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CHAPTER 12

Feminism and Disability

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My brother was born with muscular dystrophy, cerebral palsy, and hydrocephalus. Without access to modern medicine and some outstanding medical services across the years, he would neither have lived as long nor as well as he did. Jason loved country music, the Oregon coast wind, and vanilla ice cream. His smile and effusive joy could light up any room. Yet, without knowing anything about the person Jason already was or would become, many people judged his life to be not worth living.

More than once, we overheard nurses and doctors question why my family continued to care for him and advocate for his life. Sometimes we were asked this question to our faces. It was often assumed that Jason was a DNR or no-code patient.¹ My family quickly learned to announce to every new medical professional on shift that Jason was “not a DNR.” We weren’t waiting for him to die; we were overjoyed to have him in our lives. Far too often, we had to fight to keep him in it.

—Joel Michael Reynolds

Life-threatening, life-altering, and life-limiting judgments were made about Jason without any recognition of him as a person. Some of these dangerous judgments were based upon a host of mistaken assumptions about disability. The assumptions were exacerbated by problematic beliefs that equated disability with disadvantage and suffering, and that confused species typicality (a statistical notion) with normality (a judgmental or “normative” notion). Historically, thinking like this has proven deadly for people with disabilities (Sherry 2010; Bashford and Levine 2010).

In this chapter, we explore how *ableism*—an oppressive bias that assumes that the “normal” individual deserves priority over the “abnormal” one—has contributed to such mistakes and how feminist philosophy has defended disabled people from them. After introducing you to two different approaches to the study of disability—(1) the interdisciplinary field of disability studies and (2) the area of specialization within the discipline of philosophy that applies philosophical methods to disability—we will focus on three central areas of philosophical inquiry where feminist work in philosophy and disability has made significant contributions: (1) metaphysics and ontology; (2) epistemology; and (3) ethical, social, and political philosophy.



Joel Michael Reynolds (left) and his brother, Jason Lee Reynolds (1990). COURTESY OF JASON REYNOLDS'S FAMILY.

ADVOCACY AGAINST ABLEISM

Ed Roberts contracted polio at age 14 and was left quadriplegic and respirator-dependent. After a year in hospital, Ed was sent home in an iron lung, where his access to school was reduced to listening in via telephone to his high school classroom. Then his mother, Zona, insisted he attend school in person despite his dread of the other children staring at him. Ed decided to handle their stares with pride as if he were a celebrity, not a pitiable object (Roberts 1989, 2003). When the high school principal denied Ed a diploma because he had not completed physical education, Zona modeled disability advocacy for him (Jennings-Newhouse 2017) by convincing the school board to count his hospital-delivered months of physiotherapy as equivalent to high school gym.

Due to the severity of his impairment, Ed had to fight to be admitted to the University of California Berkeley and then fight the California Department of Rehabilitation for financial support to attend because counselors thought he was too severely disabled to ever get a job. He subsequently founded the Independent Living Movement, which enables severely disabled individuals to leave hospitals and nursing homes and live in the community like other people. In 1976, just 12 years after he earned his B.A. degree, Zona Roberts watched California Governor Jerry Brown swear her son in as Director of the Department of Rehabilitation, the same state agency whose counselors predicted he would never find gainful employment (Elliott 1995). Ed and Zona Roberts understood that many of the barriers faced by people with disabilities are a result of societal structures and practices such as inaccessible architecture, the practice of institutionalization, and disability stigma (Roberts 1989, 1995, 2003).

The 1970s, an era of civil rights expansion in the United States, was a time for progress in opening up equal opportunity for people with disabilities. In 1973, Section 503 of the Rehabilitation Act extended the civil right of access to higher education to disabled people, following similar civil rights protection enacted for racial minorities and women a decade earlier. In 1975, the Education for All Handicapped Children Act extended entitlement to a public K–12 education to children with disabilities, a first step toward addressing the kind of discrimination that once threatened to deny Ed Roberts his high school diploma.

DISABILITY STUDIES: ADDRESSING ABLEISM

In 1982, a small group of social scientists held the first meeting of the Society for Disability Studies (SDS). Disability studies is a multidisciplinary academic field inspired by the values of the civil rights era. This field centers on social, political, literary, historical, economic, biological, cultural, and other aspects of disability, which is understood as an integral facet of human experience. While disability studies scholarship has a complex history spanning the globe (for detailed chronologies, see Albrecht 2006, 5:C1–C27; Burch 2009, 1:xxiv–lvi), it is important to note that many of the theories deployed across the field arise from the lived experience of people with disabilities.

Today, the SDS is the primary scholarly organization for disability studies in the Western Hemisphere, with hundreds of members. Unlike many scholarly organizations, it welcomes activists and artists, and it explicitly embraces awareness-raising and advocacy as part of its mission. Its mission statement includes the following: “the Society for Disability Studies seeks to augment understanding of disability in all cultures and historical periods, to promote greater awareness of the experiences of disabled people, and to advocate for social change” (SDS 2016). *Disability Studies Quarterly (DSQ)*, the leading journal of the field, is committed to “developing theoretical and practical knowledge about disability and to promoting the full and equal participation of persons with disabilities in society” (DSQ 2017).

SOCIOCULTURAL NORMS AND SOCIAL MODELS OF DISABILITY

One way to interpret this combination of scholarly and social justice goals is via the influence and political import of *social models of disability*. The social model has been called the “big idea” of the British disability movement and a “touchstone” of disability studies more generally (Hasler 1993; Thomas 2004). While there is, in fact, no single social model of disability, a core characteristic of such models is that they differentiate between impairment and disability (Shakespeare 2014).

The term *impairment* names an atypical feature of embodiment, whereas *disability* refers to the social ramifications of or social responses to impairment. To illustrate, on the social model of disability, a lack of muscle control of one’s legs that makes one unable to walk across the street is an impairment. But what makes those people who therefore rely on wheelchairs disabled are such barriers as the absence of curb cuts that allow their wheelchairs to roll off curbs and cross streets, lack of elevators in multistory buildings, and other, often more subtle barriers, such as the need for walking people to stoop if they are to converse with wheelchair users face to face.

There has been much discussion about the merit of various versions of this social model of disability. Central to this debate is whether, and if so how, such explanatory accounts of being limited by disablement ought to reference experiences such as being ill or feeling pain. Some disabled people find pain or illness to be at the core of their disablement, while others have neither extraordinarily persistent nor penetrating pain, nor prolonged illness (Crow 1996; Davis 2013; Shakespeare and Watson 2001; Siebers 2001; Wendell 1996). Some

have also argued that even the concept of impairment is problematic insofar as it is a product of a contested, medicalized understanding of the body thought to have meaning irrespective of social context (Tremain 2015).

By highlighting the role of sociocultural norms and institutions in constructing the meaning and experiences of disability, social models counter “the notion that disability is primarily a medical category” (Linton 1998, 1–2). The early UK disability movement characterized the medical model of disability as oppressive insofar as it takes disability to be a problem requiring medical rather than social intervention and as both the prerogative and the responsibility of medical professionals to fix. The medical system was condemned as a coercive instrument that subordinates disabled people, not the least by inducing feelings of inadequacy and self-hate in them (see UPIAS and Disability Alliance 1976; Finkelstein 1980; Oliver 1983).

There are many definitions of ableism, but most contend that ableism is constituted by social practices that stigmatize people based on presuppositions or stereotypes about the inferiority occasioned by having an atypical body or mind (Campbell 2009; Linton 1998). Ableism treats functional normality not as a statistical condition—what is merely typical or average for our species—but instead as the evolutionary ideal for humans and as intrinsically good. Analyzing everything from the practices of professions like nursing and rehabilitation to influential values like autonomy and rationality (Hall 2011; Hillyer 1993; Shildrick 2009), disability studies scholars argue that it is reckless to adopt normality as a standard.

PHILOSOPHY AND DISABILITY

While disability studies is an area of interdisciplinary research that applies approaches from the arts, humanities, and social sciences to expose and expunge social practices and habits of thought associated with ableism, there are other scholars who explore ideas central to the understanding of disability by applying philosophical methodologies. Replacing inadequate ableist views of disability with more perspicaciously crafted philosophy and disability perspectives usually begins with revising some core concepts that govern our cognition or our conduct in order to sort out confused or conflated ideas. These improved or in some cases novel conceptualizations are meant to enable our thinking to be more inclusive of embodied and other kinds of disabling differences. So an explicit outcome sought by the preponderance of scholars who adopt a philosophy and disability perspective is to remove negative connotations associated with disability so that individuals are free to be identified as disabled without being stereotyped as intrinsically inferior or disadvantaged.

Like the general culture to which they belong, philosophers traditionally associated disability with defectiveness, insufficiency, and imperfection—in other words, with problems that philosophical reasoning has historically aimed to transcend or overcome. Until late in the twentieth century, philosophers paid almost no attention to the existence and experiences of people who were physically or cognitively impaired—that is, the kinds of people who most often have been designated as disabled. What traditional philosophy mainly took to be of interest about people with disabilities was their perceived differences, not themselves or their accounts of their own experience.

In searching for limiting cases, these earlier philosophers often turned to prototypical portrayals of disability for illumination. For example, in the seventeenth century, philosophers who were trying to understand the role of direct perception in

knowledge debated whether people who are born blind can understand our ideas of the different colors and talk meaningfully about them. The answer to this question would, they supposed, resolve philosophical questions about the role played by the senses in knowledge of the physical world.

If individuals who are born blind can discuss and otherwise use language about colors that they could never have seen, then our conceptions or ideas about colors must play a more central role in knowledge of the world around us than our senses do. The philosophers who considered this question did so to drive their philosophical inquiries, not to represent or understand life with a disability. Nevertheless, if all that philosophy were to do about disability is present individuals who are physically or cognitively impaired as borderline cases that test our concepts, ableism could be encouraged rather than diminished simply by repetition of the pattern of marginalizing disabled people.

NEW PHILOSOPHICAL INVESTIGATIONS

The new scholarship in philosophy and disability goes further in pursuing conceptual investigation related to disability. Over the last half century, philosophers have begun to rethink the significance of the experience of disability and to intensify their study of how philosophical methodologies may apply. Among the everyday assumptions they have questioned is the preeminence assigned to normalcy (Amundson 2000; Canguilhem [1943] 1978; Silvers 1994, 2016; Reynolds 2017b). Recent philosophical work in this area explores whether normativity has been incorporated into concepts of disability and, if so, whether the usually negative assessments of disablement are accurate and fair (Silvers 2001, 2003, 2016; Barnes 2016a, 2016b).

Philosophical challenges to the assumption that the well-being of severely intellectually disabled people is more important than that of clever animals have been pursued to stimulate reflection about the fairness of common assumptions regarding other species' worth. This comparison has been made in arguments against speciesism by philosophers (for example, Jeremy Bentham [1748–1832] in the eighteenth and nineteenth centuries and Peter Singer [1946–] in the twentieth and twenty-first) who reject the idea that every single human is more valuable than any kind of animal could be. The usual point of these arguments is to contend that animals are as deserving of kindness and care as humans. Nevertheless, objections have been raised by philosophers specializing in disability against comparing humans with disabilities to animals in this way (Kittay and Carlson 2010). The proposal that we should consider choosing between intellectually disabled humans' and smart animals' lives, even hypothetically, has been criticized within the philosophy and disability discourse for portraying intellectually disabled people as unworthy of human rights and thereby possibly endangering them.

FEMINIST PHILOSOPHY AND ANTIDOTES TO ABLEISM

Feminist thinkers have moved decisively to the forefront of philosophical interest in disability, sometimes prompted by philosophical commitment to inclusiveness, and sometimes also by personal encounters with disability (Wendell 1996; Kittay 1999; Toombs 1995). Disability perspectives have today become familiar in feminist approaches to philosophical topics such as ethics, justice theory, metaphysics, and embodiment. Feminist philosophical activity has both a theoretical and an activist component. Feminist thinkers have made interventions that have permanently altered the course of philosophy. Asking why women have been excluded from the philosophical tradition, feminist thinkers



International Symbol of Accessibility. This ISO (International Organization for Standardization) graphical symbol is used to indicate accessible elements and spaces for persons with disabilities. First conceived in 1968, it was adopted by the United Nations in 1974. MALUSTUDIO/SHUTTERSTOCK.COM.

explicitly have tried to remedy philosophy's prevailing indifference to ways the world is experienced by the kinds of people whom the social order obstructs.

Women with disabilities are individuals whose standpoints and interests have been suppressed in this way, even within some early feminist philosophical scholarship. Susan Wendell (1989, 1996), one of the leading late twentieth-century philosophical writers on disability, calls attention to feminist theory's initial disregard of women with disabilities. Wendell's remedy for this neglect is motivated by feminist precepts. Feminist philosophers have argued, for example, that the universality to which philosophical theories traditionally have aspired cannot embrace women without erasing them. They have questioned whether such a standard discerns, or instead disregards, important dimensions of women's lives. Some also have affirmed differences among different kinds of women that they take to be, if not essential, at least as philosophically significant as the differences between women and men (Spelman 1988).

Some feminist philosophers have traced unjust treatment of women in general to their being viewed as impaired, at least in comparison to men. Influential feminist discussions of disability have taken up the issue of how women's physical realities are judged to

be inferior because they do not match performances paradigmatic of healthy males. One example is Iris Marion Young's 1980 essay "Throwing Like a Girl," which criticizes the prevailing rendering of women's embodiment as fragile and burdensome. Another is Wendell's 1989 article "Toward a Feminist Theory of Disability," which objects to feminist philosophy's uncritical, unreflective conflation of healthiness with happiness and productivity.

Feminist philosopher Eva Kittay makes a similar point—addressing the revision of her ideas about the value of philosophical thinking itself—when she describes the conceptual transformation she experienced after learning that her child was congenitally intellectually and physically disabled:

The worst anticipation was that her handicap involved her intellectual faculties.... I was committed to a life of the mind.... How was I to raise a daughter that would have no part of this? If my life took its meaning from thought, what kind of meaning would her life have? ... We already knew that we had learned something. That which we believed we valued, what we—I—thought was at the center of humanity—the capacity for thought, for reason, was not it, not it at all. (Kittay 1999, 150)

In a conceptual climate that affords ascendancy to men's cognitive styles and modes of bodily performance, Kittay points out that women are at heightened risk of being disrespected in virtue of being deemed deficient in physical or mental strength. As significant for Kittay is the high frequency with which women (rather than men) assume the caretaking of individuals with disabilities, a social arrangement that usually burdens and

frequently fails to recognize or materially reward those who must occupy this role. Furthermore, as Kittay reminds us, social policies that pertain to disabled people also affect their family members, friends, and professional caregivers (Kittay 1999, 2001). So feminist disability theory should recognize that disability affects the identities of many people beyond those who are themselves disabled.

Feminist philosophy reconceives, and thereby validates and valorizes, activities women typically execute. There are feminist theories of maternal ethics that center on mothering as preeminent moral conduct. But even feminist conceptual frameworks may descend into ableism if they fail to accept that all women have a right to access women's social roles. The ableist assumption here is that disabled women cannot be good mothers *because* of their disability status (National Council on Disability 2012). Karin Barron (1997), who has conducted extensive research on the lives of young women with disabilities, observes that performing the womanly arts of caring for dependents is still considered a virtue for women, but the traditionally dependent position of young women with disabilities prevents them from occupying, and therefore from demonstrating any aptitude for, this role.

Prevailing ableist conceptualizations of disability regularly overwhelm both the equality of opportunity and the moral respect that disabled women should command. For example, it is not unusual for disabled women's reproductive rights, including their right to access assisted reproductive technologies, their right to bear and raise children, and their right to retain custody of their children, to be denied (Silvers, Francis, and Badesch 2016). To illustrate, psychologist Erin Andrews (2011), a congenital triple amputee, found that she and other pregnant women with disabilities were subjected to nondisabled people's complaints about their being selfish in deciding to give birth in order to have families of their own. These unfavorable judgments aimed at disabled women who became pregnant were made by people who expressly assumed that the women's relatives would have to raise the children or that the children would become burdens to taxpayers.

FEMINIST DISABILITY PERSPECTIVES: EMBODIMENT AND ONTOLOGY

As previous centuries of philosophical thought used examples of blind people's atypical functioning to test philosophical accounts of perception, feminist thinkers have used disabled people's embodied differences as a rich resource for developing more adequate concepts of the materiality of human experience and of our personhood (Clare 1999). Disability demonstrates the remarkable variance of human physiology and mentality and the many ways the aims of our personal and social functions may be achieved. One central philosophical question is the nature of personal identity. Who are we? Are we ultimately our biology or our upbringing? Are we social or solitary creatures?

Scholarship in philosophy and disability problematizes traditional ontological assumptions about identity. Feminists have been the most frequent philosophical writers on the topic of disability identity. They've offered sophisticated approaches to the question of how the sensibilities and histories of people with very different kinds of limitations can be collected into a cohesive philosophical account. Some write from the perspective of a lifelong disability identity, others describe their transition into the world of disability, and still others write about disability without having experienced being disabled themselves.

The concept of disability is hard to define. That is to say, it's not at all clear what "disability" picks out ontologically. Nancy Eiesland explains the difficulty of defining disability as follows:

The differences among persons with disabilities are often so profound that few areas of commonality exist. For instance, deafness, paralysis, multiple sclerosis, and mental retardation [*sic*] may produce the same social problems of stigma, marginality, and discrimination, but they generate vastly different functional difficulties. Further, people with the same disability may differ significantly in the extent of their impairment. The level of impairment for a person with dyslexia may be dramatically dissimilar to that of a person with severe mental retardation [*sic*], though they can both be identified as having learning [or intellectual] disabilities. Finally, disabilities can be either static or progressive, congenital or acquired. The social experience of a person who becomes disabled as an adult may differ significantly from that of a person with a congenital disability. These dissimilarities make a broad definition of people with disabilities difficult, if not impossible. (Eiesland 1994, 23–24)

In principle, nearly any feature could become a marker of disability. As Lennard Davis puts it:

It is hard if not impossible to make the case that the actual category of disability really has internal coherence. It includes, according to the Americans with Disabilities Act of 1990, conditions like obesity, attention deficit disorder, diabetes, back pain, carpal tunnel syndrome, severe facial scarring, chronic fatigue syndrome, skin conditions, and hundreds of other conditions. Further, the law specifies that if one is "regarded" as having these impairments, one is part of the protected class. (Davis 2013, 271)

Disability should be understood to be a permeable classification. Some people have lived at length or lifelong with disability, some are newly disabled, and others have lived through periods in which they were disabled but now are not so. And, while not themselves disabled, many people find themselves intimately involved in the lives of family members or friends who now are disabled or who face a future of disability. Their numbers swell the total of individuals who may be described as living with disability.

Disability identity itself may be claimed for different reasons. Sometimes the objective may be to acquire eligibility for assuming the "sick" role and thereby being relieved of various productivity-related expectations and responsibilities (Goffman 1963). Sometimes being identified as disabled offers access to government benefits of various kinds. Sometimes this classification triggers acceptance of or accommodation for atypical modes of functioning. And sometimes disability identity is claimed as an empowering element of a political process intended to consolidate a group of people and to challenge stigmatization, exploitation, and exclusion based on disability.

SOCIAL ONTOLOGY

Feminist philosopher Elizabeth Barnes has applied a constructivist social ontology framework to the idea of disability. Her aim is to propose an inclusive definition of physical disability that is responsive to changing knowledge, changing functional challenges for humans, and changing social environments. An important goal is to find a way of rethinking the idea of disability so that identification as disabled does not entail or otherwise automatically impose a negative burden or cost or unbreakable tie to disadvantage.

Barnes argues that "disability" refers not to a kind of natural fact but instead to a kind of social construct emerging from group-bonding processes out of which a group identity is

formed. Being disabled is primarily a social phenomenon—a way of being a minority, a way of facing social oppression, but not a way of being inherently or intrinsically worse off. Fashioning and celebrating disability identity is one of the ways of being a minority that can withstand social oppression. Disability thus is equated with “a rule-based solidarity among people with certain kinds of bodies” (Barnes 2016a, 46). Barnes’s formal description of “being disabled” is that a person, *S*, is physically disabled in a context, *C*, if and only if the person is in a bodily state that, according to the rules disabled people adopt for membership in their group, has been judged to need and deserve justice for disability (2016a, 1–53).

This account cannot do the work Barnes sets for it unless it is freed from the negative normativity to which societal bias has the idea of disability chained. That is because being irremediably ashamed of being disabled could forestall accepting membership in this identity group. For a person with a disability, being told by someone who is not disabled that “I don’t think of you as disabled” can sound as if the speaker is rejecting your real self or at least advising that you should not let your limitations show. Indeed, the misguided assurance nondisabled people sometimes make when they say “I don’t think of you as disabled” carries the expectation that disabled people should feel their group identity is a shame.

Consequently, Barnes describes at length how disability should be thought of not as intrinsically bad—that is, as a bad difference—but instead as intrinsically neutral. In other words, disability should be regarded as mere difference that is not necessarily normative at all (Barnes 2014). Nevertheless, some philosophers have continued to insist on loading the undesirable contingent physical and social effects of atypical kinds of embodiments into the very meaning of disablement (Kahane and Savulescu 2016). The result of such mistaken reasoning is that attributions of disability become biased in virtue of the meaning of the word *disabled* against the value of disabled people’s lives. Importing such negative normativity into how disability is conceptualized makes the mere assertion that an individual is disabled a handy vehicle for expressing ableism (Silvers 2016).

Barnes shows that standard strategies such as these, that purport to establish life with a disability as being intrinsically bad, are flawed. They are in error because they turn on presumptions and suppositions about their lives that disabled people themselves deny. Where the choice is between people’s claims about their own worth and well-being, weighed against dissenting valuations by individuals who do not live those lives, Barnes argues that the testimony of persons with direct experience of being disabled should prevail over people who can only make inferences about it.

FEMINIST DISABILITY PERSPECTIVES: EPISTEMOLOGY

Feminist epistemology is a philosophically innovative reform movement. Dissatisfaction with a “view from nowhere” approach has prompted feminist epistemologists to inquire into models of knowing that reject objectivity or explore achieving objectivity without presupposing that cognition must work the same way for everyone. Feminist epistemologists have emphasized the importance of situating, contextualizing, and nuancing truths, and they have demonstrated the benefits of collaborative practices of achieving knowledge.

In developing these insights, feminist epistemologists have addressed the role of the social *situation* of knowers. Situatedness is not just a matter of one’s social position or history or culture. What one knows is influenced by how one acquires the elements of knowledge,

and these processes are shaped by the condition of one's body, as well as one's social conditions. Cognitive skills are expressions of development in various areas of the brain, which are in turn responsive to the rest of the body and its constantly changing environment. Insofar as one's body diverges from what is considered species-typical, one would expect cognitive approaches and abilities that differ from most other people.

For example, some blind people are able to perceive objects in their physical environment using echolocation, having cultivated the skill of making clicking noises with their tongues and identifying the different qualities of sounds bounced back toward them (Tresniowski and Arias 2006; Miller and Spiegel 2015). Belgium's police force has included blind detectives who can listen to criminals' recorded conversations and determine what kind of room they occupy via the reverberations of sound, as well as whether they are using a landline or cell phone, what kind of car they are traveling in, and whether the suspect's Flemish carries an Albanian rather than a Moroccan accent (Soares 2007). Sighted people's typical lack of functional ability to navigate by reverberated sound, and thus their inferior way of knowing the absorptive and reflective properties of the physical objects that surround them, as well as their insensitivity to nuances of spoken sound, surely should be recognized as a disadvantage. There is thus a sense in which blindness is definitively gainful and world-creating: the total experiences of the world created by blindness are qualitatively different and include unique goods that other forms of fundamental sensory perception lack (Hull 1997; Reynolds 2017b). Yet this realization about blindness is almost never recognized, even when sighted people are confronted with the difficulty of finding their way in the dark or distinguishing among interlocutors beyond their vision.

When judged against the masculinist philosophical ideal of the rational thinker, the experiences of people diagnosed with cognitive impairments are also usually dismissed as epistemologically defective (Lloyd 1993; Carlson 2010). This assumption is revealed as ableist when one examines the abilities of people with cognitive impairments. For example, individuals with Down syndrome, who think abstractly only with difficulty or not at all, sometimes have better than usual skills in perceiving and remembering the concrete details of what they see or hear. The same can be true of individuals on the autism spectrum. People with Williams syndrome often have greater social and emotional intelligence than is species-typical for humans, as well as unusual musical facility. To take another example, Kate Lindemann (2001) and Ann Davis (2005) have critiqued standard approaches to philosophy of mind, showing some of the profound ways in which feminist appreciation of the diverse workings of mind can enlarge philosophical inquiry. Both Lindemann and Davis are influenced in this work by their own direct experiences of the effects that adult onset head injury can have on cognition.

People whose cognitive injuries or anomalies impede them from independently arriving at and articulating complex reasoned accounts of their own good often have not been accorded full moral status by prevailing philosophical views, as well as by the medical and legal systems. Lacking full moral status in other people's eyes, disabled people can seem of lesser worth (McMahan 2005; Kittay 2005). This is despite the fact that normally autonomous individuals do not arrive at, nor do they express, notions of their own good in isolation from, or independent of, their interactions with other people (Silvers and Francis 2005, 2009).

EPISTEMIC AND HERMENEUTIC (IN)JUSTICE

Miranda Fricker's influential analysis of the epistemic injustice often suffered by women applies as well to the familiar practice of systematically discounting belief claims made by

people with disabilities. Barnes, for example, urges that this practice should be condemned as testimonial injustice. Also to be proscribed is hermeneutical injustice, the practice of substituting nondisabled people’s interpretations of living with disablement for disabled people’s own understandings of themselves and their situations.

In general, feminist philosophers accept that biologically species-typical individuals, or those who fit prevailing biological norms, have not been made more fit by nature to know what is true about the world than other people. On many highly influential feminist epistemological theories, epistemic authority is the product of a social award, not of better biological construction. A corollary that may be drawn from this insight is that individuals with disabilities are unjustly wronged as knowers when their testimony is discredited due to ableist prejudices related to their disability status (Fricker 2007; Barnes 2016a). Furthermore, to apply a lesson from feminist philosophy of science, objective knowledge about disability cannot be produced unless disabled people, including people with cognitive disabilities, are fully respected members of the community of inquirers and their perspectives are given weight in shaping the discourse (see Longino 2002).



Updated Accessible Symbol. *The Accessible Icon Project designed and is advocating this updated version of the International Accessibility Symbol (ISO). Its forward-leaning head and motioning arms indicating the figure as the “driver” or decision maker about his or her mobility. It has not yet been accepted by the ISO, although several US cities and states have adopted it locally. THE ACCESSIBLE ICON PROJECT.*

PHENOMENOLOGY AND EXISTENTIALISM

Philosophical reflection upon disability has also sparked new lines of inquiry in existentialism and phenomenology, fields that focus upon the lived experience of being human. Feminist philosophers of disability take seriously the existentialist claim that we are not defined by anatomy, biology, or medicine. We are defined instead by our *thrownness*: our experience of finding ourselves in the world (Heidegger [1927] 2010). Our bodies are not mere biological machines; they constitute part of the very *situation* out of which we think and act (Beauvoir [1949] 2011). Each person’s own particular powers and limitations, as well as those that pertain to the human condition generally, mediate how the individual engages with physical and social environments. As Anita Silvers has observed, “there is no phenomenological firewall separating our awareness of our biological properties from our social experiences” (2007). The way our bodies feel to us is shaped by social discourse and currently existing social possibilities of interpretation. Thus, one’s lived experience of one’s body is central to self-identification and self-understanding, for our bodies’ responses inflect both the solitary and the social aspects of our experience, including how one deals with the ideas and expectations of other people about oneself.

Phenomenological inquiry—inquiry focused on understanding the structures of lived experience—has historically focused on experiences thought to be universal across human experience. Feminist philosophers have begun to explore the phenomenology of disability experiences, ranging from stuttering to rheumatoid arthritis to blindness to forms of illness (Carel 2013a, 2013b; Pierre 2015; Kestenbaum 1982; Toombs 1995; Reynolds 2017b;

Salamon 2012). For example, in *Illness: The Cry of the Flesh*, first published in 2008, Havi Carel details her experiences following a diagnosis of lymphangioleiomyomatosis (LAM), a rare progressive disease that often results in lung destruction. “I had to overhaul all my plans, expectations, goals, projects and horizons,” she writes, but “most importantly, I had to rethink my idea of a good life” ([2008] 2013a, 73). Carel’s words speak to the experiences of anyone receiving a life-altering diagnosis, that is to say, a diagnosis that predicts transitions resulting in a fundamental alteration of the majority of one’s current abilities and ability expectations.

Experiences like these can create a fundamental transformation of one’s conditions as a knower (Paul 2014). As difficult as such transitions can be, first-person evidence suggests disability does not preclude a life worth living (Lorde [1980] 1997). On the whole, phenomenological work on disability demonstrates the error in the ableist conflation of disability with pain and suffering or disadvantages (Reynolds 2017a). In line with Wendell’s pioneering arguments about the existential import of illness and the missteps made by feminists, philosophers, and the public as a whole in appreciating the stakes of corporeal variability, phenomenological research on disability suggests that able-bodied intuitions about disabled people’s experiences are likely to be misguided. Feminist philosophy continues to explore how corporeal or biological distinctiveness mediates human experience as self-awareness and social experience act on, and become attuned to, each other.

FEMINIST DISABILITY PERSPECTIVES: ETHICAL, SOCIAL, AND POLITICAL PHILOSOPHY

Social exclusion constitutes a significant common thread running through aspects of the lives of people with different kinds of disabilities. Ed Roberts had to fight unfair exclusion when he sought admission to university to pursue a baccalaureate degree. To take another example, in the 2013 “Uprising” episode of the television series *Switched at Birth*, deaf actress Marlee Matlin, playing a counselor, explains why students at a school for deaf people are preparing for a demonstration. They do not want the school to be integrated or themselves relegated from being the majority in the school to being a mainstreamed minority (Lacob 2013). When they come into the mainstreamed cafeteria and look around for a place to sit, she signs by way of explanation that there will be twenty conversations going on but they won’t be able to join any of them.²

Why is the prospect of exclusion so prominent an issue in seeking social justice for disabled people? For centuries, people with disabilities have been characterized as being biologically unfit to execute the responsibilities and thereby to enjoy the privileges of citizenship, to work productively with nondisabled people, and even to be permitted reproductive freedom. For example, people with cognitive disabilities, cerebral palsy, blindness, or deafness all have suffered the state’s sterilizing them, removing their children from their custody based only on their disability, denying them access to public education on the ground that their presence harmed other children, and institutionalizing them to protect citizens who function in species-typical ways from having to have contact with them (Lombardo 2008). Similar legally endorsed harm is a familiar theme in the history of women, racial minorities, native/indigenous people, and non-cisgendered and queer groups.

Searching for ethical grounds to condemn the kinds of exclusions to which women have been subjected, feminist thinkers have been disappointed by traditional moral and political

analyses. Feminists have found traditional moral philosophy suspect for inflating typical male behaviors into paradigmatic moral actions. Feminists have found traditional political philosophy equally suspect for being bereft of remedies for the moral and political challenges posed by exclusions favoring healthy men. Although standard ethical and political theories claim as a matter of principle to embrace everyone alike, feminist critiques have shown that their presumptions often exclude devalued kinds of people from significant moral, political, and social roles. For example, Ruth Anna Putnam (1993) draws attention to the explicit exclusion of people with serious disabilities from the social contracting procedure the dominant twentieth-century philosopher John Rawls (1921–2002) hypothesizes as the foundation of basic principles of justice.

Some feminist philosophers have been prompted by such omissions in twentieth-century justice theory to discuss disability and to address the phenomena that characterize disabled people's lives adequately. Leading feminist moral and political philosophers, such as Elizabeth Anderson (1999), Annette Baier (1986, 1987), Martha Nussbaum (2001, 2006), and Young (1990a; 1990b), have pioneered the exploration of more inclusive alternative moral theories and theories of justice. They have relocated the search for an adequate center for moral and political philosophy to, for example, the ethics and politics of trust and care, the virtues of dependency, the sustenance of capabilities fundamental to human life, or the establishment of moralized interconnectedness among people who do not occupy similar positions in life. Albeit differing from one another in their approaches to feminist ethical and political theory, all build in concern for achieving adequate philosophical treatment to address problematic kinds of interactions between people with disabilities and the nondisabled, or to illuminate ways of framing distributive policies that are equal to the situations of both nondisabled and disabled individuals.

DISTRIBUTIVE OR PROCEDURAL JUSTICE?

Two main approaches to addressing the social exclusion of disabled people have surfaced in the feminist philosophical literature. These are distributive justice and procedural justice. Principles of distributive justice aim at fair or otherwise widely desirable allocation of benefits or goods. Principles of procedural justice aim instead at fair or otherwise widely defensible governance of interpersonal conduct.

Some writers focus foremost on procedural justice to open up disabled people's opportunities for social participation (Young 1997; Silvers 1998; Anderson 1999; Silvers and Francis 2005). Anderson, for example, urges that everyone be guaranteed effective access to the social conditions of their freedom in virtue of their equality, not their inferiority. To illustrate, she notes that what deaf people object to is not their lack of hearing but that "everyone else has rigged the means of communication in ways that leave them out of the conversation. One can detect this injustice without investigating anyone's preferences or subjective states" (Anderson 1999, 334). Silvers proposes a procedure called "historical counterfactualizing" to identify practices catering to the nondisabled majority that unjustly exclude people with disabilities (Silvers 1998; Hoffman 2003).

Others take the answer to lie first of all in distributive justice to increase provision of resources to the disabled and to families caring for the disabled (Kittay 1999, 2001; Nussbaum 2006). Nussbaum, for example, begins with a comprehensive idea of the good to guide justice. She develops a list of capabilities necessary to live with dignity and holds that people with disabilities deserve support to achieve threshold levels of these capabilities, if they can do so, even if more resources must be deployed to assist them than other people

need to reach the same level. Kittay seeks supportive conditions for those who interact in dependency relations, both dependents and their caregivers, arguing that both must be assisted in order to achieve good care, and therefore justice, for the dependent. To effect such an outcome through justice, Kittay believes, requires maintaining a social order that secures care for dependents as a main purpose of formulating fundamental principles of justice.

Neither of these approaches to justice—one foregrounding procedural reform and the other revising resource distribution—denies the importance of the other’s objectives. In great part, they diverge on matters of practical priorities, but also on matters of whether moral priority should be given to agreement about what is right, or instead about what is good. The decision here will make a difference in formulating moral judgments. If doing right has priority, the focus will be on the value of the acts we choose to do, whereas if achieving good has priority, concern shifts to the value of the goals or outcomes of what we do.

Some feminist thinkers have questioned the ability of traditional philosophical approaches to moral theories to take account of the needs and experiences of both care-receivers and caregivers. These thinkers are inclined, for example, to portray caring conduct as inspired not by duty but by the compelling recognition of another’s need and of one’s own capacity to relieve that person’s need. Consequently, they have criticized rights-based and obligation-catering procedural theories for abstracting excessively from experienced encounters with dependents who need protection and support (Kittay 1999). Other feminist moral or political philosophers, such as Baier and Nussbaum, have raised a different question about the adequacy of traditional moral theories to address the phenomena of interdependency. Their issue is about validation rather than motivation. They ask whether approaches centered on independent individuals contracting freely and reciprocally with one another for mutual benefit can give plausible accounts of obligations to people who are, temporarily or permanently, greatly dependent on others for physical, cognitive, or emotional support.

SOCIAL CONTRACT THEORY

Nussbaum (2006) suggests that the source of political philosophy’s ignoring the disabled lies in a foundational assumption of social contract theory. She criticizes Rawls for casting citizens in the role of rough equals who relate because they can benefit each other. Nussbaum proposes that “instead of picturing one another as rough equals making a bargain, we may be better off thinking of one another as people with varying degrees of capacity and disability, in a variety of different relationships of interdependency with one another” (2001, B9). According to Nussbaum, construing reciprocal bargaining as the foundational and therefore paradigmatic social connection among citizens “effaces the more asymmetrical forms of dependency that human life contains: the need for care in infancy, extreme age, and periods of severe illness or a lifetime of severe disability” (2001, B9).

Nussbaum thinks traditional social contract theory is misguided in testing basic conceptions of justice against self-regarding reasons, thereby assigning self-regarding reasons preeminence over other-regarding ones. It is hard to see how a conception that derives justice from decisions focusing primarily on self-regard can provide adequately protective principles for each individual in relation to others, especially in view of the vulnerabilities individuals accept as the price of being part of cooperative schemes.

Stimulated by Nussbaum's critique, Anita Silvers and Leslie Francis (2005) return to Baier's insights about the centrality of trust in moral interaction. They propose extrapolating principles of justice from practices that facilitate people's relying on, and thereby making themselves vulnerable to, each other. Practices that nourish such trust are crucial components of social cooperation. Moreover, unlike bargaining, which requires strategizing and therefore complex, high-order cognitive skills, trusting is conduct that people without disabilities and people with almost every kind of disability engage in equally. People who cannot articulate their decisions, and who may not even be able to arrive at decisions, nevertheless may express bestowal or withdrawal of their trust. As a mode of relating to one another, trust is *par excellence* suited to facilitating interactions between individuals who are asymmetrically positioned in regard to one another in various respects. Silvers and Francis argue that building trust is a more inclusive process than social-contract bargaining about principles of justice. Building trust therefore offers a more adequate practice for achieving justice for both disabled and nondisabled people than the reciprocating exchanges called for in strategic contracting.

FEMINIST BIOETHICS AND REPRODUCTIVE JUSTICE

Bioethics is an area of applied ethics in which feminist philosophical perspectives have steadily become more influential. Feminist research, such as that of Susan Sherwin (1992), shows that medicine has treated women as if they were disabled people, intervening in their bodies to eliminate or discipline (to use Michel Foucault's term) those parts that mark their identification with a purportedly inferior group. The history of how medicine has addressed disabled people is similar. This history is marked by the repression and rejection of bodies and minds that diverge from the supposed paradigm or norm provided by healthy young males. To illustrate, throughout the nineteenth century and well into the twentieth, it was not uncommon for physicians to dismiss women's claims of being physically ill as being nothing but products of hysteria or fragile minds.

One of the tensions of feminist engagement with disability revolves around various issues of reproductive justice. Feminist bioethicists most often have aligned with the principle that women have a right to control their own bodies. While this idea may appear compatible with the value of self-determination accepted by much disability philosophy, some bioethicists, including some who are feminists, have adopted medicalized views of disability and argued that the prospect of bearing a disabled child justifies termination of the pregnancy or even obligates termination regardless of what the mother wishes to do (Purdy 1995; see also McMahan 1998, 2005). A related but not identical position derived from devaluing disabled individuals' lives challenges "Baby Doe" laws that prohibit hospitals from denying neonates with disabilities effective lifesaving treatment. This view usually is presented by arguing that parents should be free to decide whether their child's life will be worth living (Paris et al. 2005).

Bluntly, opposition to the presumptive devaluing of life due to disability is not compatible with an unconstrained commitment to women's freedom to reproduce and parent. Feminist bioethicist Adrienne Asch has attempted to reduce the tension by carefully distinguishing between a woman's right to terminate her pregnancy and the moral constraints on her terminating the life of her newborn child. Asch and other feminists have argued that disability does not diminish the claims of neonates, nor of other individuals with disabilities, to the necessities of life (Asch 1990, 2002; Asch and Geller 1996; Asch, Gostin, and Johnson 2003; Kittay 2005).

Some philosophers have invoked the supposed inescapable suffering of disabled people as a reason for barring deaf women and women with dwarfism from using reproductive technologies (e.g., preimplantation genetic diagnosis) to bear children like themselves, narrowing these women's reproductive choices. Licia Carlson (2010) urges feminists to be wary of women's being induced to accept social roles in which they devalue individuals who are disabled. She notes that feminist programs for the availability of birth control often invoked fears of perpetuating feeble-mindedness to support their case. Carlson warns that genetic counseling, which is also work done primarily by women, may function in a similar gatekeeping role.

An additional consistency challenge emerges in regard to the influence that the prospect of a sad or bad life should have on the reproductive liberty to bear children who may or will have disabilities (Scully 2008). Furthermore, feminists generally condemn the practice of terminating female fetuses only, and of female infanticide, even where women lead inescapably miserable lives. It is regrettable that the persistent influence of ableism may be deterring those who regard the termination of females this way from consistently extending their objection to the termination of other devalued kinds of people (Asch 1999; Asch and Geller 1996).

Disability scholars typically object to the unfounded presumption that being disabled makes life not worth living, or at least makes the lives of people with disabilities less gratifying and therefore less valuable than those of nondisabled people. The social isolation to which disabled individuals often are condemned results in nondisabled people being misinformed about their potential for satisfying lives. Terminating a pregnancy because the resulting child may have an impairment reduces the individual to the disability, but people with disabilities are as much a sum of many different strengths and flaws as nondisabled people are (Parsons and Asch 1999). More recent work in feminist bioethics continues to address ableism, but not solely in the context of natal or prenatal decision making. New lines of inquiry focus on issues from the bioethical stakes in posthumanists' arguments for eliminating disability, to the role of ableism in applications of the principle of nonmaleficence, to the practice of how bioethics is taught (Hall 2016; Reynolds 2015, 2016; Wieseler 2015).

Summary

My family attended church as regularly as we could. I remember vividly as a child that few came up to meet Jason without requesting to pray for his healing or the "needs" of our family. People rarely asked about him—about his lived well-being or who he was as a person. This is not to diminish the fact that there were some amazing people who helped my family in many ways over the years. But good intentions and deeds aside, the words and actions of many often demonstrated that they saw him as a problem, as a divine or human error needing a fix. I never saw Jason that way. He was perfect just the way he was. Yes, his seizures required phenobarbital. Yes, he needed twenty-four-hour care. But the greatest threat to his life and my family's was how hard society made it for him to be at all.

—Joel Michael Reynolds

In this chapter we introduced some of the main topics that have been of concern to feminist philosophers who specialize in the area of philosophy and disability. We focused on three central areas of philosophical inquiry where such work has made significant contributions to

philosophy: (1) metaphysics and ontology; (2) epistemology; and (3) ethical, social, and political philosophy, including feminist bioethics.

In line with feminist philosophy's general approach to identifying and remedying biases in the concepts that govern our thinking, feminist philosophers have been in the forefront of efforts to expose ableism as a problem both in principle and in practice. The work of feminist philosophers has upended long-standing intuitions about disability, especially those traditionally invoked to justify disabled people's being confined to the margins of social life. And in all three central areas of philosophy, the adequacy of philosophical theories is beginning to be tested with reference to their potential for addressing disability. Thus feminist-inspired theoretical approaches are reversing philosophy's traditional disinclination for acknowledging the existence of people with disabilities.

Some of the ideas presented in this chapter have previously appeared in the article "Feminist Perspectives on Disability" by Anita Silvers in the Stanford Encyclopedia of Philosophy.

Endnotes

1. DNR ("do not resuscitate") refers to a legal document signed by patients or their legal guardian instructing health-care professionals to not administer cardiopulmonary resuscitation or advanced cardiac life support if the patient's breathing or heart stops.
2. Dialogue in this episode is conducted in American Sign Language. The episode is based on the Deaf President Now student action that took place at Gallaudet University in Washington, DC, in 1988. The episode is available from various Internet sources, including <http://deafyouvideo.blogspot.com/2013/02/not-hearing-loss-deaf-gain.html>.

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