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## Moral wrongs, disadvantages, and disability: a critique of critical disability studies

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Critical disability studies (CDS) has emerged as an approach to the study of disability over the last decade or so and has sought to present a challenge to the predominantly materialist line found in the more conventional disability studies approaches. In much the same way that the original development of the social model resulted in a necessary correction to the overly individualized accounts of disability that prevailed in much of the interpretive accounts which then dominated medical sociology, so too has CDS challenged the materialist line of disability studies. In this paper we review the ideas behind this development and analyse and critique some of its key ideas. The paper starts with a brief overview of the main theorists and approaches contained within CDS and then moves on to normative issues; namely, to the ethical and political applicability of CDS.

**Keywords:** critical disability studies; ethics; justice; political philosophy

### Points of interest

- This article examines and critiques the ideas found within critical disability studies (CDS).
- The article argues that the accounts offered by CDS do not engage fully with the key ethical and political issues faced by disabled people.
- CDS does not examine how things ought to be for disabled people in terms of right and wrong, good and bad. Because of this omission it is not able to provide a good political or theoretical framework through which to discuss disability.
- The paper argues that an examination of disability must involve an engagement with moral and political issues, and must be sensitive to individual experiences as well as the social, material and economic circumstances.

### Introduction: critical disability studies

Critical disability studies (CDS) has emerged as an approach to the study of disability over the last decade or so and has sought to present a challenge to the predominantly Marxist/materialist line found in the more conventional disability studies

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approaches. The result of this development has been the production of some very interesting and worthwhile research and theorization around disability. In much the same way that the original development of the social model resulted in a necessary correction to the overly individualized accounts of disability that prevailed in much of the interpretive accounts which then dominated medical sociology, so too has CDS challenged the materialist line of disability studies.

The main aim of CDS is to deconstruct ideas about disability and to explore how they have come to dominate our approaches to the subject and how the ideologies that surround disability have been constructed. It is about unsettling ideas about disability and in so doing shaking up some of our assumptions about disability and critically engaging with the categories used to construct the 'disability problem'. CDS seeks to deconstruct the binary distinctions that it claims are used to create difference and hierarchies and obscure connections between disabled and nondisabled people (Shildrick 2012). Whilst there are many different theorists drawn upon by the various scholars writing in this paradigm, most of them can be loosely defined as post-structural anti-dualists.

Mariain Hill Scott (*nee* Corker) was one of the first academics from within disability studies to promote the ideas that laid the foundations of what has become CDS (Corker 1998, 1999). Drawing on the ideas of Judith Butler, she argued for a critical analysis of the terms used to define disability and impairment. She drew on socio-linguistic theory, in particular the work of Derrida, to argue that the project for disability theory should be to contest meanings, arguing that binary opposites, in which one term is given precedence over the other, exist so as to 'deceive us into valuing one side of the dichotomy more than the other' (Corker 1999, 638). Her contention was that through deconstructing such meanings and breaking down binary opposites the concept of disability and impairment could be conceptualized so as to present the problems faced by disabled people as one that arose in the relationship between impairment and oppression, the former acting as an unexamined biological foundation for the latter. This contrasts with a social model analysis that presents disability as the collective experience of oppression. Corker argued for the development of a social space where identities could be formed and fashioned free from the normative constraints imposed by bipolar norms of disabled/non-disabled.

These ideas have been taken up by many others and further developed both in the United Kingdom and the United States and elsewhere (for example, Campbell 2009a; Goodley 2011; McRuer 2010; Shildrick 2012). They, like Corker, have drawn on the ideas of Foucault, Butler and Derrida and have sought to unpack disability and impairment in terms of knowledge and power to unsettle ideas about both disability and normality as well as some of the key theories and assumptions that have been central to disability studies. Meekosha and Shuttleworth (2009) locate the origins of this development with a general concern about the binary nature of disability studies and the resulting impairment/disablement divide, a by-product, they argue, of the social model's simplistic materialist focus, both points made by Corker. Importantly they also cite the emergence of an interest in disability within the arts and humanities, particularly in the United States where much of the drive for this new approach to disability was originally located. In addition, Meekosha and Shuttleworth suggest that CDS marked an attempt by theorists to distance themselves from policy-makers and service providers who they felt had sought to co-opt the social model and use it for their own ends.

The use of what Shildrick (2012), following Butler and Foucault, terms critique has also been central. Through the employment of critique, CDS seeks to examine not just disability but also its genealogy, and the methodologies that have been applied in its study; it aims to contest accepted ‘truths’ and ideas, of disability and of impairment, and through this of disability studies itself. As Foucault argued:

A critique is not a matter of saying things are not right as they are. It is a matter of pointing out on what kinds of assumptions, what kinds of familiar, unchallenged, unconsidered modes of thought the practices that we accept rest. (1997, 155)

CDS then sees as one its primary goals an attempt to not only breakdown the impaired/non-impaired dualism, but to explore how these dualisms have obscured connections between people with and without impairment and in so doing present the categories as fluid and unstable. The aim is to create a renewed, more reflexive and theoretically cautious approach.

Differences between disabled and non-disabled people are described as being socially produced, and it is also argued that these differences are constructed for a political reason; to maintain dominance (Goodley 2011, 113). The standpoint of the privileged and powerful, in this case non-disabled people, has become the norm, and others are seen as deviant and inferior (Campbell 2009a). The aim is that through employing concepts such as ableism rather than the more typical disablism, the negative stereotypes and cultural values that surround disability and impairment can be challenged and focused away from the person with impairment. As Davis writes: ‘The problem is not the person with disabilities; the problem is the way that normalcy is constructed to create the “problem” of the disabled person’ (2010, 9).

### **Critical disability studies and hidden ethical judgements**

The ideas developed within CDS draw heavily on concepts developed in other areas of difference including ethnicity, sexuality and gender. Whilst it is not simply about conflating different approaches together with that of disability studies, the case for similarities are readily made (Shildrick 2012). McCruer (2010), for example, drawing on the ideas of Judith Butler juxtaposes compulsory heterosexuality with compulsory ablebodiedness, arguing that privileging heterosexuality and ablebodiedness acts to the detriment of others. The argument is that by disrupting the categories disabled/non-disabled, the discrimination experienced by disabled people can be challenged.

This attempt at what Sayer (2011) has called normative disorientation found in much of the theorizing around ableism creates problems. For example, how can we discuss or debate prevention when a feature of ableism is described as a ‘belief that impairment (irrespective of “type”) is inherently negative which should, if the opportunity presents itself, be ameliorated, cured or indeed eliminated’ (Campbell 2009b, 23)? Is the promotion of the use of folic acid before and during pregnancy based on an anti-disablist or perhaps ableist viewpoint; and if so, should CDS be campaigning against those who seek to promote these views? This gap is acknowledged by Meekosha (2011), but it has not been examined or unpacked. Whilst we may be accused here of constructing a ‘straw person argument’ it is consistent with Campbell’s claim.

This challenge to normativity, of what is good or bad, or right or wrong, characterizes much of the CDS literature. Whilst CDS often makes normative judgements

about policies or about the current understanding of disability or how contemporary social organization is morally wrong, it offers no evaluative arguments on impairments or on the implications of living with an impairment. Shildrick (2012, 40), for example, has argued that ‘all bodies are unstable and vulnerable’ and that there is ‘no single acceptable mode of embodiment’. Shildrick attempts a move to an ethical realm by posing what she describes as ‘an important ethical question: how can we engage with morphological difference that is not reducible to the binary of either sameness or difference?’ And, in line with this rather leading question, she continues: ‘If we are to have an ethically responsible encounter with corporeal difference, then, we need a strategy of queering the norms of embodiment, a commitment to deconstruct the apparent stability of distinct and bounded categories’ (Shildrick 2012, 40). In Shildrick’s view, any strategy, political arrangement, or ethical conceptualization that is based on a group identity built upon a binary distinction or difference, is ethically wrong. This is an interesting suggestion but unfortunately Shildrick does not provide any ethical argument to support it or a practical example of how it may be enacted.

It is, as Shildrick argues, safe to suggest that there is no ‘single acceptable mode of embodiment’, but at the same time it seems equally safe to suggest that there are a lot of people who would argue that some forms of embodiment are preferential to others. Seeing impairments as acceptable forms of human diversity is not the same as seeing them as neutral or insignificant. When people say that some forms of embodiment are preferential to others, they are ultimately referring to ideas about human well-being. In other words, one reason why people generally prefer not to have impairments is ethical; they believe that some impairments may in and of themselves prevent people from acting and moving as they wish, from doing valued activities, or faring well in general. Thomas (1999) coined the term ‘impairment effects’ to define these limitations and to separate them from those that arise from disablement. CDS is normative as well, albeit its normative focus is on social factors instead of individuals’ abilities. CDS, like the social model, contains a strong normative dimension that implies what is right or wrong as regards social arrangements, but neither model takes a clear normative approach to the lived, embodied and visceral experiences of having an impairment (Vehmas 2004).

Human beings are dialogical beings and the significance of disability or impairment and their impact on well-being will tend to be comparative. As Sayer argues: ‘we measure ourselves not so much against absolute standards but against what others are like, particularly those with whom we associate the most’ (2011, 122). Evaluative judgements in relation to the individual experience of both disability and impairment are important. If we are to properly understand social phenomena, such as disability, we have to recognize their normative dimensions and the values attached to them. Value-laden statements, as Sayer (2011) argues, can strengthen the descriptive adequacy of accounts. Sayer demonstrates this by using the example of the Holocaust. This, he says, can be represented in two ways: ‘thousands died in the Nazi concentration camps’ and ‘thousands were systematically exterminated in the Nazi concentration camps’. The latter sentence is not only more value-laden than the first, but more accurate as well (Sayer 2011, 45). We would argue that talking about ableism, disablism or oppression does not make sense without reference to normative judgements about people’s well-being, as without such a discussion only a partial picture will emerge. The same may also apply to judgements about fair social arrangements.

CDS does not engage with ethical issues to do with the role of impairment and disability in people's well-being and the pragmatic and mundane issues of day-to-day living. Imagine, for example, a pregnant woman who has agreed, possibly with very little thought, to the routine of prenatal diagnostics, and who has been informed that the foetus she is carrying has Tay-Sachs disease. She now has to make the decision over whether to terminate the pregnancy or carry it to term. The value judgements that surround Tay-Sachs include the fact that it will cause pain and suffering to the child and he or she will probably die before the age of four. These are morally relevant considerations to the mother. Whilst CDS would probably guide her to confront ableist assumptions and challenge her beliefs about the condition, considerations having to do with pain and suffering are nevertheless morally significant. The way people see things, and the language that is used to describe certain conditions, can affect how they react to them, but freeing oneself from ableist assumptions may not in some cases be enough. There may be insurmountable realities attached to some impairments where parents feel that their personal and social circumstances would not enable them to provide the child or themselves with a satisfactory life (Vehmas 2003).

Impairment sometimes produces practical, difficult ethical choices and we need more concrete viewpoints than the ideas provided through ableism, which offers very little practical moral guidance. It is questionable whether the notion of ableism would help the parents in deciding whether to have a child who has a degenerative condition that results in early death. Campbell (2009a, 39, 149 and 159), for example, discusses arguments about impairments as harmful conditions, the ethics of external bodily transplants as well as wrongful birth and life court cases (whether life with an impairment is preferable to non-existence), and how ableism impacts on discourse around these issues. Whilst her analysis of such ableist discourses suggests ethical judgements, she provides no arguments or conclusions as to whether, for example, external bodily transplants are ethically wrong or whether impairment may or may not constitute a moral harm.

Under the anti-dualistic stance adopted by CDS, even the well-being/ill-being dualism becomes an arbitrary and nonsensical construct. Under ableism it can be constructed as merely maintaining the dominance of those seemingly faring well (supposedly, 'non-disabled' people), and labels those faring less well as having lesser value.

There may not be a clear answer to what constitutes human well-being or flourishing, but in general we can and we need to agree about some necessary elements required for well-being. Also, as moral agents we have an obligation to make judgements about people's well-being and act in ways that their well-being is enhanced (Eshleman 2009). This is why we have, for example, coronary heart disease prevention programmes because the possible death or associated health problems are seen as harms. Possibly these policies are based on ableist perspective, but if that is the case then the normative use of ableism is null; eradicating supposedly ableist enterprises such as coronary heart disease prevention would be an example of *reductio ad absurdum*. Denying some aspects of well-being are so clear that their denial would be absurd, and simply morally wrong.

CDS raises ethical issues and insinuates normative judgements but does not provide supporting ethical arguments. This is a way of shirking from intellectual and ethical responsibility to provide sound arguments and conceptual tools for ethical decision-making that would benefit disabled people. If we are to describe disability,



disablism, and oppression properly, we have to explicate the moral and political wrong related to these phenomena. Whilst CDS has produced useful analyses, for example, of the cultural reproduction of disability, it needs to engage more closely with the evaluative issues inherently related to disability. As Sayer has argued (against Foucault):

while one could hardly disagree that we should seek to uncover the hidden and unconsidered ideas on which practices are based, I would argue that critique is indeed exactly about identifying what things ‘are not right as they are’, and why. (Sayer 2011, 244)

By settling almost exclusively to analyses of ableism without engaging properly with the ethical issues involved, CDS analyses are deficient. The moral wrongs related to disablism or ableism are matters of great concern to disabled people, and CDS should in its own part take the responsibility of remedying current wrongs disabled people suffer from.

### **Disability and disadvantage**

In the final sections of this paper, we will discuss CDS in the light of the politics of disability. We will challenge its key ideas and their political use. We argue that deconstructing categories of difference is neither necessary nor desirable in the pursuit of justice for disabled people. Abolishing oppression requires recognition of the various ways different groups of people are marginalized and oppressed, and to do this requires more than an analysis of their categorization and their historical genealogy.

Tackling disadvantage has been the main theoretical and political aim of disability studies and from its first inception academics such as Oliver, Barnes and Finkelstein were interested in documenting the disadvantage experienced by disabled people and how it can be prevented or challenged. It shares with political philosophy a desire to identify and critique discrimination associated with the ill-treatment of disabled people and their subordination (Wolff and De-Shalit 2007, 3). Improving the position of the worst off is generally seen, at least in an egalitarian outlook, as a matter of justice because people’s social status and well-being is inevitably related to the way society is organized. In order to create fair social responses to disadvantage, we have to have a common understanding about disadvantage, and a reasonable (non-arbitrary) way of comparing disadvantages and correcting them.

The crucial issue is to define a proper metric of justice. In other words, ‘what should we look at, when evaluating whether one state of affairs is more or less just than another?’ (Robeyns and Brighouse 2010, 1). For example, what should be the primary focus for justice and how should it be evaluated? Is it the distribution of happiness, wealth, or something else, and how can these be measured? Western political thought has evolved from the contractarian tradition where people voluntarily commit to follow norms and laws they have established in order to ensure peaceful social life. Its most influential recent theorist was John Rawls (1971), whose proposal for the proper metric of justice was the idea of social primary goods; those goods that any rational person would want regardless of whatever else they wanted. Rawls’ list of social primary goods included things such as freedom of thought, movement and choice of occupation, equality of income and wealth, as well as social basis of self-respect. For Rawls the distribution of social primary goods is the main concern of justice. Rawls’ theory has been criticized for excluding people who

do not conform to the demands of normality from the spheres of justice. And indeed, Rawls did exclude disabled people from his theory as exceptions to the rule; we should, he argued, first work out a convincing theory for the ‘normal’ people and after that extend it to the ‘more extreme cases’ such as disabled people (Robeyns and Brighouse 2010, 3).

Rawls’ ideas have recently been challenged by the capabilities approach, a theory developed initially by Amartya Sen and later by Martha Nussbaum (2006). Instead of focusing on resources such as income, wealth or legal rights, the capabilities approach emphasizes the significance of *functionings* and *capabilities*. Functionings refer to states of the person; things such as literacy, health, mobility, and the ability to appear in public without shame (Anderson 2010). Capabilities, on the other hand, are the real freedoms or opportunities to achieve functionings. So mobility is a functioning whereas the real opportunity for mobility is the corresponding capability (Robeyns 2011). Nussbaum (2006, 76–78) identifies 10 capabilities, ranging from life, ‘bodily health’, bodily integrity, physical security to emotions, affiliation and control over one’s environment. Capabilities provide the bare minimum that all humans should be able to achieve in terms of valued functionings and well-being. So, justice concerns ‘the capabilities to choose a life one has reason to value’ (Robeyns and Brighouse 2010, 2). Lacking involuntarily any capability or central human functioning amounts to a disadvantage. If we are to make comparative judgements about people’s well-being, we have to be able to come to an understanding of how well each individual is doing with regard to various functionings (Nussbaum 2006, 69–81; Wolff and De-Shalit 2007, 36–62).

The capabilities approach is an exceptional philosophical theory in that it has been operationalized. The United Nations, and a number of national governments, most notably the United Kingdom, have all used it as a basis for practical policy development and implementation. It is the basis for the UK’s Equality Measurement Framework, a tool developed for and implemented as part of the equality initiative launched by the last government. Unlike the ideas of Rawls, it has been successfully applied to disability (Burchardt 2004; Nussbaum 2006). The capabilities approach has been criticized on various grounds (Pogge 2010; Walby 2009) but, despite its possible shortcomings, it is one of the few philosophical theories that engages with issues, including disability, in a manner that is not only theoretically illuminating but also politically practical (Sayer 2011).

Working within the capabilities approach agenda, Wolff and De-Shalit (2007, 172) have suggested a way of determining the issue of disadvantage by introducing two factors: what the person has or has access to, and what they can do with it. What the person has includes both internal resources, such as talents and skills, and external resources, such as wealth, income and less tangible matters such as family and community support. How effectively these can be used depends on various structures operating in society: laws and customs, the influence of tradition, informal and formal power relations, religion, language, culture and other social norms:

the interaction of your internal resources and your external resources with the social and material structure within which you find yourself, determines your genuine opportunities for secure functionings [...] In short, your resources are what you have to play with; the structure provides the rules of the game. (Wolff and De-Shalit 2007, 173)

Aspects of social structure are as important in determining your genuine opportunities as your internal and external resources.

Accordingly, tackling people's disadvantage can take place in three different dimensions that may or may not be related to each other: internal resources, external resources and social structures. There are at least four strategies for addressing these disadvantages: personal enhancement, cash compensation, targeted resource enhancement, and status enhancement (Wolff and De-Shalit 2007, 173–174). *Personal enhancement* is achieved through education and training as well as psychological and medical interventions. In *cash compensation*, people are given money to spend as they need. In the case of *resource enhancement*, people are provided with resources for a particular purpose (in the case of disabled people this could mean the use of an aid to daily living such as a computer with speech synthesizer or service such as personal assistance). Effective improvement of people's internal or external resources cannot take place without social arrangements that recognize the equal rights of all. In practice this means *status enhancement*, where people's opportunities and social status are improved by social changes, such as changes in law and social attitudes and the material environment.

If the aim of a just society is to guarantee its members an equal chance for a minimum level of well-being, it needs to define the kind of disadvantage that is a matter of social concern. In addition it must also be able to identify the most disadvantaged members of society, and what factors affect how well-off or badly-off people generally are. These measures enable evaluation (Wolff and De-Shalit 2007, 21). This is necessary because, under conditions of finite or scarce resources, we need to not only have general criteria on the allocation of support (Stone 1984) but also know what works and what does not. Under conditions of finite resources, society needs to decide how to allocate resources between various sectors of justice and this needs to be done democratically. These decisions cannot be taken without an evaluation of how significant certain functionings are for human well-being in general, and what kind of weight they should have in our societal apparatus (Wolff and De-Shalit 2007, 92–93).

Nussbaum (2006) emphasizes that satisfactory political theory must be pluralist in the sense that it takes into account cultural variation. At the same time, and to a degree, it must also be normatively objective as people often submit to the *status quo* against their own interest and adapt to their own deprivations. An acceptable principle of public justice must be capable of being known by all because justice fundamentally concerns claims that we can make to others; 'Justice embodies demands of particular persons that can, by right, be *exacted* from others' (Anderson 2010, 86; original emphasis). Capabilities theorists argue that political theory should be based on an objective (albeit an open-ended and subject to ongoing revision and rethinking) list of components of well-being and relevant capabilities people need to function as equals (Anderson 2010, 85–86; Nussbaum 2006, 73–76). The capabilities approach is inherently normative and based on normative assumptions of what is and is not acceptable.

Both individual and social factors are significant to the achievement of central human functionings/capabilities. Various illnesses and impairments impose exceptional risks and vulnerabilities to people's well-being. Consider, for example, motor neuron disease, a progressive terminal condition that affects the nerve cells that control voluntary muscle activity such as walking, breathing and swallowing. Clearly, such a fatal health condition is a disadvantage in its own right, but it also has an

accumulative disadvantage that has negative effects on other functionings such as on one's livelihood, relationships, and psychological well-being. As Wolff and De-Shalit (2007) argue, disadvantages often cluster around individuals, sometimes even creating a cross-generation clustering where parents' disadvantage appears among their children, either directly (in the case of drug addiction or teenage pregnancy) or indirectly. Personal disadvantages such as bad health are by no means the only and the most significant sources of causal clustering of disadvantage. Often social factors play a much more significant role in the formation of disadvantage. For example, low social status reduces the opportunities for control over one's environment, which often results in worse health and shorter life expectancy (Marmot et al. 2010; Wilkinson and Pickett 2010). Similarly, a lack of social affiliation that has resulted from racism, disablism, stigmatization, hostility and unemployment may prevent people from being properly educated and participating fully in society. This kind of social exclusion is psychologically damaging and harmful to one's health, and undoubtedly creates disability (Wolff and De-Shalit 2007, 120–125).

Disadvantage and discrimination are so central to the experience of disabled people that they are one of the key ways in which they are actually identified (Thomas 2007). Having briefly looked at the ideas behind capabilities we now move on to explore the use of CDS as a political theory and its potential as an agent of change. We examine whether CDS is of any use in the pursuit or eradication of injustice faced by disabled people and in the fight against oppression.

### **Critical disability studies and justice**

The influence of CDS and its challenge to the assumption that disability is a uniform condition have enabled the emergence of new ideas on disability. In particular, this has enabled the development of a theory that can take account of not only impairment effects but also can include class, ethnicity, sexual orientation or cultural identities. It has also argued for the re-emergence of a new political identity, one where a solidarity that was previously built on a common single identity is replaced by one that incorporates multiple voices including representatives from across the range of constituencies. The politics that it seeks to develop will be the ending of the single interest group identity of the disability movement to be replaced by single-issue groups campaigning for different social issues. To paraphrase Lister (1998, 74), if disability and impairment are simply to be 'deconstructed into a kaleidoscope of shifting identities' and ableist discourses, there will be no disabled people left to either fight for the right to be, or to be a citizen.

If the principles of CDS are evaluated critically in the light of disadvantage, its analytical and political value becomes questionable. Its relativism and its suggestions that impairments are ethically and politically merely neutral differences are false. Impairments often have very tangible effects on people's well-being, many of which cannot be explained away by deconstruction (for example, Shakespeare 2006; Thomas 1999). Recognizing impairment effects is necessary in order to secure proper treatment and social arrangements that enhance disabled people's well-being and social participation. CDS runs the risk of dismissing not only the personal experiences of living with impairment, but also the significance of the differences between socially created disadvantages. These disadvantages that often result from oppressive social arrangements, are very much real and take place in different ways for different disadvantaged groups.

Disabled people typically experience disadvantage in relation to the market and capitalism, and they have to a large extent been excluded from employment and from equal social participation, respect and wealth (Wolff and De-Shalit 2007, 26). On top of these materialist disadvantages, disabled people are stigmatized as deviant and undesirable, and also subordinated to various oppressive hierarchical relations. For disabled people to achieve participatory parity, they require more than recognition; they need material help, targeted resource enhancement, and personal enhancement (Wolff and De-Shalit 2007). Disability is rooted in the economic structures of society and demands redistribution of goods and wealth. In contrast to some other oppressed groups, disabled people require more than the removal of barriers if they are to achieve social justice. This extra help might be small – for example, allowing a student with dyslexia extra time in an examination – through to complex interventions such as facilitated communication, a job support worker or 24-hour personal assistance. Whatever the size, it is an extra cost both to employers and to the state. These are real needs and represent real differences. Without an acceptance of these differences it is hard to see how we could move forward. Whilst these ‘real differences’ can be presented as the result of dominant ableist discourses where disabled people’s needs are regarded as extra cost, this does not solve the problem. The problems disabled people face require more than ideological change, and ideological change is of little use if it does not result in material change.

CDS fails to account for the economic basis of disability and offers only the tools of deconstruction and the abolishment of cultural hierarchies to eradicate economic injustice. This, as Fraser (2000) has argued, would be possible in a society where there were no relatively autonomous markets and the distribution of goods were regulated through cultural values. In such a society, oppression based on identity would translate perfectly into economic injustice and maldistribution. This is far from the current reality where ‘marketization has pervaded all societies to some degree, at least partially decoupling economic mechanisms of distribution from cultural patterns of value and prestige’ (Fraser 2000, 111). Markets are not controlled by nor are they subsidiary to culture; ‘as a result they generate economic inequalities that are not mere expressions of identity hierarchies’ (Fraser 2000, 111–112). The disadvantage related to disability is to a great extent a matter of economic injustice, and before this injustice can be corrected we have to be able to identify those individuals and social groups that have been disadvantaged by social arrangements. Whilst this does create and foster categories and binaries between groups of people, it also requires some sort of categories to start with; namely, the various categories of disadvantage.

Both the social and physical mechanisms that produce human diversity are real, and they produce tangible differences that cannot be challenged, let alone abolished, merely by pointing out the wanton nature of difference, and deconstructing the meanings attached to disability. Changing the social conditions that disadvantage and disable some people demands that the diverse, sometimes dualistic, reality of social advantage and disadvantage between different groups of people is recognized. This is exactly why group identities based on, for example, impairment, gender, or sexuality have been invaluable tools in the resistance against discrimination and oppression – in the fight against socially produced disadvantage. Confident, positive disability identity has enabled many disabled people to actively challenge the *status quo* that disadvantages them and to claim rights and power and participation in dominant institutions. Being different from the so-called normal majority is no longer

considered to conflict with a good life, equality and respect. Quite the opposite, positive realization of one's difference has been liberating and empowering to many disabled people (Shakespeare 2006; Morris 1991). For a radical and active disability movement to emerge and for disabled people to take action on their own account, they have to see themselves as an unfairly marginalized or disadvantaged constituency and a minority group (Shakespeare and Watson 2001). The category disabled/non-disabled is a good abstraction that can enable the development of communities of resistance, and without it is hard to see how these could develop.

CDS is premised on the idea that difference acts as a precursor to the normalizing of behaviour and a requirement to treat people differently and, importantly, less favourably. There is, however, no evidence to suggest that the categories that are applied to disabled people create an unnecessary divide between disabled and non-disabled people. You could equally make the point that without these categories we would not know what it is we have to do, what actions we have to take or what services we have to put in place to include disabled people. Indeed, for many disabled people the disadvantages they are subjected to arise not as the result of domination but through neglect and the denial of services and through society failing to take responsibility for those in need. As Wolff (2009, 114) points out: 'anti-discrimination policy needs to identify a group to be protected.' In other words, it is impossible to fight the oppression of a group of people that does not exist. Recognition of impairment is also crucial regarding legislation and policy that aim to protect disabled people against discrimination. The point of anti-discrimination legislation is to protect people from discrimination on the basis of their physical and mental properties, not on their opportunity to achieve equal participation and respect. Thus, 'the parallel to race and gender is not disability but impairment' (Wolff 2009, 135).

## Conclusion

The disability movement, like other emancipatory movements, is based on a positive sense of a group difference, and whilst the CDS perspective does not deny the reality of social groups such as disabled people, it asserts that such social group differences are undesirable and potentially harmful. We argue that this normative thinking is not fruitful because a society without group differences is not a realistic possibility; CDS is neither able to articulate or to even theorize how such a society would exist. For CDS to be successful one has to accept the idea not only that the disabled/non-disabled binary does not exist but also that such a binary is neither desirable, ethically justifiable or useful.

Further, deconstructing differences will not in and of itself produce respect and equality between all people with various characteristics. Neither will it result in a social order free from a sense of difference. It is simply unrealistic to assume that a society could exist were people would not see some other people as different, and their lives or characteristics as representing a deviation from some norm considered important regarding good human life. This is because some of the individual characteristics that define disabled people are, sometimes with good reason, undesirable, even in a utopia where all differences would have been queered. Disability is not the same as many other group identities and we need to explore both morally and socially disability and difference rather than simply use difference as a concept through which to critique the disability identity. There are no rational reasons to consider homosexuality or gender undesirable characteristics whatever the social



context, but there are many impairments that can reasonably be seen as undesirable (Shakespeare 2006). Motor neuron disease, depression or spinal cord injury are the kinds of conditions that we would prefer not to have, and this is not merely because of the cultural representations attached to them but because these conditions are the kinds of predicaments that cause suffering irrespective of one's cultural environment. In acknowledging that impairments can include an undesirable dimension does not imply devaluing people with impairments nor their positive group identity (Shakespeare and Watson 2010). As long as people are genuinely free to decide for themselves and feel about themselves however they wish to feel, we are pretty close to relational justice, free from hierarchical evils. Imposing on people ableist or disablist assumptions is certainly wrong, but so would be the denial of the personal experiences of fearing the loss of one's physical and mental capacities, or the fear of dying (Carel 2008). To explain the psychological anguish related to conditions such as motor neurone disease or depression merely in terms of internalized oppression and ableism would be insensitive, disrespectful and simply nonsensical.

We have argued that CDS and its principles of deconstructing differences are ethically and politically unhelpful. CDS fails to offer guidance on how to solve moral dilemmas and on how to distribute goods in society fairly. Matters of distribution and relations between people are inescapable in making a just society, and exactly the kinds of issues any truly critical theory of disability must seriously engage with, if it wants to make a real difference in the real world.

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