natural history of the influenza virus. In other words, we can't say that our 'patient' is sick, because there seems to be no natural defect. Well, that seems to be absurd too, doesn't it?

Thus, what we seem to have discovered in examining the cases of the feverish

⁴¹ One actually finds such statements on internet sites and brochures about health matters. There we learn that adults usually get a cold once every winter and children get a cold six to even ten times a year. (Often when we say that we have the flu, we actually caught a cold; the viruses are quite similar.)

influenza-‘patient’ and the person with a defective immune system, is that the notion of ‘concrete forms of natural defect’ tries to capture phenomena that do not seem to be so similar after all. It seems that we can employ pathological concepts like disease, sickness, illness, fever, infection, virus, et cetera, in a much more ‘life-form-related’ way than Thompson seems to acknowledge. The concreteness of these concepts then doesn’t originate in some thorough investigation of the defective individual, but actually in the development of a natural history of a life-form and/or the teleological structure between different life-forms. In other words, these phenomena actually are things we might hear about on nature programs, not merely in biographies. The question now is: How can we account for concepts such as fever, which seem to be normative but do not seem to be natural defects?

My proposal is to argue that ‘having a fever’ can be completely ‘normal’ *under certain circumstances*.⁴² However, one should pay very close attention to all the things that might have significance in different cases. Under certain circumstances the bodily temperature of a human being should be so and so. Typically, this is somewhere around 36.9 °C, but in case of an infection, it isn’t. Thus, we should have a natural history that is more sophisticated than employing just one bodily temperature as ‘the standard’. Therefore the natural-historical judgment I employed to construct the puzzle was actually mistaken, or at least not precise enough.⁴³ Rather, we should take the following phenomena, and similar phenomena, into account. First, some individuals might have a defective immune system which causes the fever. Second, individuals might encounter a virus which up until then was no part of their natural history, i.e. of the teleological structure they bear. Their bodies then might not be able to give a ‘proper’ response to the virus, i.e. they might not get a fever. Frankly, at that point it is probably ‘normal’ for the individual to become very ill or even die. I’m thinking here about zoonosis for example. Third, it is perfectly ‘normal’ to get a fever the first time a person gets an infection, but, with most influenza viruses, one should not be ill the second time because the immune system has made antibodies – or, at least, it should have done so. Again, this can be understood with reference to the teleological structure, i.e. with reference to our actualized life-form. Thus, the underlying phenomenon we call fever isn’t a ‘normative phenomenon’ as such, but can be standard under circumstances x and can be a defect under circumstances y.

Of course, nobody wants to have a fever and nobody wants to die, but these are

⁴² Again, we aren’t talking statistics here, but we are trying to understand a particular life-form.

⁴³ I still used this natural-historical judgment as an example because it allowed me to show that infections are life-form-related phenomena. Employing such a normal as 36,9 °C is actually what often goes wrong in understanding bodily phenomenon; it is just a statistical average, but that actually doesn’t teach us much about the teleological structure of our being, or so I will argue in the remainder of this section.

typically human desires – the Searleans are right in this respect. However, the Searleans seem to take this insight too far, thereby conflating ‘valuing a condition’ with ‘being in a condition.’ In order to show my point here, I would like to point out that disease, sickness and illness are, from a ‘Thompsonian’ perspective, distinct phenomena. My proposal is thus to insist that the notions illness, sickness and disease are not synonymous. The most successful way to distinguish them, I think, is to say that diseases are viruses or bacteria considered as ‘intruders’ of the body,⁴⁴ sickness is the bodily reaction of the immune system, and illness is the subjective experience of not feeling well.⁴⁵ However, I will admit that it is very hard to make the right distinctions in discussing these phenomena, precisely because we tend to examine them from our own perspective. Consider the following claim: “I do not feel well, so I must have a disease!” Well, not necessarily. You might not be infected at all, but your immune system might ‘overreact’, i.e. you might get sick ‘out of nowhere’, for example due to some genetic modification which might be caused by an overload of radiation. This sickness might make you ill and that might not be very pleasant. In such a case, being sick clearly is the ‘result’ of an atypicality/defect. Alternatively, you might not even be sick and still be ill due to an old injury to your stomach which left its scars.

It seems to be the phenomenon of illness then which makes disease and sickness something we would rather get rid of.⁴⁶ The dispute between me and the Searleans arises from the question “What should we infer from this insight?” Searleans claim that it is this normalizing activity, i.e. this condition is good (for us) and that condition is bad (for us), which provides the norm for bodily characteristics/conditions. However, Searleans thus seem to employ confusing ontological and conceptual distinctions, or rather, their understanding of pathological concepts seems to lack the ability to make distinctions which seem to be rather straightforward. After all, they seem to argue that impairment, disease, sickness and illness

⁴⁴ The notion of ‘intruders’ is, I admit, very tricky. In our natural history bacteria are mentioned all the time, i.e. the presence of some bacteria is life-form-typical and serves a particular function. Moreover, as I explained above, a lot of viruses are related to us by teleological structures. So, we could call them diseases, but we should then acknowledge that some diseases do not have negative consequences for us, valuing beings, while others do. Therefore we should be careful not to bring in norms which do not elucidate the phenomena under investigation, i.e. we should not make a sharp distinction between ‘good’ and ‘bad’ bacteria/viruses. After all, different viruses do not differ fundamentally in ‘what things they are’. Rather, our body has different reactions to different viruses and different bodies can have different reactions too (due to atypical bodily characteristics).

⁴⁵ I acknowledge that, if that would turn out to be more helpful, it doesn’t really matter which concept gets attached to which phenomenon. ‘Feeling ill’, ‘feeling sick’, ‘being sick’, ‘having an illness’, ‘having a disease’, are all used in ordinary language. Sometimes perhaps mistakenly, sometimes perhaps not.

⁴⁶ Illness is a phenomenon which the Searleans would call ontologically subjective, because only I can experience my pain and nausea. Although I agree with such a characterization, I think we should stress that that doesn’t make illness less real, nor does that make it a social construction. Although our subjective experience might be more profound, I see no reason to say that Brutes cannot be ill.

are all ‘bad things.’ Indeed, it is never fun to be ill, but sometimes it is perfectly ‘normal’ and even ‘advantageous’. Moreover, although it is true that we often do not value what I would call ‘having a disease’ and/or ‘being sick’, this isn’t always the case. Due to the process of making antibodies, getting a particular disease in a mild form might prevent getting the disease in a life-threatening form. Moreover, to repeat, getting sick when having a disease is often ‘advantageous’. We might still be ill, but at the same time we might be happy to feel some pain and to have a fever when we know that our body is merely ‘fighting’ a virus.

By introducing the life-form as the standard, my neo-Aristotelian realist account respects these insights. In other words, a neo-Aristotelian realist account allows us to make a distinction between which bodily characteristics/processes are standard and which characteristics/processes we take to be normal, i.e. which we value positively. I do not wish to deny that we normalize; I just think it doesn’t tell us anything about what impairment, disease, sickness and illness *are*. In other words: indeed, we ascribe value to ‘being in such and such a condition,’ but that doesn’t make that condition life-form-typical or atypical.

Yet, one might now object and claim that I disregard multiple decennia of thinking about health, disease, sickness and illness. Indeed, I should acknowledge that I have merely tried to work out a proposal on how one might understand the notions disease, sickness and illness in a ‘Thompsonian’ framework. Then I gave, what one might call, a pragmatic argument for my neo-Aristotelian realist account, claiming that it brings us more ontological and conceptual clearness than a Searlean realist account. Still, the question remains how this conceptualization of disease, sickness and illness relates to highly influential accounts of health, disease, sickness and illness. Therefore I will now briefly indicate how my account relates to the influential accounts of Christopher Boorse and Lennart Nordenfelt.

Boorse argues that health and disease are value-free theoretical notions. I haven’t used the notion of health yet, but surely my account of disease, sickness and illness aims to be value-free. Moreover, he employs the notion of species-typical functioning, which sounds like life-form-typical functioning. However, where I claim that the standard is provided by the life-form, Boorse claims that species-typical functioning is a statistical notion, according to which something is typical when it furthers survival and reproduction.⁴⁷ Nordenfelt discusses Boorse’s account and places it in opposition to accounts which criticize the claim that health and disease are value-free theoretical notions and which claim that health should be understood with reference to personal (vital) goals and/or social circumstances.⁴⁸ Nordenfelt

⁴⁷ Boorse, “Health as a Theoretical Concept,” 542-73.

⁴⁸ Nordenfelt, “The Concepts of Health and Illness Revisited,” 5-7.

then introduces a distinction between disease and illness comparable to mine via a historical argument: people have always felt ill but only recently discovered that diseases might be the cause of this.⁴⁹ However, Nordenfelt claims that this argument stands in opposition to the value-free conception, and might even refute it, because it shows that the notion of disease was introduced *to deal with illnesses*.⁵⁰ Then Nordenfelt tries to show that health is a state of affairs which isn't identical to having no diseases – which is directly opposed to Boorse definition of health as the absence of disease, by showing that people go to a doctor to feel well, rather than to get rid of disease.⁵¹ Finally, Nordenfelt seems to incorporate the notion of impairment – he calls it disability as opposed to ability – into his 'holistic' theory of health, claiming that 'not being able to do something one wants to do' is a large constituent of what 'feeling/being unhealthy' is.

Now, how does my realist account relate to this debate? One might get the impression that Nordenfelt and the Searleans form one camp and Boorse and I the other. I do think that Nordenfelt and the Searleans agree on fundamental issues and that my criticism of lack of ontological/conceptual clearness also applies to Nordenfelt's account. However, a discussion of Nordenfelt's account shows where our (dis)agreement lies more precisely. After all, my point *isn't* that people do not normalize. Actually, I do think that my realist account doesn't need a notion of health and that the notion of health is most plausibly conceptualized as a social construction. I think critics of Boorse are right in claiming that conceptualizing health as the absence of disease, which is then understood as statistical species-typical functioning, unintentionally brings normativity back into the picture. After all, as I have tried to show, the life-form as a brute standard often doesn't coincide with the statistical majority in 'species populations', as one might call them. Claiming that a statistical majority sets the standard, as Boorse does, is then indeed normalizing, because one only seems to be able to do so by claiming that survival and reproduction are *profitable* – a move one doesn't need to make in identifying the life-form which living beings bear as the *standard* for those individuals.

I acknowledge, however, that Boorse's account is, from an epistemological standpoint, more operable than the 'Thompsonian' account. Namely, one can just go ahead and measure statistical majorities versus minorities. Therefore, the task a philosopher who defends a 'Thompsonian' perspective on disease, sickness and illness faces, is to argue why these epistemological worries do not threaten the ontological account and, if statistical analysis isn't

⁴⁹ Nordenfelt, "The Concepts of Health and Illness Revisited," 7.

⁵⁰ *Ibidem*, 8.

⁵¹ *Ibidem*.

the way to go, how we are ever going to find out what the teleological structure of our actualized life-form is.⁵²

That the development of such an argument is worthwhile can be shown by pointing out the merits of a ‘Thompsonian’ account one more time. Let’s suppose that I accept the argument that illness is the opposite of health, i.e. that it is a phenomenon which is constructed by social-valuing beings as ‘that which causes me unpleasantness’ or something of the like. Should we then conclude that impairment, disease and sickness are social constructions too? Why would we? We would then lose all the important distinctions between impairment, disease, sickness and illness I have presented above. In other words, it wouldn’t teach us when a bodily reaction to a virus or bacteria is standard or atypical, it wouldn’t teach us how it is possible that we can be ill without having a disease and without having a reaction of the immune system, et cetera. And why couldn’t we just conclude that we value such conditions as ‘having a disease’, ‘being sick’ and ‘having pain’ differently and that we often do normalize these differences, without having to argue that our values *constitute*, e.g., ‘what a disease is’? I have argued that we can, but the development of a comprehensive account of disease, sickness and illness is, of course, not the primary aim of this thesis, and therefore ‘I rest my case’.

After all, the most important question for the current investigation is: What do disease, sickness and illness then have to do with impairment? Frankly, sometimes everything, sometimes nothing. As I have tried to show, one might have a disease, get sick and feel ill, while this is all perfectly ‘normal’ and one is able to do all the things one does (in the life-form-related sense). However, feeling ill can impair us. For example, we might not be able to do anything other than lie down due to the immense pains we are experiencing. Being sick can also impair us more directly, for example when our body temperature is so high, with all its consequences, that we cannot stand up without passing out. Yet, it doesn’t do so necessarily and thus understanding illness and disease as always impinging on our abilities, as Nordenfelt does, is unhelpful and unnecessarily confusing. In conclusion, impairment, disease, sickness and illness are all phenomena of the brute world, but they are distinct phenomena and we thus need to make conceptual distinctions. That doesn’t take away the fact that these different phenomena often do occur together.

⁵² My provisional answer to this question is that we should favor a holistic approach. After all, in a teleological structure a lot of bodily characteristics/processes/functions are interrelated. Some might consider this to be a step back towards the (often criticized) traditional biological approach. Indeed, statistical research can give us a lot of information, but the question always remains: information about what? I will restrict myself to philosophical research in this thesis, but perhaps this philosophical research will inspire life-scientists to do more holistic research and who knows what we will find.

Complaint of Lack of Unity / Genetics

A complaint one might raise at this point is that, although I have been able to make a lot of distinctions between different bodily phenomena (namely between mere atypicalities, temporary impairment/injury, chronic impairment/deformity/defect, disease, sickness and illness), my ontological account of the atypical human body, as one might call it, lacks a unifying factor.⁵³ The fact that I have to introduce all kinds of ‘relations’ between the varying phenomena would perhaps be considered to support that claim. Then, one might argue, I seem to have two options: either I admit that differences between bodies are mere differences because I otherwise have to come up with a much too complex ontology of the atypical human body, or I introduce a unifying factor in my ontology of the atypical human body. Furthermore, one might argue that the Searleans provide such a unifying factor by arguing that the human body can be reduced to physical brute facts and that we determine what is typical and what is not, full stop.

It is indeed true that there is some tension in my account between unity and diversity. A unifying factor in my account is the life-form, but the life-form merely provides a standard for individuals and doesn’t teach us anything about the differences between individuals. I have used the notion of ‘significance’ throughout, but have used it in a very general way, namely to signify that ‘it matters’ in some sense that something is different. Moreover, as we have seen, a significance can be brute but also social, personal and intrapersonal, subjective and intersubjective, and so on. But, frankly, I think the dichotomy presented above, which might have seemed to be plausible, actually was a false dichotomy. In other words, I think the search for a unifying factor in accounts dealing with differences between human bodies is mistaken. Thus, one could say that up until now I have discussed an ontology of atypicality, an ontology of impairment, an ontology of disease, an ontology of sickness and an ontology of illness. All these phenomena relate to bodily characteristics, but more unity should not be searched for. However, that doesn’t mean that all differences are mere differences; differences have different significances.

Again the social constructivist might wonder whether my neo-Aristotelian account can teach us anything then? Well, yes! A multiple significance account of bodily characteristics, as I have called it, supports people in their struggle for justice. It gives them the tools to make

⁵³ For example, Elizabeth Barnes, in her forthcoming *The Minority Body*, takes the unifying working of an ontological account, in her case of disability, to be one of four important criteria for such ontological accounts. As I will argue in the fourth chapter of this thesis, I actually think her own account doesn’t adhere to this criterion and I think the distinctions I make in this chapter actually explain why her account fails to do so.

grounded distinctions between their situations, which supports the one in her (social) struggle for respect and recognition, supports the other in his (legal) fight for the right to treatment and supports even others in their (political) demand of the right to free care. I will now show how my multiple significance account of bodily characteristics supports people by focusing on genetic alteration as a case study. This case study also allows me to argue that one single person might pursue multiple kinds of social justice, e.g. treatment *and* respect, in virtue of one bodily characteristic, which, e.g., is an illness *and* an impairment.

The kind of genetic alterations I want to discuss here are actually more like ‘natural defects’ than infections, i.e. they are matter-related phenomena and not life-form-related phenomena. There is, of course, a genetic phenomenon that seems to be closely related to the workings of the life-form, namely genetic variation due to ‘natural selection’. However, if we would investigate this phenomenon, we would enter the debate on changing life-forms and evolution, and we need not go into this very complex discussion here. After all, we are focusing on the human life-form as we find it today.⁵⁴ Rather, I would like to focus on genetic alterations such as those which we usually call ‘albinism’ and ‘Down Syndrome’.

I claim that the ‘underlying’ genetic alterations are more like ‘natural defects’ because over the past decades scientists have found more and more evidence to the claim that such alterations occur due to the presence or absence of certain circumstances and due to minor flaws in the microscopic processes in the genes, i.e. the presence or absence of circumstances in the more restricted sense. I am thinking here of, e.g., the age of the mother of a developing zygote/embryo, whether the mother drinks and smokes or not, but also of the radiation level of the environment and of the presence of a certain molecule which ‘shouldn’t be there’. Moreover, the variation in ‘what can go wrong’ and the variation in effects of the alteration shows that such atypicalities – although I will grant the Searleans that we tend to classify them – are actually not more than random happenings and thus often aren’t exactly identical. Again, a lot can go wrong; there is nothing mysterious about that. However, we are discussing events on a microscopic level here and thus the ‘underlying’ atypical bodily characteristic in the case of such genetic alterations is, e.g., a mutation of a particular gene, the presence of three chromosomes 21 in the cells, et cetera.⁵⁵ My claim is that it would be unhelpful to try to determine whether such a bodily characteristic is, for example, an impairment or an illness at

⁵⁴ I think it is absurd to claim that there are sub-human-life-forms or anything like that. In discussing enhancement it might be an interesting question how much we can change ourselves before becoming a different life-form, but that is a different discussion.

⁵⁵ Once such an alteration has occurred, it might be inheritable. However, I think we can still make a distinction between life-form-related inheritance and not-life-form-related inheritance. After all, the alteration can still be traced back to ‘an antecedent fact’.

this point.

After all, such an alteration often has a variety of ‘consequences’/‘effects’/‘impacts’. Consider albinism: the lack of melanin due to the absence or defect of tyrosinase can affect not only the skin (lack of pigment) but also the eyes. Due to lack of pigment in the iris of the eye, an albino might not see well, might have nystagmus (involuntary eye movement), and more. We should investigate *these* bodily characteristics to determine whether they involve impairment, sickness and/or illness. The same goes for Down Syndrome. I do not see any usefulness in classifying Down Syndrome as either an illness or an impairment. Some people with Down Syndrome are visually impaired. Some bodily characteristics of someone with Down Syndrome may be atypical but have no further life-form-related significance. Some newborn babies with Down Syndrome become very ill, others live a long life, et cetera.

This multiple significance account has significance *for us*, social beings, because those bodily characteristics have varying social significances. As I pointed out in the Excursus above, where I showed the significance of my neo-Aristotelian account as a whole, I acknowledge that people might value bodily characteristics differently and I also acknowledge that some ‘syndromes’ have consequences which actually bring advantages in a social context. The question I want to engage with is: “Does it really matter whether I am impaired, sick or ill in some respect?” Well, yes, I think it does, because it allows us to shift the debate from whether we should seek justice by advocating respect for people with atypical bodies or should seek justice by demanding the right to get treatment for people with atypical bodies, to *in virtue of what bodily characteristic* one has a right to respect and *in virtue of what bodily characteristic* the claim to the right to treatment is reasonable.

To illustrate, consider someone with a genetic alteration which has as consequences that she can see with much more precision than human beings statistically do, that she has a very sharp jaw line, that her kidneys are so constituted that they will dysfunction at an early age, and that she has very weak muscles in her legs, which makes it difficult for her to walk. Does it matter whether we call these bodily characteristics impairments or illnesses? I think everybody will readily agree that this person should be treated, if she wants to, for having dysfunctional kidneys. Why? Because she is ill, i.e. experiences pain and discomfort, because of how her kidneys have developed. At the same time, we might say that it is totally up to her whether she wants to have a treatment that will strengthen her leg muscles and we would be sympathetic to her choice if she wouldn’t want to. After all, although she might not be able to walk, she might be able to get where she needs to be, for example by making use of a wheelchair. Thus she might be able to vote, to get her own passport, to get to school, to get a

job, et cetera. Moreover, her leg muscles aren't hurting her and thus she isn't ill in this respect. This might not be the case for other people, of course, who might be very passionate about getting the treatment because they experience a lot of pain in their leg muscles. In the latter case a bodily characteristic has multiple significances: it 'is' an impairment and an illness. Considering that it is an impairment, these people might make use of a wheelchair and this might be 'enabling'. Considering that it is an illness, these people might have a right to treatment.

Moreover, perhaps people look funny at the person with this fictional genetic alteration because she has sharp jaw lines and it might be the case that she wishes that they wouldn't. But it might also be the case that people think that it makes her pretty. Here another kind of social questions arise, which demand another kind of debate than the debate on allowing and supporting treatment or no, and it might serve her cause if she can point out that having a particular jaw line is just a not-life-form-related atypicality and that we all have this kind of atypicalities. Her statistically advantageous eyesight, on the other hand, might start other debates, for instance about fairness in particular sports or games. I do not want to engage in these debates here. I merely want to point out that a sophisticated understanding of what impairment, disease, sickness and illness are, allows us to make and/or support arguments that promote justice, fairness, equality, et cetera. However, I acknowledge that such realist classifications have also been used to make very troubling arguments and I will address these in the next chapter.

Moreover, genetic alterations are an interesting case because it is now possible to select embryos and it might even be possible to 'fix' certain genetic alterations. I think debates on whether we should do this are so difficult *precisely because* genetic alterations have a variety of consequences, which might have multiple significances. With some exceptions, like when having a particular genetic alteration entails that one cannot survive longer than a couple of seconds, one cannot easily determine whether it is 'bad' to have a genetic alteration. Some genetic alterations have all kind of consequences which might be called statistical advantages and some alterations have all kind of consequences which are valued highly by many. I cannot and will not argue whether we should select embryo's, whether we should do research to find a treatment for particular syndromes, et cetera. I am merely pointing out that arguments in these debates will always have to be very complex to make some sense at all. Often we are lucky that we can change our own situation, but especially concerning genetic alteration we should acknowledge that we can do things of which we have no clue whether they are the right thing to do.

Before I wrap up this section I should address one quite large elephant in the room. I mentioned Down Syndrome a couple of times, but I haven't said a word on the mental/cognitive. What about those things we usually call mental impairment, mental illness, mental disability, et cetera? Although this might sound a bit unphilosophical, it will probably serve my account well when the neurosciences are right in their claims about the relevance of the makeup of the brain for our mental capacities. With the development of the neurosciences, my account will develop along, perhaps bringing in an even more sophisticated view on differences in bodily characteristics and their significances. However, here we are facing an immense interdisciplinary debate in which philosophers of mind, neuroscientists, psychiatrists, neurologists, lawyers and many more are discussing what the relevance of the brain is, whether we have free will, whether there are such things as mental disorders, et cetera, et cetera. Like many other scholars discussing the ontology of impairment and the ontology of disability at large, I will have to admit that these topics, i.e. mental impairment, mental illness – whatever that might encompass – and mental disability, probably need a book of their own.

I can merely point out that it might not be so bad to find a strong relation between our brains and our abilities and behavior. After all, before we started considering that our brains might be a determining factor in our behavior, we thought demons took control over us, burnt people for being witches, said some gods punished us, and did and said more totally nuts things. Acknowledging that our bodies are an important factor in who we are and what we do, is, in my opinion, not as problematic as some believe. Like I have been arguing in discussing bodily characteristics more generally, characteristics of the brain might have all kind of significances. Perhaps a lot of characteristics are left open by the life-form, perhaps people value the makeup of their brain differently, perhaps a lot of 'natural defects' have no social significance or should have no social significance, et cetera. I am not saying that we 'are' our brain, but perhaps there are some realities which we cannot walk away from and should face in our discussions about the mental. Maybe contemporary neuroscience is completely mistaken, but we will see in time. I will focus on the bodily characteristics which we do know a lot about and I do so without being deeply distressed about what I do not discuss, because I know that I find myself in good company in doing so.

Appendix: Gender Studies and the Human Body

There are some differences between individuals which I have mentioned in the first chapter, but which I haven't discussed in this chapter so far, for example the observation that Brutes have different reproductive organs and different sexual characteristics more generally. Another class of phenomena I haven't discussed is development and aging: fertilization, pregnancy, coming of age, growing old, dying, et cetera. I will not discuss these phenomena as detailed as the phenomenon impairment – simply because I focus on the phenomena impairment and disability – but I believe that some indications of my thoughts about these phenomena are in order. Therefore I would like to discuss some parallels which are sometimes drawn between disability studies and gender studies.

The parallel which is often drawn from a disability studies perspective is the one between the impairment-disability distinction and the sex-gender distinction.⁵⁶ Interestingly, such distinctions/dichotomies/binaries are exactly the kind of dichotomies many scholars in gender studies aim to challenge. Therefore I am sure that some of these scholars will criticize my distinction between brute reality and social reality, i.e. between not-constructed reality and constructed reality. My aim in this section is to give a preliminary reply to some of these objections. I do not aim to provide an account of sex and gender, nor do I aim to provide further positive arguments for my distinction between brute reality and social reality; I merely want to give some answers to critical questions which might be put forward.

When such dichotomies as my distinction between impairment and disability are being challenged, the argument often runs as follows: (sociological, anthropological, critical cultural, et cetera) research shows that “impairment,” to follow Russell P. Shuttleworth and Devva Kasnitz, “is a negatively construed, cultural perception of a bodily, cognitive or behavioral anomaly in terms of individual functioning or some other ethnopsychological or ethnophysiological status.”⁵⁷ In other words, ‘what counts as impairment’ is determined by norms and therefore impairment isn't an objective, universal natural category which can be opposed to a socially constructed category like disability. The fact that (anthropological) research finds that ‘what counts as impairment’ varies among different cultures and societies is then often taken as further evidence to this claim. Likewise, the observation that ‘what counts as sex’ varies per culture is often seen as evidence to the claim that a clear dichotomy between the natural category sex and the social category gender is mistaken, or at least that

⁵⁶ Cf. Shakespeare, *Disability Rights and Wrongs Revisited*, 12, 29.

⁵⁷ Russell P. Shuttleworth and Devva Kasnitz, “Cultural Context of Disability,” in *Encyclopedia of Disability*, ed. Gary L. Albrecht (Thousand Oaks, California: Sage Publications, 2006), 330-7.

clear dichotomies are too crude and that we should opt for graduality/fluidity as an alternative to dichotomies, i.e. sex is (also) partly natural, partly socially constructed.⁵⁸ Moreover, the claim which often accompanies this argument is that the binary male/female is too simplistic because there are more than two sexes. In this case the parallel with disability studies is the observation that there are a lot of differences between bodily characteristics, which cannot be easily captured by introducing dichotomies.

The neo-Aristotelian account I have presented in this chapter completely agrees with this view on one point and fundamentally disagrees with this view on another point. Concerning agreement, I acknowledge that binaries are often too crude. A mere distinction between ‘normal’ bodily characteristics and ‘abnormal’ bodily characteristics would be too crude; therefore I have tried to show what kinds of differences there are between bodies and what the significances of these might be. Likewise, I happily acknowledge that there could be more than two sexes, and that our life-form could allow for fluidity between them. Moreover, I acknowledge that the distinction between brute reality and social reality doesn’t have to be exhaustive. Perhaps one would like to argue that my claim that people value their impairments differently – in a way that could to a large extent be individual and thus not social – demands for a distinction between three realities: one brute, one personal (i.e. psychological?) and one social. Although I see no reason to defend such a claim in this thesis, I would not object to such a proposal just because I really like binaries – because I don’t.

However, I do believe that a clear distinction between brute reality and social reality can be made. Therefore I argue that scholars in critical cultural studies should respect the distinction between ‘what people count as an impairment’ and ‘what impairment is’. Now, they would probably claim that such a distinction cannot be made. They would point out that I am not an objective advocate of reason, but a white male in western Europe, which (partly) determines what I think, which arguments I take to be valid, et cetera. Honestly, I take our disagreement then to originate in a difference in perspective on the competence of academic research, which is a fundamental difference/disagreement. I am a bit more optimistic about the competence of academic research to get beyond the mere normative views on impairment as something which is (considered to be) weird or bad, and I am more optimistic about the status of proposals concerning what the ontology of impairment might be. In developing a neo-Aristotelian realist account of the ontology of impairment, I have tried to show how we can understand impairment by using the notion of the life-form as a standard. This standard

⁵⁸ Cf. Helen Mekosha, “Gender, International,” in *Encyclopedia of Disability*, ed. Gary L. Albrecht (Thousand Oaks, California: Sage Publications, 2006), 764-9

should not be conflated with norms, I argued. This, of course, still allows me to acknowledge that such norms exist and that one could measure them, that they probably differ from culture to culture, et cetera. However, these norms do not show ‘what impairment is’, but ‘how we value certain bodily characteristics’.

However, even if one would grant me that point, one might still contest the strong dichotomy between impairment as a phenomenon of the brute world and disability as a phenomenon of the social world. One might point towards, for example, the development of children: “Isn’t it the case,” a critic might ask, “that a child which isn’t *socially* supported, cannot develop to be a well-functioning human being, i.e. isn’t such a child impaired by *social* circumstances?” As I acknowledged above, some types of ‘social’ behavior might be important elements of a life-form, but such social behavior is not the same kind of thing as the construction of social reality. Moreover, as I will acknowledge in the fourth chapter of this thesis, social constructions can have indirect brute consequences. If a person is excluded from all the places where he can get food, he will eventually get dehydrated, underfed, et cetera, and will eventually become ill and, if nothing changes, he will die. However, it is still the lack of food which causes the illness/impairment, and not the social construction itself. Likewise, children need some adults, probably preferably their parents, to watch over them. This might, however, be a brute fact. Social constructions, like institutions, can prevent this to happen, but still the social construction itself will not impair the child. Of course, there are cases where brute significances and social significances (in the sense of social constructions) are so deeply interwoven that we cannot see the difference, but that doesn’t mean that there could not be made a distinction between the brute and social phenomena from an ontological perspective.

Relating this back to gender studies and the criticisms my account might face, I would like to insist that not all distinctions/dichotomies/binaries are the same kind of dichotomies. Showing that there are multiple sexes doesn’t show that sex isn’t a natural category. Showing that different cultures value bodily characteristics differently, doesn’t make it the case that there isn’t a (brute) ontological distinction between those bodily characteristics, nor that there is. Showing that a particular phenomenon involves some kind of social activity, doesn’t make it the case that that phenomenon is socially constructed. Most importantly, the fact that we often normalize, e.g. that we value bodily characteristics differently and categorize them as normal versus abnormal, doesn’t imply that we therewith have constructed a reality which can replace the brute reality, nor does it imply that we cannot come up with proposals concerning ‘what impairment is’ which go beyond our everyday normalizing activity.

3. From Facts to Values: Where It Might Go Wrong

What I hope to have established in the previous chapter is (1) that a neo-Aristotelian realist account of the ontology of impairment captures a particular significance of bodily characteristics, namely when they entail a lack of life-form-typical functioning, (2) that this neo-Aristotelian account supports people who argue that they want to adhere to the standard their life-form sets for them, while it respects people who do not want to adhere to that standard, (3) that one bodily characteristic can have multiple significances, of which some can be brute significances, and (4) that this multiple significance account of bodily characteristics also supports a variety of people in their social-political claims. In short, with reference to Michael Thompson's account of life-forms, I have tried to show what brute significances bodily characteristics have and I have already tried to show what the significance of such an investigation might be for us, i.e. social beings. Ultimately, I hope that you are now convinced that there is a standard in the brute world, that impairment is a phenomenon of the brute world and thus that impairments are real.

However, one motivation behind the rejection of brute standards as well as behind the rejection of the existence of impairments seems to be that critics are afraid that brute standards might have some troubling implications. If impairments are *deviations* from the life-form and are even called *defects*, doesn't such a neo-Aristotelian realist account warrant a negative stance towards impairments and therewith towards people with impairments? I have already tried to counter some of these worries in the previous chapter, but in this chapter I want to show explicitly why the arguments arousing those worries fail. In doing so, I will try to take away one of the strongest motivations behind the rejection of realist accounts of the ontology of impairment. In order to do so, I will discuss social reality more explicitly than I have done in the preceding chapters. However, although I might have to give some indications of my constrained social constructivist account of disability here and there, only in the final chapter of this thesis I will discuss the social phenomenon of disability explicitly.

Having an Impairment 'Is Not Necessarily Equal to' Having a Worse Life

When I introduced the Brutes I made a very sharp distinction between brute reality and social reality. I maintain that this distinction is a sharp distinction, but from an everyday human perspective brute reality and social reality are of course much closer related than appears to be the case from a theoretical (human) perspective. This already became apparent, for example, when I argued that my neo-Aristotelian account might support people in their claims for

social justice and when I argued that there is a difference between impairment and statistical (dis)advantage. Experts in the field of the construction of social reality, like Searle, argue that social reality is grounded in brute reality and I think this is a very plausible view.⁵⁹ However, the closeness of these realities has sometimes confused people, which in turn has led some to make some rather weird and often disturbing arguments.

For example, “The human being has two legs, *so* the human being ought to have two legs.” As I remarked upon before, Thompson rejects such a normative reformulation because it takes away the ‘factual’ or ‘positive’ character of natural-historical judgments. Yet, I think that a closer analysis of statements such as “Life-form x ought to be/have/do y” shows what strange debates *we* can have *in virtue of* our rational capacities and the social world we have constructed using them. After all, in the brute world it is indeed absolutely nonsensical to make such judgments. A life-form is what it is and if it changes, it is a different life-form. However, with the success of our natural sciences and life-sciences, we have created some ‘godlike’ possibilities. We can breed living beings, alter genetic material, select embryos, et cetera. With such developments, statements such as “A post-human being ought to have four legs” have gotten a new kind of relevance. I already admitted that we might be the only living beings to have such possibilities, but our actions can of course affect all kinds of life-forms.

Arguments for such ought-statements will have to be very complex and there will be many complaints: Are we pretending to be gods? Shouldn’t we opt for diversity rather than homogeneity? I have already argued that debates in applied ethics dealing with these themes (embryo selection, genetics, et cetera) will be very complex, for example because one alteration in genetic material might have a variety of consequences, and I can only repeat that point here. I merely want to point out that an account of life-forms *cannot* be used to support such ought-claims. Rather, such claims clearly go beyond the factual account of life-forms, which merely points out what a particular life-form *is* and thus how individuals bearing that life-form under ‘normal’ circumstances develop. There might be arguments for the (artificial) development of a particular life-form, but these arguments will be based solely on desires, preferences, utility, ideology, et cetera, and not on the existence of life-forms as such.

“But isn’t it the case,” one might bring in, “that an individual living being bearing a particular life-form *should* be/do/have particular things?” I have called the life-form a *standard* rather than a *norm* to show that the standard the life-form sets for individuals is only ‘normative’ in a minimal sense – that is probably why Thompson also puts ‘normativity’

⁵⁹ Searle, *The Construction of Social Reality*, 1-29.

between scare quotes.⁶⁰ It doesn't help, for example, to walk towards a domestic cat with three legs and yell at it passionately: "You ought to have four legs!" The relevance of the 'normativity' is rather that this cat isn't just a cat with different bodily characteristics than other cats, but that we should wonder: "What went wrong? Did it have an accident?" Thus, it sounds absolutely absurd to insist that the standard the life-form sets for the individual is a prescriptive norm and thus ought-statements clearly seem to be out of place.

However, since our world is 'richer' than the world of the cat, we have been able to discover the medicinal workings of some plants and later been able to develop medicines ourselves; we have been able to discover many of the complexities life encompasses and we have used this knowledge to develop treatments, et cetera. Thus, although it is clear that no prescriptions follow from an account of life-forms directly, a human being, i.e. a rational and social being, might argue that impairments should always be 'treated'. In other words, one might bring in that if impairments are *deviations* from the life-form and are even called *defects*, doesn't it follow that we always ought to get rid of such bodily characteristics?

I do not think such a conclusion follows and I believe that this can only be understood if one acknowledges that what makes such an argument possible at all, also shows why such an argument doesn't hold. I already argued that non-rational living beings do not worry about adhering to their life-form or not, they just do or they don't. However, we can value life, we can value living healthy – whatever that may encompass – et cetera, and we can also value that we adhere to our life-form or not. Thus, we are now entering domains of which it might not be so clear to which world they belong, i.e. social reality or brute reality, namely the domains of desires, preferences, volitions, values, actions, intentions, morality, ethics, (social) practices, and perhaps more. In this thesis I will stay rather agnostic about the place of these domains, but I think that a commonsense understanding of norms and values suffices here to show that no one 'ought to' adhere to one's life-form, although one often has good arguments to do so. As I hope to have made very clear, my main argument rather is that one cannot deny that we are such and such living beings. However, to bring in prescriptive-normative arguments about life-forms is to surpass that factual domain and enter another domain where *norms* rather than *standards* prevail. Of course, this is not the place to determine whether such *norms* are socially constructed or rather find their place somewhere in the brute world, but I think a further argument, i.e. one that goes further than merely pointing out what kind of beings we are, is always necessary to make the kind of ought-claims under discussion.

⁶⁰ Thompson, *Life and Action*, 73-6.

But haven't I argued that people might have good reasons to want to adhere to the standard their life-form sets for them? What is the further argument here then and how does it relate to the presumably factual status of natural-historical judgments? Honestly, I obviously cannot give a comprehensive philosophical account of desires, values, ethics, et cetera, here. Rather, consider the following argument as one that might be brought forward in a social-political arena, such as in parliament or on high quality talk shows. Imagine one person defending the claim that one ought to (want to) get rid of impairments, a second person defending the claim that one might have good reasons to opt for 'treatment' but that we should respect those who do not want to, and a third person who claims that discussing treatments for impairments is an insult to people with certain bodily characteristics, which, he argues, are mistakenly called impairments.

I would be the second debater. I would argue that the first debater should acknowledge that he has now opened up a debate about desires, values, actions and norms. He cannot merely say that since human beings have two legs, every human being ought to have two legs, nor that since human beings have a liver that functions so and so, everybody ought to get a liver that functions so and so. After all, people value having an impairment (and/or illness, et cetera) differently, often depending on a variety of contextual variables. When, for example, confronted with a person who has a form of cancer which cannot be treated and who has a liver failure, it makes no sense to insist that that person ought to get treatment for the liver failure, especially if that person thinks it better to not have another surgery, not to live and suffer any longer, et cetera.

Moreover, I would insist that having an impairment 'is not necessarily equal to' having a worse life. First, go and talk to people with an impairment and you will find that a lot of these people are perfectly happy, and not *despite* the fact that they have an impairment. Second, although I do not agree with Elizabeth Barnes on her account of disability – as I will show in the final chapter of this thesis, I do think that the motivations behind her defense of what she calls the 'mere-difference view' and the 'neutrality account' are perfectly sound.⁶¹ Indeed, how someone values having an impairment is completely context-dependent. However, Barnes' dispute with defenders of the bad-difference account probably arises from the fact that this isn't so clearly the case for Brutes. For them 'what they do' is of much more importance than for us, i.e. social beings. If they can't walk, they will probably fall behind. However, they will also not value their situation in the same way as we do. Perhaps they can

⁶¹ E. Barnes, *The Minority Body* (forthcoming): "The Mere-difference View" and "The Neutrality Account" will probably be the second and third chapter of Barnes' book.

be afraid in some sense, or feel some kind of distress, but they cannot and thus will not make such statements as: a Brute ought to get rid of its impairments. We aren't Brutes and thus for us impairments have a different significance; we might value them personally, but they might also be valued by a particular society. This is especially true for many forms of (mere) impairment, as opposed to (impairments involving) illnesses. Very few people value being in pain. However, still, who are we to determine whether someone should feel pain or not?

I would also argue that the third debater doesn't respect the wishes of a lot of people with impairments. I would, of course, first confront him with my neo-Aristotelian account of impairment. Then I would point out that many people do want to get treatment, want to get support, want to get prosthetics, or more specifically: want to walk (again), want to see (again), want to hear (again), et cetera. Indeed, not everyone wants to, and no one should be forced to. However, as I pointed out in the excursus in the preceding chapter, in a society we have to live together and sometimes we have to make some concessions. Unfortunately, due to scarcity for example, not everyone might be able to get a treatment, not everyone might be able to get all the support one ideally would want, but also not every 'environmental change' might be feasible and perhaps not every 'way of life' can be supported.

In such debates I think that it might be of relevance that we bear a particular life-form, but always as an additional premise, never as a starting point. Wanting to get rid of impairments altogether, just because of some insane ideology of 'perfection' or 'purification' or whatever, is wrong in every sense of the word and, although I do not think demonization is ever useful, might even be called evil. Impairments are thus not inherently bad, but neither are they never bad *for someone*. We should respect everybody's wishes as much as we can, but we should deal with realities when we can't. My neo-Aristotelian realist account of impairments can respect this point as well as, for example, Barnes' account of disability as solidarity.

Who Has Never Been Impaired? / Dealing with Realities Is a Good Thing

In the previous section I have mainly focused on personal preferences and values, but those who reject realist accounts of the ontology of impairment because of their allegedly negative connotation, often do so because they are afraid that such accounts warrant some troubling *social* inequalities, prejudices, injustices, disrespect, et cetera. As I remarked upon before, the thought is often that people with impairments – or if someone rejects the notion of impairment: people with disabilities – (almost) always comprise a *minority* in society. In the last chapter of this thesis I will acknowledge that people with a disability, although they may

not be in an absolute minority, are always the people who are disadvantaged in some respects. However, I argue that the group of people with an impairment (including temporary and chronic impairment, all kinds of impairments and in all kind of gradations) actually make up a large part of society and thus that a neo-Aristotelian realist account rather shows us that having an impairment is nothing special and thus that it can support people in their struggles for respect. After all, we are all in the same boat. The trouble actually is that many of us do not acknowledge that rather straightforward fact. We have to deal with realities – all of us.

After all, who has never been impaired? Have you never broken a leg? Never been so ill you couldn't stand upright? Never twisted an ankle? Never needed glasses? If you will celebrate your ninetieth birthday this year and can answer all these and similar questions with “yes, never” you must be a superhuman. Moreover, impairment is just one significance of atypical bodily characteristics and I am very sure that no one has any atypicalities. Thus, it isn't a neo-Aristotelian account of impairment which warrants inequality, identifies ‘inherent minorities,’ or anything like that. I think it is probably our ignorance and pride which causes such problems. First, many of us aren't (bio)medical/biological specialists and thus we often do not understand what underlies certain conditions. We question whether somebody really isn't able to do particular things, we draw false conclusions, end up on all kinds of bad blogs to find information, and do many more questionable things in dealing with bodily conditions. Second, we often do not acknowledge that we are impaired. I wasn't the first to walk around with a visual impairment for over a year, claiming that I could see just fine, ending up at the optician, not being able to read the second line of letters. And I will not be the last to think that I do not have an impairment now because I wear contact lenses. How ignorant!

Perhaps I shouldn't be too hard on myself, because I make a mistake many others do as well. I conflate having an impairment with having a disability. In the next chapter I will argue that not every impairment is a disability and that not every disability is (based upon) an impairment. In short, I may still not be able to see without contact lenses, but because they were (partly) covered by insurance (although unfortunately no longer for everyone), everybody can get them, our society doesn't exclude people on the basis of having a visual impairment, et cetera, I do not ‘have a disability’. I will elaborate this point in time, but for now it is mainly meant to show that although many of us aren't disabled, many of us do have an impairment. I think this is an important insight, because it might motivate us to show more solidarity towards people who do not get the respect and justice they deserve, i.e. towards people who are disabled by society – who might or might not have an impairment, but will at least have particular bodily characteristics which entail certain bodily abilities ‘in virtue of

which' they are discriminated. In short, dealing with realities, e.g. dealing with the fact that we are quite 'fragile', is a good thing because it can lift the veils of riches, power and ableism, and show us that we are all equals in some respects.

So What's Wrong with Treatment?

However, even if I have convinced you that a neo-Aristotelian realist account of the ontology of impairment doesn't (directly) prescribe any troubling actions, doesn't entail the view that impairments are always 'bad differences', and doesn't entail/support social inequality, you might still be worried about my claim that this neo-Aristotelian account supports people in their arguments for the right to treatment and the like. You might think that it misplaces focus and responsibility, because it seems to place responsibility with the individual rather than with society to deal with impairments. After all, I present impairment as a lack of ability due to some atypical bodily characteristic *of the individual*. I argue that this focus on the individual doesn't take away the responsibilities of society at large.

Again I need to point out that according to my view impairment and disability are two different phenomena. So I will ask you to have some patience because in the next chapter I will discuss the struggle for justice you probably want to focus on. However, whether my account of the ontology of impairment focuses too much on the individual is indeed a legitimate question in its own right. After all, I have claimed that people might argue that they have good reasons to want to adhere to the standard the life-form sets for them. Do *we* not rather have good reasons to respect that not all people adhere to the standard the life-form sets for them? Do *we* not need to respect those people and adjust our world to their abilities?

As I have argued above, in dealing with such questions we are entering normative domains. Although I cannot give a comprehensive account of respect, justice, et cetera, I think no complex philosophical investigation is needed to understand that we should treat people with particular impairments like all other people, who, as I have tried to show, also have impairments. It is a big mistake to think people with particular impairments are somehow less human, would not have human rights, would by definition have a worse life, et cetera. That such thoughts have occurred to people in present and past is of course most regrettable, but I guess our rationality only reaches so far. However, just because such mistakes are being made, we should not become suspicious of the facts which are misused in such arguments. Human beings have impairments. It is unfortunate, to say the least, that people have thought that this also has social significances which it hasn't. That is not the fault of my realist account of the ontology of impairment and I will support social constructivists in their

struggle against such misconceptions. But we should face some realities and one reality is that some people value having an impairment and others do not.

If people value their impairment(s) we should respect that decision – one might say that this is a negative right. If someone appeals to others – one might say that someone is claiming a positive right – then we should think about how to structure our society so that we can accommodate multiple ways of life. This is a task for all of us. What will always be the case, at least in democratic societies, is that we should bring forward arguments for our position. I have merely pointed out that it is up to individuals to make such arguments and that they might find support in my account of the ontology of impairment. Who am I to determine whether they *want* treatment, therapy, or whatever you would like to call it? However, it is up to all of us to determine whether we want to support people in what they will probably call ‘recovery’ or ‘treatment’.

And what is wrong with treatment? Sure one should not be forced to get a treatment – at least certainly not in the direct sense, perhaps it is justifiable to close off all other options, but that would still not give anyone the right to just go and ‘treat’ people. It is probably fair that adjustments are made to our environment, rather than arguing that a lot of people just should get a treatment. Indeed, not everybody ought to be exactly alike – nor does it seem to be an achievable goal, considering that we are such fragile creatures. But some people just really want to walk (again), see (again) or hear (again). They might not have any pain; they might not experience any social disadvantage. Moreover, they might be able to experience things and do things other people can’t. But we can’t take away the fact that they are human beings. Their bodily characteristics still bear the teleological structure which makes it the case that, e.g., the heart pumps blood through the vital organs, that these organs have particular functions, for example to get oxygen into our blood, which the heart then gets to other organs which process food, so that our muscles get the ‘fuel’ they need, so that one can exercise, et cetera. What’s wrong with fixing a link in the chain? Doesn’t it just make a lot of sense to do so, especially if someone wants to? Yes, we should respect people who do not want treatment, but we should also respect those who do want to get treatment. Can we actually have it both ways? Perhaps not, or not on every particular issue, but at least we can try.

4. Disability Is a Phenomenon of the Social World

In the preceding chapters I have argued that impairment is a phenomenon of the brute world. In this chapter I want to discuss the interrelation between impairment and disability. Impairment is a notion which has almost exclusively been associated with the social model of disability. Although the majority of disability scholars defends some form of social constructivism which respects at least some insights gained by the original social model, many have criticized the social model or revisited it. In particular, Tom Shakespeare has defended a multi-factorial critical realist account, which tries to ‘mediate’ between a wide range of positions. It tries to capture insights from ‘unlimited’ social constructivist accounts to materialist and even realist accounts of *disability*, also known as the medical model.⁶² I think Shakespeare is on the right track to want to discuss body-related *and* society-related aspects of impairment and disability, but I do not accept his critical realist account as it stands.

Namely, I think that his critical realist account wants to do too much at once. In this respect his account certainly is no exception. Many ‘accounts’ and ‘models’ of disability try to discuss the ontology of impairment, the ontology of disability, applied ethics (of disability) and disability politics all at the same time. I think scholars like Elizabeth Barnes are right in arguing that we should start our discussion with developing a convincing ontological account, and I have tried to follow her lead. However, pace Barnes, I have argued that impairments are real and this argument has some profound implications for the ontology of disability and its status.⁶³ In this chapter I would like to show how I bring Barnes’ rigor in methodology to accounts such as Shakespeare’s. Although I thus criticize Shakespeare’s critical realism for employing a rather confusing ontology of impairment and disability, his account and my constrained social constructivist account actually face the same critics and, at least in my opinion, we are working on the same project.

Constrained Social Constructivism

Those who I call unlimited social constructivists argue that the phenomena impairment and disability are both social constructions, or rather that only disability exists and that this is a social construction.⁶⁴ In doing so, they try to ‘incorporate’ both bodily and societal phenomena in one account, or simply neglect the first. I think this tendency is what has

⁶² Tom Shakespeare, *Disability Rights and Wrongs Revisited*, 72.

⁶³ E. Barnes, *The Minority Body* (forthcoming), section 3.2: “Disability is the lack of a physical ability that most people have.”

⁶⁴ Shakespeare refers to some of those accounts as ‘cultural disability studies’, but such a characterization doesn’t show my disagreement with those scholars.

caused a lot of confusion and research problems, because one all-encompassing account simply cannot do justice to the complexity of the phenomena we find in the world. In other words, precisely because we are not only living beings, but also rational-social beings, we are faced with two aspects of our world which are, from an everyday point of view, quite indistinguishable for us, but at the same time both have their own particularities. It is thus understandable that we sometimes go wrong in determining what belongs to brute reality and what belongs to social reality.

My claim is that scholars discussing impairment and disability, also some unlimited social constructivists, have mistakenly thought that it makes any sense to think of disabilities as something people *have*. However, many (other) scholars have mistakenly thought that since disability is rather a societal phenomenon, impairments do not exist, i.e. they have mistakenly thought that there is nothing to say about differences between bodies. As an alternative to those prevailing views, I argue for a constrained social constructivist account of the ontology of disability. This account acknowledges that disability is a socially constructed phenomenon, but also claims that the ontology of disability shouldn't have any aspirations to tell us anything about the bodily characteristics 'in virtue of which' people are being disabled. In other words, bodies clearly aren't socially constructed. For example, although we might construct labels for 'conditions', we do not construct impairments. So, discussing bodies is what the ontology of impairment is best capable to do, not an ontology of disability.

Thus, I claim that the approach to bodily characteristics which I explored in the second chapter of this thesis covers everything that there is to say about atypical bodily characteristics. We do not need an account of disability to *explain* any phenomenon that relates to bodily differences besides (dis)ableism. Perhaps someone would rather have called impairments 'disabilities', but I think this conceptualization is unhelpful, as I will argue in the next section. It is not only the case that we do not need the notion of disability to *explain* bodily phenomena, we also do not need the notion of disability in social debates which merely discuss the distribution of medical goods, whether treatment should be funded, whether prosthetics should be developed, et cetera. *Such* social debates can all function perfectly well *merely* employing the concepts 'life-form-related atypicality', 'impairment', 'illness', et cetera.

However, besides these social implications of brute realities, we are faced with a socially constructed phenomenon, i.e. a phenomenon which we do not find in the brute world: ableism. My proposal is that 'being (dis)ableist' is a 'characteristic' or 'property' of our social reality and thus people are *being* disabled by it. Namely, in our social world some people are

excluded from certain jobs, areas, positions, et cetera, ‘in virtue of’ their bodily abilities. In other words, in constructing the social world, in terms of rights but also in terms of adjusting our environment, we tend to opt for a certain standard. Perhaps such a norm is unavoidable, perhaps it is a product of a mediated consensus, but it might also be that someone chooses a certain norm because it suits the majority, suits the one(s) in power, et cetera. In doing so, we might, willingly or accidentally, exclude certain people from our institutions and social constructions more generally.

I want to reserve the notion of ableism for a subclass of these social exclusions. Other subclasses in the same category are racism, sexism and ageism. I thus propose to understand disability in terms of (dis)ableism, like most social constructivists do more or less. What such a comparison between racism and ableism shows, is that a social construction is ableist when it excludes people from performing particular (social) abilities, like entering institutions, ‘in virtue of’ having or not having *other, non-relevant* abilities.⁶⁵ Like having a particular skin color is/should be irrelevant for one’s ability to vote, being able to walk, or not, is/should be irrelevant for one’s ability to vote too. Yet, I admit that it is not always so easy to determine whether an ability is relevant or irrelevant for performing the social ability. For example, there might be good reasons to exclude a person from a flight academy when his/her eyesight is statistically poor, there might be good reasons to exclude people with severe cognitive impairment from voting, et cetera. However, we should not forget that we construct those social/institutional abilities and that we can have interesting and important debates on what those good reasons might be and might not be to exclude people from them.

These examples also show that disability as discrimination, as one might call it, can take a lot of different forms. In the second chapter of this thesis I already anticipated this discussion with some notes on stairway-building. Stairways, sidewalks, et cetera, can be excluding. However, I think building a stairway isn’t in itself an ableist act. Refusing to build an elevator can be an ableist act, especially when one needs to be on the second floor of a building to cast a vote, get to school, et cetera. However, using a particular language can also be ableist, because it might, for example, exclude people from such (perhaps more abstract) abilities as being able to live life as one pleases, to be an autonomous agent, to get the respect

⁶⁵ In developing his critical realist account Shakespeare mentions the capabilities approach as a normative theory that might be illuminating in debates on disability. Perhaps the relevance of the capabilities approach lies in spelling out which ‘social/institutional’ abilities/capabilities one should definitely not ‘be excluded from’ – this is, of course, merely a suggestion. Cf. Shakespeare, *Disability Rights and Wrongs Revisited*, 73. Amartya Sen, *Inequality Reexamined* (Oxford: Clarendon Press, 1992). Martha Nussbaum, *Frontiers of Justice: Disability, Nationality, Species Membership* (Cambridge, MA: Harvard University Press, 2006).

every human being deserves, et cetera. Of course a lot more (philosophical) work needs to be done on what social constructions exactly are, how they exactly disable, what role language plays in social constructions, et cetera, but that important work unfortunately goes beyond the scope of this thesis.

Now, where many social constructivists think that this merely is the starting point of an account of the ontology of disability, I argue that there actually is nothing more to it. In doing so, I try to demystify the notion of disability. This doesn't take away that disability is a very complex phenomenon, which involves and affects individuals, relations between individuals, politics, culture, et cetera. My point merely is that we should stop conflating the phenomenon of impairment and the phenomenon of disability – if one is willing to acknowledge the existence of both in the first place, of course. Thus, I think almost every account or model of disability goes wrong in either rejecting the notion of impairment, because impairments actually exist, or goes wrong in trying to incorporate the notion of impairment in an account of disability.

After all, not every disability 'is' an impairment and not every impairment 'is' a disability. I have defined ableist social constructions as those which exclude people with certain bodily abilities. However, these bodily abilities do not necessarily have to be life-form-typical abilities. One could also exclude people 'in virtue of' bodily abilities which the life-form leaves open, or 'in virtue of' mere statistical advantages. Sure, an ability like walking *is* often taken as the norm in the construction of our environment and is a life-form-typical ability. In such cases, an understanding of our life-form, or the manifestation of our life-form itself, can 'guide' us in our constructing activity. In other words, we expect people to be able to walk, because most of us do, and when we then start building stairs, for example because of convenience sake, we exclude people who aren't able to walk. We now have disabled those people who aren't able to walk, because they cannot reach whatever is on the second floor. However, we could also construct a rule which determines that votes are only valid when one licks one's elbow before casting the vote. Although the following example is perhaps a bit more controversial, I think we could also construct aesthetic values, which would, e.g., entail that only people who are eight feet tall are beautiful. The possibilities seem to be endless.

Thus, pace the social model, I claim that disability isn't the interrelation between impairment and the social environment. I think that this view on disability and impairment solves a lot of traditional problems in disability studies. For example, we do not have to answer questions such as whether 'being petite' or 'being obese' qualify as *having* a

disability.⁶⁶ The answer simply is, if one is excluded merely ‘in virtue of’ the abilities these bodily characteristics entail, one *is* disabled. However, whether these people *have* an impairment is an entirely different question, dependent on a different kind of ‘norm’, i.e. standard, of an entirely different ontological category!

Compare this view to the view of Elizabeth Barnes. She argues that disabilities are (socially) constructed by the disability rights movement. Namely, “a person, S, is disabled if and only if: (1) S has physical condition x; (2) the rules for making judgments about solidarity employed by the disability rights movement classify x as among the physical conditions they are seeking to promote justice for.”⁶⁷ Although I can see the merits of this account, for example because it paves the way for a conceptualization of disability pride, I think Barnes has turned the world up-side-down. It is not the disability rights movement which constructs disability. Rather, policies are ableist and thus disabling, laws are ableist and thus disabling, et cetera. If one wants to give a social constructivist account along the lines of Barnes’, one faces the question: “What are the bodily characteristics/physical conditions the disability rights movement seeks to promote justice for?” Why not obesity? Why not being petite? Barnes’ account seems to struggle with these questions, but I think the rather straightforward answer here is: it depends on how ableist our social world is. Does it exclude people with obesity ‘in virtue of’ their bodily abilities, then these people are being disabled.

Now, Barnes wants to do away with the notion of impairment because she argues that the introduction of this notion merely shifts the definitional and ontological problems from the notion of disability to the notion of impairment.⁶⁸ However, if my argument that disability isn’t the interrelation between impairment and the social environment holds, and if my argument for a realist account of the ontology of impairment holds, then her criticism doesn’t apply to my view. After all, I deny that impairment can solve any problem concerning disability. Moreover, I believe that it is the conflation of the two different ontological questions “what is disability?” and “what is impairment?” by Barnes and many others, which causes the problems in the first place. Thus, disability doesn’t seem to be such a difficult phenomenon to grasp if one acknowledges that it has no necessary relation to impairment. However, of course many people with an impairment are disabled, and it is this platitude that is the source of evil in terms of conceptual and ontological confusion.

⁶⁶ I use the ‘institutional’ notion of obesity because it is familiar and signifies the problem under discussion. Of course we should respect the multiple significance account of bodily characteristics and acknowledge that what we usually call obesity captures all kind of different phenomena. At least so much is clear; I am referring to people who are quite heavy.

⁶⁷ E. Barnes, *The Minority Body* (forthcoming), section 5.2: “Disability as solidarity.”

⁶⁸ *Ibidem*, section 3.2: “Disability is the lack of a physical ability that most people have.”

One might now wonder why I have written a large chapter on my neo-Aristotelian realist account of the ontology of impairment. One might ask: “If social constructions can disable people ‘in virtue of’ abilities which are left open by the life-form or ‘in virtue of’ statistical (dis)advantages, why bother to discuss an ontology of impairment?” The answer is that disability isn’t the only interesting significance of bodily characteristics. We also need to deal with pain-experience, natural barriers, values people ascribe to their condition regardless of how society is structured, et cetera. Indeed, perhaps the significance of disruptions of our teleological structure is only interesting to us when values come into play. However, as I have tried to show in the preceding chapters, perhaps the notion of impairment might have some other significances for us. Even if that significance is minimal, it would still be important to make clear ontological and conceptual distinctions, because otherwise some scholars will try to incorporate significances of impairments into accounts of disability and they will do so in vain, because they will only create ontological and conceptual confusion.

One final feature of constrained social constructivism which some scholars may criticize, is that it understands disability purely in negative terms of oppression, exclusion, inequality, injustice, et cetera. In other words, it is clear that I am convinced that ableism is a *human* mistake and should not have existed in the first place.⁶⁹ Thus, we can clearly do away with ableism without doing away with impairments, although perhaps at the cost of the loss of many social constructions which have been quite profitable to us. So, it is possible that in another or in a future society there are no disabled people, even though there are a lot of people with impairments. I acknowledge that we should do further research to find out whether it is actually achievable to (de)construct a society so that it no longer creates barriers for some people or not. However, this acknowledgement doesn’t take away all the worries some might have.

Namely, some will claim that constrained social constructivism focuses too much on oppression and not enough on body-related phenomena, others will claim that I am conflating

⁶⁹ Likewise racism is obviously a *human* mistake. After all, there is no skin color which provides the standard for other skin colors in the brute world. The skin color of humans and Brutes is, at least to some extent, left open by our life-form. Thus, it is certainly and obviously not true that all human beings should have a white skin color, nor is it true that some human or Brute is better because he has a very dark skin color. To argue that skin color has some social significance thus needs a social constructivist argument, and I think we will all agree that no such argument has any plausibility. The same goes for arguments for sexism. Ageism and speciesism are not yet accepted by all as valid complaints, but perhaps this might change in the future. Admittedly, this is perhaps not the place to discuss such arguments and their validity, but the foregoing is merely to show that if ableism, racism, et cetera, are mistakes, they are *human* mistakes.

debates on the ontology of disability with debates on disability politics.⁷⁰ To answer the second criticism right away: First, although I have pointed out what the relevance of a neo-Aristotelian realist account of the ontology of impairment might be for us, social beings, I am convinced that I haven't brought any disability politics into my elaboration of this realist account.⁷¹ Second, I actually think that an ontology of disability has a lot to do with disability politics by definition, but that one can explain what ableism is without making any further normative claims. Sure, I said that ableism is wrong, because I think this is intuitively clear, but that doesn't mean that it is avoidable and (thus) indefensible in all cases. Again, perhaps some ableist social constructions are defensible in light of their virtues, or because they are in some sense unavoidable.

Critical Realism: Reaching Out to Tom Shakespeare

However, even if one accepts the preceding arguments, my position remains far from uncontroversial and will perhaps be regarded by some as a step back, i.e. back to the strong social model. Although Shakespeare is one of the most influential critics of the social model, I am convinced that I can show him that my position actually is much more closely related to his position than that of advocates of the strong social model – and, unsurprisingly, of unlimited social constructivism. However, I will not only try to convince him that my position is quite plausible and compatible with his thoughts, my aim is also to show him where his critical realist account of disability becomes unhelpfully confusing in its understanding of the relation between impairment and disability. More specifically, I actually think that Shakespeare should be applauded for wanting to discuss physical, biological, psychological, psychosocial and emotional, socio-economic, cultural *and* normative issues which people with particular bodily characteristics face, but he goes wrong in wanting to place these all under one heading, namely under the heading of disability.

Shakespeare's criticism of the (strong) social model – he often focuses on the British materialist tradition – is the following. First, Shakespeare claims that if the strong social model of disability, i.e. people experience oppression not *in virtue of* their bodies but *in virtue of* social(-material) arrangements, was right, people could not organize themselves in

⁷⁰ Cf. Caroline Harnacke, "Models of Disability and Social Policy Claims" (draft).

⁷¹ Yet, I should come clean and admit that perhaps I have created some confusion. To show that my ontological account of impairment has some significance to us, social beings, I have entered normative debates. I presented some views and arguments which I think are rather uncontroversial, but I acknowledge that these might be proven wrong and I acknowledge that my arguments were merely tentative. In other words, I merely tried to show what significance a neo-Aristotelian account *might* have. However, no matter which normative framework will be argued for, normative arguments, I argued, will still have to respect the ontological account.

impairment-specific groups. In order to be organized, one should acknowledge the existence of impairments, he claims.⁷² Although I agree with Shakespeare that this ‘organizational’ problem arises, the solution doesn’t lie in (re)establishing a strong connection between impairment and disability. After all, some people might be disabled although they do not have an impairment. In other words, Elizabeth Barnes is right in arguing that trying to define disability by pointing towards impairment merely relocates the definitional problems. Although I acknowledge that it will not be easy to organize, precisely because disabilities have nothing in common other than that people who are disabled are being disabled on the basis of their bodily abilities, I believe that there is no other option available. Focusing on impairments alone will exclude people who are being disabled in virtue of abilities which the life-form leaves open, while claiming that disability has nothing to do with bodily abilities is just plainly false and also doesn’t get us any further in organizing people who are being disabled.

Second, Shakespeare argues that the social phenomenon is not as easily ‘extracted’ from the brute/biological phenomena as the social model seems to suggest.⁷³ I do not disagree with him. Rather, I point out that it is unhelpful to (re)incorporate the notion of impairment into accounts of disability to remedy this problem, because impairment isn’t always the biological phenomenon which underlies disability. Moreover, my aim hasn’t been to identify a social reality which is entirely distinct from brute reality. Like Searle, I would argue that social reality is ‘build upon’ brute reality. So, yes, surely it will be difficult to point out what part of one’s being and experiences is an aspect of one’s brute existence and what part is an aspect of one’s social existence. That doesn’t take away that a Brute cannot be disabled, but could have an impairment. Similarly, Shakespeare’s point on impairments being caused by social arrangements, for instance due to poverty, might be true, but does not take away that we are merely talking about *material* effects of social arrangements. An institution cannot cause an impairment, only drinking filthy water can, et cetera. Thus, this insight doesn’t nullify the distinction between the brute phenomenon impairment and the social phenomenon disability.

However, third, Shakespeare is right in claiming that this shows that a lot of *epistemological* problems arise, namely that it is difficult to distinguish whether something is (an aspect of) a brute phenomenon or (an aspect of) a social phenomenon. Unfortunately, this leads Shakespeare to argue for, what seems to be, a Searlean ontological perspective. He

⁷² Shakespeare, *Disability Rights and Wrongs Revisited*, 17.

⁷³ *Ibidem*, 22.

seems to claim that counting something as an impairment is socially mediated.⁷⁴ I will acknowledge that this is true in an epistemological sense, e.g. that mistakes are being made in diagnostics, conceptualization, et cetera, but I hope to have convinced Shakespeare that impairments aren't partly social phenomena, but are brute phenomena. Thus, epistemological concerns should be separated from ontological concerns. In other words, 'what (a significance of) an impairment is' is a different question from 'what is counted/conceived as (a significance of) an impairment'. Ironically, the confusion of these points seems to be Shakespeare's own criticism of cultural disability studies. In short, that it is difficult to distinguish, for example, impairment-engendered psycho-emotional problems from socially engendered psycho-emotional problems, is an epistemological problem and doesn't take away the ontological distinctions I have defended in this thesis.⁷⁵

However, I will acknowledge that the difficulty which defenders of the social model and Shakespeare struggle with in determining whether the social environment or the individual is 'the source' of some difficulties, mainly lies in the platitude that, since we are social beings, some atypical bodily characteristics are impairing in our social activities. For example in maintaining friendships, family bonding, communicating, et cetera.⁷⁶ Indeed, in these cases it is not very clear that it is society which is disabling the individual, rather than that the individual has an impairment. I should acknowledge that here the distinction between brute reality and social reality becomes so complex, that such questions aren't easy to answer. Moreover, considering such examples, we inevitably enter the difficult discussions on cognitive and mental illness/impairment/disability, although that doesn't mean that there aren't other, more physique-related examples. Work is an interesting example in this regard.⁷⁷ People can be disabled by social institutions, for example because people with a visual impairment aren't getting hired, but it is also clear that they are limited in their abilities in virtue of their (atypical) bodily characteristics, i.e. their visual impairment might have significance for partaking in social institutions such as being a member of the working class of society. Be that as it may, it remains important that we do not forget that *we* constructed the requirements on who can do what work and how much work one has to do.

Fourth, Shakespeare argues that complete barrier removal, which seems to lie at the heart of the social model but also of my constrained social constructivism, is an unachievable

⁷⁴ Shakespeare, *Disability Rights and Wrongs Revisited*, 23.

⁷⁵ *Ibidem*, 24.

⁷⁶ *Ibidem*, 28.

⁷⁷ *Ibidem*, 31.

utopia.⁷⁸ I think Shakespeare is right in claiming that many defenders of the social model disregard a lot of *brute* significances of impairment and I have tried to show what these significances are, like pain-experience, not being able to perform life-form-typical functions, et cetera. However, in his complaint, Shakespeare seems to discuss brute, personal and social significances of impairments all under the heading of disability, but this is unhelpfully confusing. So, Shakespeare is right in claiming that it bears some significance, namely a brute significance, that some human beings cannot see. However, whether people who cannot see will always be disadvantaged by this, as he seems to argue, I do not want to decide for them and I think Shakespeare also shouldn't do so. Perhaps – and I think 'probably' – some people will value being blind. They might not be able to see a sunset, but they might experience all kinds of other things they value. Shakespeare is also right in claiming that different natural environments may be more kind, or rather challenging, to people with an impairment. Surely some environments thus create 'barriers', but these aren't social barriers. I do not want to claim that people with impairments will face no barriers when ableism is no longer part of our societies, but I think only very few defenders of the social model would want to claim that. When ableism is no longer part of our societies, no *social* barriers will be present; that is what we are aiming for, even if that might not be actually achievable.

And why wouldn't it be? Well, I think Shakespeare is right in pointing out that not all social barriers are as straightforward as the absence of an elevator in a multiple-storey building. Again, although ableism resembles racism in many respects, the problem with ableism is that not being allowed or enabled to do something *is* closely related to being able to perform an action, while having a particular skin color isn't (or only in very special occasions like being able to work for many hours in the heat of the sun). Shakespeare is probably right in claiming that we cannot construct our social reality in such a way that all are optimally included. I think the important insight here is that the problem lies in the variety of impairments many of us have. Indeed, perhaps one solution creates problems for others, but that doesn't take away that we should be motivated to find the best solutions. I think it is in any case unhelpful to maintain the dichotomy between 'standard' people and 'impaired' people in order to try to solve this problem.

This is not to deny that, in the construction of social realities, often the norm is set at the level of the 'standard' individual, i.e. one who adheres to the standard the life-form sets for her. Thus, to recall, since we understand what the teleological structure of our being is, we

⁷⁸ Shakespeare, *Disability Rights and Wrongs Revisited*, 33-42.

often use this knowledge to predict individuals' behavior. However, I actually think that a lot of other social constructions – perhaps just as many or even more – follow the 'norm of common impairments'. For example, a lot of people 'need' glasses, so in many countries it is fairly easy to be included in society when one needs glasses. The 'funny' thing is that the norm actually follows the standard the life-form sets for us, i.e. everybody should be able to have no visual impairment, but our institutions are actually enabling a lot of people with an impairment. Thus they aren't excluding at all – although they are of course normalizing, but I think for the right practical reasons. After all, why maintain diversity if the consequence is that a lot of people need to adjust to all kinds of situations?

So, I agree with Shakespeare that creating a social reality which is completely ableism-free might be a utopia, but that doesn't take away that the present situation is suboptimal, to say the least. *We* constructed social reality, and thus *we* are responsible for the injustices people with particular bodily characteristics (indeed, often people with an impairment) face. Shakespeare is right in claiming that having particular bodily characteristics might have all other kinds of significances, but it is unhelpful to call these disabling. Sure, how to deal with pain-experience, the desirability of prosthetics, et cetera, are topics of debates which also require attention, but although these are also social debates, ultimately asking for the adjustment or creation of particular social realities, it is brute reality which is the content of such discussions, not social reality.

In conclusion of this discussion of Shakespeare's criticism of the social model: I hope to have made clear that my constrained social constructivist account of the ontology of disability in some respects doesn't face the problems the strong model of disability faces, and in other respects counters Shakespeare's criticisms for good reasons. Of course I agree with Shakespeare that the (strong) social model should be faulted for neglecting/rejecting discussions of body-related phenomena. I also agree with Shakespeare that cultural disability studies, a specific branch of unlimited social constructivist accounts, is mistaken in some fundamental regards and I will discuss his criticism before I turn to my discussion of his own account. I will do so because a discussion of cultural disability studies shows that the motivations behind my defense of my account of the ontology of disability and Shakespeare's motivations behind his defense of his account of disability are very similar.

Many of those who I call unlimited social constructivists are doing research in cultural disability studies. Shakespeare criticizes cultural disability studies because according to him

they are mainly concerned with discourse and texts, rather than with the lives of disabled people.⁷⁹ Shakespeare is right in pointing out that cultural disability studies cannot be ‘all that there is to disability/impairment’, but I actually think that in discussing disability, critically assessing discourse is probably a good idea. After all, we are linguistic beings and thus there is more to our reality than to the reality of Brutes, and our language and culture might be ‘unnecessarily’ disabling. What the problem of cultural disability studies rather is, is that in critically assessing discourse, scholars often want to do away with all kind of realities, like the brute reality of impairments. These just cannot be deconstructed, because they simply weren’t constructed in the first place.

Thus, scholars who claim that ‘ontologies’ like those which I have presented in this thesis are part of the problem – for example due to poststructuralist or postmodernist motivations – will probably not even be willing to engage with my views on impairment and disability, and thus I haven’t discussed their accounts explicitly. I rather discussed Elizabeth Barnes’ account of disability as solidarity, because she seems to take ontology seriously. We might not agree on which ontology is best, but at least we can engage in discussion.

However, although I am aware of the fact that I cannot declare everyone discussing disability and/or impairment to be my ally, I do think there is a place for, what one might call, constrained cultural disability studies, which would critically investigate all kinds of aspects of our social-cultural life. Unfortunately, I cannot elaborate upon how this is exactly possible any further. I can merely express the wish to develop these thoughts on another occasion and point out that at least Shakespeare might have created a bridge where we might meet. I think it is at least remarkable that I have argued that probably more people are impaired than not, that bodily differences are quite diverse, and that ableism is a large constituent of what disability is; all claims also propounded by cultural disability scholars.

Actually, on this point, Shakespeare, the Searleans and my view come together. Namely, we all claim that there are some brute (biological) facts about impairments, and that unlimited social constructivism goes too far in rejecting the existence of these. Shakespeare refers to Ian Hacking in this regard, who also wants to put social constructivism at its proper place. Sometimes, Shakespeare thus seems to come very close to my view, although he somewhat secretly seems to agree with the Searleans – he actually refers to Searle and

⁷⁹ Shakespeare, *Disability Rights and Wrongs Revisited*, 47-9.

Vehmas.⁸⁰ I hope to have convinced him that a neo-Aristotelian realist account of the ontology of impairment is more plausible. However, my arguments do not leave Shakespeare's critical realist account of disability untouched, and I will now show what our disputes are.

Shakespeare wants to get away from the dichotomy between realist models of disability, e.g. the medical model, and social constructivists models of disability, e.g. the social model, disability as solidarity, et cetera. He claims that such models are reductionist and he advocates a non-reductionist, multi-factorial account. He uses the term 'critical realism' to refer to his position. I think the following characterization is quite helpful to understand the debate. Shakespeare says:

Social modellers would claim that so-called 'medical modellers' assume that 'people are disabled by their bodies', whereas they say instead that 'people are disabled by society, not by their bodies'. I would argue that 'people are disabled by society *and* by their bodies'.⁸¹

Shakespeare further claims: "Impairment is a necessary but not sufficient element in the disability relationship."⁸² Finally, in his response to Carol Thomas, Shakespeare claims that it is unhelpful to define disability as oppression, because, first, he thinks it is impractical and confusing to claim that one can be impaired but not disabled in one situation and impaired and disabled in another situation, and, second, because disabled people actually find a lot of support with non-disabled people.⁸³ Moreover, he rejects her criticism that his position would commit him to "a commonplace meaning of disability as 'not being able to do things' and as 'restricted activity'."⁸⁴ Rather, he claims, his position accounts for personal as well as social/cultural aspects of disability. Perhaps his most pressing claim is that his account furthers quantitative and qualitative research and furthers disability politics.

So, what I like about Shakespeare's position is that he tries to give a place to brute, personal *and* societal significances of atypical bodily characteristics. However, as should be clear by now, I think his account becomes unnecessarily confusing by incorporating (significances of) impairment, illness *and* disability. First, disability has only a very minimal

⁸⁰ Shakespeare, *Disability Rights and Wrongs Revisited*, 69-70: "It is my firm belief that nobody should be allowed to write from a social constructionist perspective if they have not first read the philosopher Ian Hacking's excellent clarification – and demolition – *The Social Construction of What?* (1999)."

⁸¹ *Ibidem*, 75.

⁸² *Ibidem*, 78.

⁸³ Shakespeare refers to: C. Thomas, *Female Forms: Experiencing and Understanding Disability* (Buckingham: Open University Press, 1999), and: C. Thomas, "How is Disability Understood?" *Disability and Society* 19:6 (2004): 563-8.

⁸⁴ Shakespeare, *Disability Rights and Wrongs Revisited*, 77-8.

relation to disease, sickness and illness. Thus, although Shakespeare is right to point out that people with impairments sometimes experience pain, et cetera, we should have a separate discussion about illness.⁸⁵ In other words, although some atypical bodily characteristics entail impairment *and* illness, and although the person with this impairment might be disabled, these are all different phenomena and we should not conflate them. Moreover, as I have argued in the preceding chapters, respecting the distinctness of these phenomena also enables us to make clearer and more convincing arguments for how we should structure our society. My distinctions between impairment, illness and disability might thus resolve the debate on whether treatment/medical care is a topic relevant for disability, because according to my view medical care has nothing to do with disability. Of course, some people are being disabled in virtue of having an impairment which also involves pain-experience/illness, but not necessarily so.

Second, I think it is unhelpful to claim that people are being disabled by society *and* by their body. Sure, one might want to call the lack of life-form-typical abilities ‘disabilities’ but that wouldn’t bring us any further. Shakespeare probably makes this claim because he is convinced that impairments could be usefully referred to as ‘predicaments’.⁸⁶ On the one hand he thus seems to say that people never value their impairment, which is just not true, on the other hand he seems to suggest that impairments are always ‘bad’ in some brute sense, but he doesn’t conceptualize this at all. I think it is implausible that he means that impairments are disruptions of the teleological structure, but if he would be convinced that this is actually the case, he should be more careful to distinguish ‘natural defects’ and ‘by-value-qualified defects’. If it truly comes down to conceptual nitpicking, I think it is confusing to use the notion of disability for two different phenomena, which, moreover, belong to different realities.

Third, I think Shakespeare’s criticism of a strong distinction between impairment and disability is mistaken. As I have tried to show, impairment is *not* a necessary element in the disability relationship. Differences in bodily abilities is a necessary element in the disability relationship, but these might be life-form-typical or not-life-form-typical. Moreover, the underlying (atypical) bodily characteristics might have other significances: they might involve illness/pain-experience, they might be considered to be ugly, et cetera. Furthermore, claiming that some impairments can be disabling isn’t impractical and confusing. Sure, for the quantitative (sociological) research Shakespeare wants to do, my ontological account might

⁸⁵ Shakespeare, *Disability Rights and Wrongs Revisited*, 18.

⁸⁶ *Ibidem*, 86-8.

raise all kinds of epistemological and methodological difficulties, but that doesn't make it the case that my ontological view is mistaken, nor confusing. 'Impractical' perhaps, but one might also consider it to be interesting and challenging.

Most importantly, although my constrained social constructivist account of the ontology of disability might be reductionist according to Shakespeare's understanding, my neo-Aristotelian realist account of the ontology of impairment and my compatible multiple significance account of bodily characteristics, would actually support Shakespeare in his claim that we need to research a lot of different aspects of bodily differences and their significances. Rather than to claim that impairments should be placed on a continuum – some involving pain-experience, others not, some having social significances, others not – I am convinced that making distinctions between 'what an impairment is', 'what an illness is', 'what a disability is', et cetera, would actually further research *and* social justice, as I have tried to show in the preceding chapters.

Another reason why I think Shakespeare would welcome my neo-Aristotelian realist account of impairment is because he claims that:

Until now, only two alternatives for conceptualising impairment have been available: (1) the traditional approach, what Michael Oliver calls the 'medical tragedy theory'; and (2) the denial or neglect of impairment within materialist and constructionist approaches. I would argue that impairment and illness should not be regarded as the end of the world, tragic and pathological. But neither are these bodily experiences irrelevant, or just another difference.⁸⁷

Until now, indeed. From a 'Thompsonian' perspective one can investigate the significances of bodily characteristics without having to claim that having particular atypical bodily characteristics is always bad for someone, i.e. that it is a tragedy. Surely, how people actually value having an impairment, I could not tell you, nor do I feel like I am in a position to do so. At least a neo-Aristotelian realist account of the ontology of impairment can show that differences between bodily characteristics are not mere differences. Moreover it shows, like Shakespeare already seems to suspect, that a lot of people will be impaired at least some periods of their lives and that this insight might convince us to show more solidarity towards each other.⁸⁸

⁸⁷ Shakespeare, *Disability Rights and Wrongs Revisited*, 84-5.

⁸⁸ *Ibidem*, 88.

And Now the Story Begins

However, what Shakespeare's book does a lot better than this thesis, of course, is showing what the real lives of people who have an impairment or illness, and what the lives of people who are being disabled, look like. What are the problems people with particular impairments face? In what ways are our societies disabling? How many people who want to get treatment could actually get treatment? What is a fair distribution of goods? Are any ableist social constructions defensible? How do different normative theories deal with the phenomena of impairment and disability? I haven't even started to try to answer these questions, and where I did, my tentative 'social-political' arguments were nothing more than intuitive arguments. They might have some plausibility, but they might also be gravely mistaken. Of course these questions are much more important to people with certain bodily characteristics, i.e. to those who experience pain, to those who cannot walk, to those who get excluded by society, et cetera, than my ontological questions. However, so far the development of the debate has shown that if we do not respect the importance of ontological investigations, we also end up in very confusing normative/social debates.

In other words, I have only begun to respond to Shakespeare's call: "Too often, disability studies is not grounded in an adequate understanding of what I call 'actually existing disability', which means comprehending both the diversity of illness and impairment experiences and contexts, and the breadth of everyday life."⁸⁹ I have tried to develop an ontological framework which hopefully brings some conceptual clearness to the more applied debates. I hope to have shown that a rather unprejudiced look at bodily differences actually gets us quite far in understanding what the significance of bodily differences might be. Now the story about what we *want* to do, *should* do and *ought* to do, truly begins.

In making a sharp distinction between brute reality and social reality, I have probably separated some scholars who are convinced that they are working on the same subject. This was, of course, one of the aims of this thesis; for example, to argue that scientists specialized in the life-sciences shouldn't make claims about disability, while scholars specialized in cultural disability studies should not go so far as to claim that illnesses and impairments are social constructions. As I acknowledged above, this distinction between brute reality and social reality is not (always) so clear for us, and thus it will probably be profitable if researchers on all fronts will at least continue communicating. Moreover, Shakespeare is probably right in claiming that 'activism' and academia should continue to communicate in

⁸⁹ Shakespeare, *Disability Rights and Wrongs Revisited*, 4.

clear and understandable language and Barnes is certainly right in arguing that ‘what disability is’ has a lot to do with how our social-political reality is structured, which pleads against a too strong dichotomy between academia and society/politics/the disability rights movement. In short, by no means have I wanted to create large dichotomies between different fields of research, nor between academia and ‘real life’, but probably a more balanced division of labor in some areas might be profitable.

In conclusion, in this thesis I have tried to show that it matters that human beings are living beings, because if we acknowledge this, we can understand what the significance of diversity is. However, I surely do not wish to disregard the equally straightforward insight that we are social-rational beings. Since we are, impairments and diversity get additional significances to us. My message is that we should deal with difficult normative and cultural-analytical questions, but that denying the existence and significance of impairments doesn’t get us any closer to dealing with such questions. We should indeed acknowledge that many of us have impairments, or will have them at least part of our lives. It is my firm conviction that dealing with realities is a good start in dealing with any problem, but that it is never enough. The real problems concern social injustice, inequality, oppression, et cetera, *but also* scarcity of goods, complexity of life and the promising but difficult venture of medical studies. Shakespeare is absolutely right in claiming that critically assessing culture and language will not suffice when dealing with such challenges.

Conclusion

In this thesis I have argued that both impairments and disabilities are real, but that impairment is a phenomenon of the brute world and disability is a phenomenon of the social world. More specifically, I have defended a neo-Aristotelian realist account of the ontology of impairment and a constrained social constructivist account of the ontology of disability. Moreover, I have argued for a multiple significance account of bodily characteristics. In doing so, I have argued that there are multiple phenomena in the brute world which should be distinguished, namely: mere (i.e. not-life-form-related) atypicalities, impairment, disease, sickness and illness. I contrasted these phenomena with social phenomena, i.e. social significances of bodily characteristics, namely: statistical (dis)advantage, by-value-qualified defect, (by-value-qualified) enhancement and disability. Ultimately, I have not only tried to show that these ontological/conceptual distinctions create ontological and conceptual clearness, but may also support us, social beings, in our struggles for justice, recognition, equality, fairness, and so on.

In the first chapter of this thesis I have argued: First, that (human) bodies differ in a variety of ways; Second, that these differences seem to have varying significances (in the brute world); Third, that there seems to be a standard in the brute world; Fourth, that if we want to find out what that standard is, it might be worthwhile to investigate more closely what it means that human beings are living beings.

In the second chapter I have argued: First, that it is the life-form that individual living beings bear which provides the standard for these individuals in the brute world – I defined impairment as the lack of a life-form-typical ability, and showed that the lack of abilities and functions are both disruptions of the teleological structure we bear, i.e. of our actualized life-form; Second, that this neo-Aristotelian account has significance for us, social beings; Third, that (atypical) bodily characteristics can have multiple significances; Fourth, that this multiple significance account has significance for us, social beings.

In the third chapter I have argued: First, that having an impairment is not necessarily equal to having a worse life and that my neo-Aristotelian account respects this view; Second, that many human beings have an impairment and that acknowledging this is a good thing because it shows that people with an impairment do not comprise a minority, and because it may encourage us to show more solidarity towards people who are being disabled by society; Third, that nothing is wrong with treatment *per se*, but that it doesn't follow (directly) from my neo-Aristotelian account that all impairments should be treated and that I believe that a normative view which entails that we should get rid of all impairments is mistaken.

In the fourth and final chapter I have argued: First, that unlimited social constructivism is mistaken and that a constrained social constructivism is more tenable; Second, that I work on the same project as Tom Shakespeare and that insights from my research can improve his critical realism and vice versa; Third, that much more (normative, philosophical) work needs to be done, and that the ontological research I have done in this thesis is merely the starting point of discussions which will affect people with impairments and people who are being disabled directly.

The aim of this thesis was to convince social constructivists that impairments are real and to convince Searleans that a neo-Aristotelian realist account of the ontology of impairment does not only bring us ontological and conceptual clearness, but may also support us, social beings, in our social struggles. At least I hope that this investigation will make people rethink the notions of impairment and disability, so that we can deal with realities and embark on the really important work that needs to be done, inside and outside academia.

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