

Minority Minds: Mental Disability and the Presumption of Value Neutrality

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ABSTRACT *Elizabeth Barnes has recently developed an account of disability that is sensitive to the role of self-evaluation. To have a physical disability is, according to Barnes, to have a body that is merely different from the norm. Yet, as Barnes notes, some disabilities will genuinely frustrate some life plans. It may be the case, therefore, that a disability is instrumentally bad for a person and that acquiring one may be a genuine loss. Equally, however, a person may genuinely value a disability such that it is instrumentally good for them and that they experience the acquiring of it as a gain. Notably, Barnes explicitly restricts this analysis to physical disabilities, leaving open the status of mental disabilities. Nevertheless, Barnes does not rule out the extension of her model to this category, and she expresses a desire to see future work on other disabilities built upon it. This article takes up this challenge, making the case that to possess a mental disability is merely to possess a minority mind.*

1. Introduction

Nearly 40 years since the term was first coined by Mike Oliver,¹ the social model of disability remains profoundly influential in public discourse.² By highlighting the ways in which social factors can ameliorate or worsen disability, advocates of the social model have successfully influenced the public policy responses of many jurisdictions. The government of the United Kingdom, for instance, recently signalled an intention to grant legal recognition to British Sign Language: a policy decision that implicitly recognises the role of the state in determining the level of disability that accompanies deafness.³

Alongside achievements of this kind, the social model has also been highly influential in the philosophy of disability, wherein it has challenged widely held assumptions about the intrinsic value of disabling conditions with respect to wellbeing. If, for instance, the level of disability a person with impaired mobility faces varies according to the prevalence of elevators in buildings, it seems intuitive to think that the effect such a condition has on a person's wellbeing would also vary according to social factors.

It seems unlikely, however, that all the negative wellbeing effects of all disabilities are solely of social origin. For some (if not all) of us, our goals and senses of ourselves can be tied to our capacities in such a way that, if we were to lose them, we would experience a genuine loss in wellbeing. Were English footballer Beth Mead, for example, to develop a condition that restricted the use of her legs, it would seem, at the very least, highly unsympathetic to tell her that she should not regard this change in her bodily status as a bad thing.

That at least some disabilities can be bad for a particular person in a particular context, however, does not entail that those disabilities are inherently negative with respect to

wellbeing. After all, not all persons possess the value sets of professional footballers, so not all persons possess goals and self-conceptions that are reliant on their ability to use their legs. So, while the wellbeing effects of disabilities may not always depend on social factors, there is a sense in which they can still be understood as fundamentally context dependent: dependent, that is, on the value sets of their bearers and the social contexts in which they exist.

Elizabeth Barnes, in her landmark monograph *The Minority Body*, has developed an account of disability that is sensitive to this point. Disabilities, on Barnes's account, are mere differences that are value neutral with respect to wellbeing.⁴ To hold this view is not to hold that negative wellbeing effects of disability, when they are apparent, are never severe nor worth serious attention. Nor is it necessarily to hold that no disability can be universally disvalued. To hold this view, rather, is to reject sweeping claims about the value of disabilities and to defer to the self-evaluations of persons who live with them.

Notably, Barnes explicitly restricts her analysis to physical disabilities, leaving the status of mental disabilities left open.⁵ This is regrettable, in no small part because persons with disabilities of this kind are often subject to stigmatising depictions within the field of academic philosophy, many of which proceed from the view that they are inherently negative with respect to wellbeing.⁶ Nevertheless, Barnes does not rule out the extension of her model to these categories, and she expresses a desire to see future work on other disabilities built upon it.⁷ In this article, I take up this challenge, arguing in favour of extending Barnes's account to mental disability.

The rest of the article is divided into two main sections. In the first, I address Barnes's first reason for restricting her analysis to physical disabilities: that their inclusion would make the term 'disability' more difficult to define.⁸ On the contrary, by following her argument closely, I demonstrate that mental disabilities can be included within Barnes's own definition of disability with only a minor, nondisruptive amendment. In Section 3, I address Barnes's second reason for restricting her analysis: that appeals to the epistemic value of the testimonies of persons with mental disabilities are more controversial and require more complicated defence than similar appeals regarding those of their physically disabled counterparts.⁹ I do not dispute this but instead offer such a defence, laying the groundwork necessary to fully extend Barnes's value neutral account of disability to mental disabilities.

2. Including the Mental in the Definition of Disability

The term 'disability' encompasses a range of heterogeneous conditions; a fact that has made it notoriously difficult to define precisely.¹⁰ This heterogeneity, moreover, is present both at the general level and among its subtypes: paraplegia differs significantly from other physical disabilities like Ehlers-Danlos syndrome; Down's syndrome differs significantly from other mental disabilities like schizophrenia; and all four of these conditions differ significantly from another. It is perhaps unsurprising, then, that Barnes cites concerns of definitional complexity as a key motivator for restricting her account to physical disabilities.¹¹

Nevertheless, as I suggest in this section, this move is overly cautious. By following Barnes's argumentative structure closely, this section demonstrates the ease of including mental disability in every stage of her argument. Barnes's desiderata for a good definition of physical disability can be repurposed as desiderata for a good definition of disability

simpliciter. Consequently, if Barnes's arguments against various common definitions of disability are rerun with mental disabilities in mind, they produce the same results. Likewise, her own definition of disability – any condition the disability-rights movement should be advocating on behalf of, given its own rules – can easily include mental disabilities with only a minor, nondisruptive amendment. If we are to accept that to possess a physical disability is to possess what Barnes calls a minority body, then, we ought also to accept that to possess a mental disability is to possess a minority mind.¹²

2.1. *Mental Disability and Barnes's Desiderata*

Barnes proposes four desiderata for a successful definition of physical disability: that it (i) delivers correct verdicts for paradigm cases, (ii) does not prejudge normative issues, (iii) is unifying or explanatory, and (iv) is not circular.¹³ A failure to meet any of these four conditions, she argues, significantly undermines the explanatory power of a definition and makes it unsuitable for grounding an analysis of the value of disability.¹⁴ These conditions are not beyond dispute, but the aim of this section is not to undermine them. Instead, I will take them as given but demonstrate that they are not merely plausible desiderata for a successful definition of physical disability, but also for a successful definition of disability simpliciter. The ease of including mental disabilities within Barnes's framework, then, ought to be evident from her first argumentative move.

Desideratum (i) is presented with a relatively straightforward rationale. Any definition that violates this by either failing to categorise a paradigm disability as such or wrongly categorising a nondisability as a disability is, in Barnes's terms, a 'non-starter'.¹⁵ The extension of this to mental disabilities is equally intuitive; if a definition of disability that excludes multiple sclerosis can be rejected out of hand, so too can definitions that do not correctly categorise ADHD or schizophrenia as disabilities. Likewise, if a definition of disability can be rejected for wrongly including nondisabling physical differences like heterochromia (the possession of differently coloured eyes), so too can it be rejected for wrongly including nondisabling mental differences like eidetic memory. Desideratum (i), then, is a plausible desideratum for a definition of disability simpliciter.

The rationale for desideratum (ii) may be more controversial. At least some philosophers who are convinced that most (if not all) disabilities are intrinsically detrimental to wellbeing would, presumably, be unmoved by the demand that the definition of disability should not prejudge this issue. Yet, as Barnes argues, her demand for normative neutrality is not an attempt to stack the deck in her favour, but an attempt to ensure philosophical rigour; we cannot, evidently, intelligibly engage in disputes about the value of disability with respect to wellbeing if we cannot agree on a neutral definition of the concept. To conclude otherwise would be to risk question begging.¹⁶ With this understood, the rationale for extending desideratum (ii) so that it covers mental disabilities ought to be obvious: intelligible discussion of the value of mental disabilities with respect to wellbeing, alongside their physical counterparts, requires a definition that does not prejudge these issues.

As they are closely related, desiderata (iii) and (iv) share the same justification. While nonunifying or circular definitions may be adequate in certain legal contexts, in which all that matters is who counts as disabled, Barnes argues that they are insufficient in a philosophical context, in which we need to know what disability is.¹⁷ If this is right, then definitions that do not posit a unifying property, or posit one that is clearly

circular – such as the experience of ableism, a phenomenon that is usually understood as prejudice against people with disabilities – must be rejected.

Now, as previously stated, Barnes in part justifies the exclusion of mental disabilities from her account on the grounds that they would introduce complexities that would make this requirement harder to fulfil. As I will go on to argue, I think she is overly cautious on this point, but it is not necessary to litigate this dispute at this stage. In principle, the key aim of a philosophical definition of disability that includes mental disabilities is exactly the same as the key aim of a purely physical definition: to determine what disability is. Whether or not the former is more challenging is entirely beside the point; these are equally good desiderata for an inclusive definition as for one that excludes mental disabilities.

In sum, each of Barnes's four desiderata for a successful definition of physical disability are also good desiderata for a successful definition of disability simpliciter. In a sense, this is the easiest hurdle to clear in justifying an expansion of Barnes's account to include mental disability. Nevertheless, having demonstrated the potential for such an expansion at the very first step of Barnes's argument, the groundwork has now been laid to deliver upon it in the remainder of this section.

2.2. Barnes's Desiderata and Common Definitions of Disability

Before building her positive account of physical disability, Barnes uses her four desiderata to dismiss a swathe of common definitions of disability. In this subsection, which follows her division of these definitions into 'naturalistic' and social constructivist camps, I demonstrate that inclusive reinterpretations of these definitions can be rejected for exactly the same reasons offered by Barnes. In so doing, I further undermine the validity of her appeal to definitional complexity as part of her justification for the exclusion of mental disabilities by suggesting that her negative arguments would have yielded the same results had she included them from the outset.

2.2.1. Naturalistic definitions

A definition of physical disability is naturalistic, according to Barnes, if it attempts to explain what physical disability is by appealing to (purportedly) natural or objective features of disabled bodies.¹⁸ Yet, notably, neither of the two accounts that she places in this category – that disability is a departure from normal species functioning, a view she traces back to Aristotle,¹⁹ and that disability is a lack of an ability most people have²⁰ – are exclusively physical. They can, therefore, just as easily be described as naturalistic definitions of disability simpliciter, in the sense that they attempt to explain what disability is by appealing to (purportedly) natural or objective features of disabled bodies or minds.

It is not just the definitions themselves that can be frictionlessly reinterpreted to include mental disability but also Barnes's reasons for rejecting them. Consider first her rejection of the view that disability is a departure from normal species functioning. As Barnes argues, an unqualified version of this definition clearly violates desideratum (i), because it includes departures from normal species functioning that are broadly considered to be nondisabilities. This is no more evident than in Barnes's example of the American swimmer Michael Phelps, whose unusually large feet and low production of lactic acid (alongside other physical differences) afford him an ability to swim that significantly departs from our species norm but is, evidently, not a disability.²¹

The robustness of this reasoning applies equally to cases of departure from normal species functioning that are mental in nature. Persons with synaesthesia, for instance, experience a blending of the senses that clearly departs from the species norm. Yet, synaesthesia is not, by itself, a mental disability. The unqualified version of this definition, then, can be rejected as both a definition of disability and of disability simpliciter.

Drawing on Norman Daniels, however, Barnes notes that versions of this account are usually appealing to a notion of 'normal' that is substantively normative, rather than just statistical.²² In other words, rather than referring to the way most people are, accounts that define disability as a departure from normal functioning tend to draw on an idea of a species design, for which the functions of survival and reproduction are paramount.²³

Yet, as Barnes notes, the same physical attributes that make Michael Phelps a good swimmer may also shorten his life – but he is still emphatically not a disabled person.²⁴ Likewise, high levels of intelligence have been demonstrated to correlate with lower levels of fertility, meaning highly intelligent people are less likely to successfully engage in the species typical reproduction of offspring,²⁵ yet high intelligence, by itself, is not a disability. Even qualified in this respect, then, this definition violates desideratum (i) for both physical disability and disability simpliciter.

The second naturalistic account Barnes considers – that a disability is a lack of an ability that most people have – manages to avoid the Michael Phelps problem. She notes, however, that many physical disabilities, such as chronic pain disorders, involve a fluctuation of ability levels, as opposed to a lack of abilities *per se*. There are also many disabilities that can be understood as involving enhanced ability (such as an enhanced sensitivity to pain). Moreover, many nondisabilities, such as being a petite woman, involve a lack of abilities that most people have, such as being able to easily reach high shelves. Consequently, she argues, this definition, as a definition of physical disability, still violates desideratum (i).²⁶

Similar points can be made about mental disabilities, offering similar grounds for rejecting it as a definition of disability simpliciter. Persons with ADHD are, generally speaking, not unable to focus on tasks they consider boring but, rather, may only be able to do so with a great deal of effort.²⁷ Moreover, they could also be described as possessing enhanced abilities to focus when their interest is piqued, through a phenomenon known as hyperfocus.²⁸ Likewise, there are some persons who lack mental abilities that most people have who are not rightly considered disabled. For instance, some people purport to never remember their dreams: an ability that, at least according to a recent poll of US adults for CBS News, most people have.²⁹

Having rejected each of these definitions for failing to meet her desiderata, Barnes rejects the entire approach that naturalistic definitions of physical disability take. Each of these definitions can easily be understood as definitions of disability simpliciter, and, as I have demonstrated here, each can easily be rejected on the same grounds offered by Barnes. The inclusion of mental disabilities, therefore, does nothing to disrupt the first half of Barnes's negative arguments about definitions.

2.2.2. *Social definitions*

After dispensing with common naturalistic definitions of disability, Barnes then turns to three potential accounts of disability as socially constructed. She first considers the social model of disability, referenced at the outset of this article, which defines disability as the socially imposed disadvantage borne by bearers of underlying impairments.³⁰ Then, she

considers an ameliorative account of disability, using the framework established by Sally Haslanger.³¹ Finally, she considers the view that disability ought to be defined according to self-identification. As definitions of physical disability, Barnes finds each of these definitions wanting. Following her arguments closely, here I will demonstrate that they are also inadequate definitions of disability simpliciter.

According to Barnes, the social model of disability cannot sidestep the issues she identifies with naturalistic accounts. This is so, because the model cannot be coherent without a naturalistic account of impairment, onto which these issues would be transferred. For example, even though his lack of socially imposed disadvantage might prevent Michael Phelps from being categorised as disabled under the social model, there is a significant risk that it would classify him as impaired.³²

Now, it ought to be noted that some of Barnes's critics have questioned the force of this concern. For Dana Howard and Sean Aas, for instance, it is not obviously mistaken to classify Michael Phelps as impaired, due to the possible effect of his physical differences on his lifespan, but not disabled, due to the lack of socially imposed disadvantage. Such a claim, after all, would be tracking commonly held intuitions about the distinction between disability and health concerns.³³

Nevertheless, because it is not obvious that the disadvantages of all 'impairments' are a result of social disadvantage, the social model of disability still violates desideratum (i) by failing to clearly categorise paradigm cases of disability correctly. Barnes raises the case of chronic pain disorders to make exactly this point; while it may be that the fluctuating capacities of persons experiencing chronic pain could be better integrated into society, it seems implausible to think that this would cause their associated disadvantages to disappear. The social model fails to be extensionally adequate, in this sense, because it misses the internal, embodied origins of many disabilities.³⁴

An identical line of criticism can be applied to a social model of disability that includes mental disabilities. As I have already argued, Barnes's criticisms of naturalistic definitions of physical disability apply straightforwardly to definitions that include the mental, so it follows that her concerns about the transferal of these issues to definitions of impairment would also apply. Similarly, while it might be argued that it is not that unintuitive to think of someone without the ability to remember dreams as impaired but not disabled, a social model of disability simpliciter would still violate desideratum (i), because there are mental disabilities, such as chronic depression, whose disadvantages are not plausibly understood to be entirely of social origin.

A similar failure to meet the demands of desideratum (i) is apparent in the Haslangerian model Barnes develops. Upon this account S is disabled if and only if:

- (i) S is regularly and for the most part observed or imagined to have certain bodily features presumed to be evidence of defective bodily functioning;
- (ii) that S has these features marks S within the dominant ideology of S's society as someone who ought to occupy certain kinds of social position that are in fact subordinate (and so motivates and justifies S's occupying such a position); and
- (iii) the fact that S satisfies (i) and (ii) plays a role in S's systematic subordination, i.e. along some dimension, S's social position is oppressive, and S's satisfying (i) and (ii) plays a role in that dimension of subordination.³⁵

This model can be easily adapted into an account of disability simpliciter that covers mental disabilities by replacing ‘bodily features’ and ‘defective bodily functioning’ in the first condition with ‘bodily or mental features’ and ‘defective bodily or mental functioning’. Likewise, Barnes’s reasoning for rejecting this model – that (a) disabled people are not always regularly and for the most part observed to have such features and (b) some people who are so observed are not disabled – can be equally easily adapted.³⁶ ADHD in women and girls, for instance, has historically been underdiagnosed,³⁷ while there are some relevant experts who suggest that it is overdiagnosed in boys.³⁸ Likewise, while conditions like depression and post-traumatic stress disorder are rightly considered invisible disabilities, in the sense that they are not always obviously apparent in casual interactions, there are many traits that have been wrongly considered to be evidence of defective mental functioning which, by themselves, do not make their bearers disabled: homosexual attraction, to take one particularly egregious example.³⁹

Perhaps unsurprisingly, the final definition Barnes considers – that disability is a matter of self-identity – follows the same pattern: as a definition of physical disability, Barnes argues that it falls at the first hurdle by violating desideratum (i). This is so because many disabled people do not self-identify as such including, for example, many deaf people.⁴⁰ As in the other cases, the addition of mental disability to turn this into a definition of disability simpliciter does nothing to undermine this point and may even strengthen it. Firstly, there are many people with mental health conditions like chronic depression and generalised anxiety disorder who do not recognise themselves as disabled. More significantly many of those with mental disabilities, particularly those that involve severely impaired cognitive functioning, may not be capable of self-identifying as disabled.

Both the naturalistic and social definitions Barnes considers, then, if understood as definitions of disability simpliciter, can be rejected for the same reasons she gives for rejecting them as accounts of physical disability. The inclusion of mental disabilities within Barnes’s negative definitional arguments, then, is entirely nondisruptive.

2.3. *Rule-Based Solidarity: Extending Barnes’s Positive Argument*

As demonstrated in the previous section, including mental disabilities does not make it harder to argue against common definitions of disability. That this is the case, however, is likely to be unsurprising to Barnes and may even, at first blush, offer further support for her decision to exclude the mental on definitional grounds. Barnes, after all, is concerned that it is hard enough to find anything that unifies physical disabilities – let alone all disabilities. Because it adds further reasons to discard common definitions, we might reasonably conclude that including the mental would make it much harder to develop an alternative account. In this section, however, I demonstrate that this concern is misplaced: only one minor, unintrusive amendment to Barnes’s positive account is necessary to include mental disabilities.

Barnes’s positive account, notably, deflates the importance of both intrinsic features of disabled bodies and the way people that possess them are treated by society at large; it is neither naturalistic nor social constructivist. While, on her definition, both of these elements matter, neither should be understood as the core unifying feature of disability. Instead, she argues, we should understand disability as a political category, unified by solidarity:

‘A person, S, is physically disabled in a context, C, iff:

- (i) S is in some bodily state x.
- (ii) The rules for making judgments about solidarity employed by the disability rights movement classify x in context C as among the physical conditions that they are seeking to promote justice for’.⁴¹

Disability is, according to this account, ‘whatever the disability movement is promoting justice for’.⁴² It should be noted, however, that this is distinct from the claim that a condition becomes a disability if the disability-rights movement actively promotes justice for it. Barnes’s account allows for the idea that the movement could be mistaken when categorising persons as disabled or nondisabled, a feature that is crucial to ensure it satisfies her own desiderata.

Any account that ceased to categorise blindness as a disability, just because the disability movement decided they would no longer promote justice for it, would violate desideratum (i) by failing to deliver correct verdicts for paradigm cases. Likewise, if disability just is what the disability movement is promoting justice for, then the account cannot meet desideratum (iii) without the kind of circular reasoning that would violate desideratum (iv). This is so because the disability-rights movement, by definition, promotes justice for disabilities. If there is no concept of disability that is separate from what the disability-rights movement is actually doing, then Barnes’s account would involve the following chain of circular reasoning:

- P1. A disability is whatever the disability movement is promoting justice for.
- P2. The disability movement is promoting justice for disabilities.
- C. A disability is a disability.

The ruled-based solidarity clause breaks this chain of circular reasoning by introducing a target concept of disability, derived from rules that the disability-rights movement uses to determine solidarity. Barnes’s account thus satisfies desiderata (iii) and (iv) via the following chain of reasoning:

- P1. A disability is whatever the disability movement should be promoting justice for, given the rules it uses to make judgments about political solidarity (R).
- P2. The disability movement should promote justice for any condition that meets R.
- C. A disability is a condition that meets R.

Barnes leaves R undefined, claiming that ‘it doesn’t matter, for [her] purposes, what those rules in fact are’.⁴³ Yet this is a little too quick. Desiderata (iii) and (iv) can certainly be satisfied without further specification. The ability of the account to satisfy desiderata (i) and (ii), however, seems to depend directly on what those rules in fact are. Were the judgments of the disability-rights movement, for instance, to reliably deliver the wrong verdicts for paradigm cases, it would violate desideratum (i). Likewise, were the judgments to be made on rules that included the requirement that a given condition ‘inherently makes its bearer worse-off in terms of wellbeing’, the account would appear to violate desideratum (ii).

To avoid these violations, Barnes must commit herself to the following two claims – both of which invite the inclusion of mental disabilities in her definition. First,

she must define the disability-rights movement in such a way that it excludes organisations that make judgments based on the assumption that disabilities are intrinsically bad (or good, for that matter) for their bearers. Second, she must hold that the judgments of the disability-rights movement either solely determine or are heavily influential when determining what counts as a paradigm case.

The first claim provides greater clarity on the kind of institutions that are included within the disability-rights movement. Advocacy organisations that do not make claims about the intrinsic value of disabilities with respect to wellbeing, such as Dementia Alliance International, are likely included. On the other hand, controversial organisations like Autism Speaks, which has been criticised for propagating the view that autism is intrinsically negative with respect to wellbeing (a criticism made more potent by the apparent lack of autistic people working for the organisation), are likely excluded.⁴⁴

While such a claim might seem indefensibly ad hoc at first blush, it becomes much more plausible when parallel cases are considered. It seems unlikely that an organisation that claimed to advocate for ethnic minority groups, yet was staffed entirely by White people and propagated the view that being non-White is inherently bad with respect to wellbeing, would be widely accepted as a component of the movement for racial justice. Neither does it seem unreasonable to exclude from the LGBTQ+ rights movement groups that promote conversion therapy, even if they claim to be advocating on behalf of members of that group.

With the boundaries of the disability-rights movement defined a little more clearly, the way the second claim invites the inclusion of mental disabilities ought to be apparent. Many actually existing organisations, that clearly fall under the banner of the disability-rights movement, promote justice for people with mental disabilities. The United Kingdom's leading disability-rights organisation, Disability Rights UK, for instance, has recently published press releases criticising long waiting times for child autism and ADHD assessments⁴⁵ and the underresourcing of child and adolescent mental health services.⁴⁶ The International Disability Alliance, meanwhile, includes among its members Down Syndrome International and the World Network of Users and Survivors of Psychiatry.⁴⁷ Moreover, Article 1 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD), which is plausibly understood as an achievement of the disability-rights movement, states that 'persons with disabilities include those who have long-term physical, *mental, intellectual* or *sensory* impairments' (emphasis mine).⁴⁸

If the disability-rights movement plays a pivotal role in defining what a paradigm case is, as Barnes must hold for her positive view to meet her desiderata, we can confidently say that many mental disabilities are paradigm cases of disability. Far from disrupting her definition, then, her desiderata seem to demand that mental disabilities are included, because failing to do so would mean that it delivered the wrong verdicts for paradigm cases. While this requires an amendment, it is only a minor, nondisruptive one that removes references to physicality and the body:

'A person, S, is disabled in a context, C, iff:

1. S is in some state x.
2. The rules for making judgments about solidarity employed by the disability-rights movement classify x in context C as among the conditions that they are seeking to promote justice for'.⁴⁹

A critic may be concerned here that such an amendment risks violating desideratum (iii), in the sense that it may make the unifying features of disability identified by the account less clear. Barnes's own defence of her view in the light of desideratum (iii), however, nullifies this worry.

While she does not see the need to give an account of what the rules used by the disability-rights movement are, she does suggest that they may involve 'cluster-type reasoning', such that disabilities are required to share enough overlapping features, even if there is not a single feature that they all share.⁵⁰ While it is the shared status of falling within the purview of the disability-rights movement that unifies disabilities on Barnes's account, this cluster-type reasoning adds more substance to the definition, and, crucially, none of this substance is lost through the inclusion of mental disabilities. This is so because the candidate features she suggests the disability-rights movement may include in their reasoning – being subject to social stigma and prejudice, being viewed as unusual or atypical, making ordinary daily tasks difficult or complicated, causing chronic pain, causing barriers to access of public spaces, causing barriers to employment, causing shame, requiring use of mobility aids or assistive technology, requiring medical care – are also shared by a number of mental disabilities.

Autism, for instance, is subject to social stigma and prejudice in many social contexts, is certainly viewed as atypical or unusual by many nonautistic people, and certainly can make some ordinary daily tasks, such as using public transport, difficult or complicated.⁵¹ Likewise, persons living with dementia can find public spaces difficult to access, in the sense that they can be overwhelming, can struggle to find employment, may use assistive technology to boost memory, often require regular medical care, and often do feel shame about their conditions.⁵² While it may not seem like mental disabilities can be connected to chronic pain, moreover, it should be noted that many psychiatric conditions will involve chronic emotional pain.

In sum, far from causing definitional issues, mental disabilities can nondisruptively be included in Barnes's negative and positive arguments. Thus, Barnes's first reason for excluding mental disabilities from her arguments – that they would make it harder to define disability – does not stand.

3. Mental and Physical Disabilities as Value Neutral

Barnes's second reason for excluding mental disabilities from the scope of her analysis deserves more careful treatment. While, as I have demonstrated above, the inclusion of mental disabilities need not make it more difficult to define disability, it is undoubtedly true that such disabilities 'raise complicated issues for the reliability of testimony that simply aren't present in the case of physical disability'.⁵³ It is not unreasonable, therefore, for her to have worried that her arguments about the intrinsic value of disability, which rely heavily on the claims of disabled persons about the value of their conditions, may have been undermined by their inclusion.

Nevertheless, in this section I demonstrate that mental disabilities can be so included without undermining the plausibility of the account. Drawing on the work of Agnieszka Jaworska, I argue that it is possible to determine whether all persons with mental disabilities genuinely value their conditions, both because the capacity to value is not reliant on

an advanced ability to reason and, as I have argued in previous work, because such determinations can be made externally via examining a person's settled disposition.

3.1. *Mere Difference and the Presumption of Value Neutrality*

Armed with her rule-based solidarity definition of disability, Barnes goes on to defend a view of physical disability as a mere difference that is neutral with respect to wellbeing. Though this view is not without its critics,⁵⁴ I do not seek to offer a full defence of her argumentative strategy. Rather, the goal of this subsection is to demonstrate that her arguments can be straightforwardly extended to include mental disability, because they rest on an implicit appeal to a presumption of value neutrality about group-based differences. This sets the stage for the remainder of the article, in which I defend such an extension against concerns that it may undermine the plausibility of the account.

This implied presumption is evident in the way Barnes sets out her view: intentionally analogising to other sources of group-based differences. For instance, she notes that gay people are, on average, at higher risk of depression, anxiety, self-harm, and suicide, yet no reasonable person would consider homosexual attraction an inherently bad difference.⁵⁵ Similarly, though (most) men are not capable of gestating, lactating, or giving birth, no reasonable person would consider male-typical anatomy an inherently bad difference.⁵⁶ Many (if not all) physical disabilities also have local bads, such as increased pain, reduced lifespan, or a lack of capacities others have. However, argues Barnes, if there is no reason to believe that local bads add up to a global bad in the examples cited, then there seem no good grounds to conclude that the local bads of physical disabilities make them inherently bad differences.⁵⁷

It is, of course, true, Barnes notes, that there are some people who genuinely lament their disabilities such that they wish they were not disabled. However, she argues that this is not because to possess a disability is to possess something inherently bad but, rather, because 'some plans, some hopes and dreams, etc. will be frustrated by disability'.⁵⁸ In other words, that a disability could be bad for a particular person's wellbeing does not entail that a disability is something inherently bad. Instead, it is bad for that person's wellbeing based on the interaction between it and their wider value set.⁵⁹ So, while a disability may be experienced as something bad by one person, for another it may be entirely neutral or may even be deeply valued; this is what it means for physical disability to be inherently neutral with respect to wellbeing.

One way of objecting to this argumentative strategy, as noted by Barnes, is to claim that most physical disabilities appear to lack positive differences. Being a man, by contrast, confers upper body strength superior to that of the average woman. Likewise, being gay enables a person to engage in distinctive forms of sexual experience and participate in shared community norms and understandings which are not accessible to heterosexuals. It may not be immediately obvious, however, that similar local goods arise in conjunction with the local bads which are apparent in physical disabilities.⁶⁰

It is in response to this concern that Barnes makes a crucial move in her argument: that such local goods are less apparent to nondisabled persons, she argues, does not entail that they do not exist. On the contrary, many disabled people, as Barnes notes, do genuinely value their disabilities, drawing attention to similar community- and unique experience-based local goods.⁶¹ Many deaf people, for instance, conceive of sign languages as key components of a valuable and distinctive culture.⁶² Likewise, disability theorist Susan

Wendell suggests that even the chronic pain that accompanies many disabilities might be thought of as a local good, in the sense that it provides those that experience it with the tools to extricate themselves from a widespread fear of pain that, she says, permeates most Western societies.⁶³

Some may reject this testimony as unreliable, perhaps on the grounds that any positive valuation of a disability must be the result of an adaptive preference. However, because such arguments are not regularly levelled at positive valuations of other group-based differences, Barnes rejects this approach as implicitly stigmatising towards disability. This is the reasoning that grounds Barnes's key claim: that the burden of proof is on those who wish to disavow first-person testimony and depict physical disability and other group-based differences as disanalogous.⁶⁴

It is in light of this argumentative move that the path for fully extending her account to cover mental disabilities becomes clear. Although Barnes does not identify this herself, by making this analogy between disability and other minority differences, such as homosexuality, she is implicitly establishing a test for conceiving of a group-based difference in terms of value. If it is roughly similar to other group-based differences that are widely accepted to be value neutral – in the sense that its local bads can be distinguished from its overall value, that there are at least some local goods associated with it, and that there are persons who genuinely value it – then we ought to presume it to be inherently neutral with respect to wellbeing, unless there are good reasons to treat the cases as disanalogous. This is the implied presumption of value neutrality that grounds Barnes's objection to out-of-hand dismissals of the testimony of disabled people.

It may be the case that the kind of formal equality Barnes is appealing to here would be rejected by some. Given Barnes is explicitly working within an egalitarian framework, however, jettisoning this relatively thin egalitarian maxim is a nonstarter. Thus, given mental disabilities are rightly, as I have argued above, considered group-based differences, Barnes's arguments can easily be extended to them, such that the burden of proof is on those who wish to prove that disability simpliciter is disanalogous to other similar cases.

3.2. *Mental Disability and the Presumption of Value Neutrality*

Some may object to the claim that mental disabilities are analogous to group-based differences such as gender and sexuality, such that they are not even due a presumption of value neutrality. If these arguments were to succeed, Barnes would be right to reject the inclusion of mental disability within her account, as it would undermine the plausibility of the claim that disabilities are value neutral. As I demonstrate here, however, there is no reason to conflate local bads with a global bad in cases of mental disability, nor to dismiss the idea that they may be accompanied by local goods. This is so, I argue, even in cases that seem typified by their badness.

Objectors may first argue that mental disabilities are uniquely burdening such that their disabling effects cannot be easily or fully alleviated by changes to social structures. While it is intuitive for many that physical disabilities which involve impaired mobility need not be disabling in a society that made effective use of reasonable adjustments like wheelchair ramps and wide doorways, it is not immediately obvious that there are similar adjustments that can be made to accommodate their mental counterparts.

Now, as emphasised above, Barnes's view is not equivalent to the social model of disability, so this account does not rest on the claim that all disadvantages attributed to

disability are social. Nevertheless, an objection of this kind could present difficulties for the account as extended to mental disabilities, as some may think that conditions of this kind are always disadvantageous. If so, it would be difficult to argue that they are not inherently bad, given that guaranteed disadvantage seems intuitively bad for all.

This conclusion, however, seems too quick. There are many mental disabilities, such as ADHD and autism, whose key disadvantages can be attributed to social structures. According to the 'Hunter in a Farmer's World' hypothesis of Thom Hartmann, the ability to take in a lot of information from a variety of inputs at the same time, alongside the impulsivity that typically accompanies ADHD would have been highly advantageous in a hunter-gatherer society.⁶⁵ Similarly, there is evidence to suggest that the improved pattern-recognition abilities that regularly accompany autism are a consequence of the same mechanism that tends to cause hypersensitivity to sensory stimuli.⁶⁶ In a society less noisy, brightly coloured, and fast-moving than those of Western consumer capitalist states, this mechanism could conceivably yield more advantages than disadvantages.

Granted, there are some mental disabilities in which potential advantages are more difficult to spot, such as dementia in its various guises. However, that someone who does not live with the condition cannot easily identify them does not mean that they do not exist. Consider, for instance, Christine Bryden's writings on living with fronto-temporal dementia, in which she argues that the condition has given her a greater ability to live in the present moment, which is advantageous in the sense that 'many of us seek earnestly for this sense of the present time, the sense of "now," of how to live each moment and treasure it as if it were the only experience to look at and wonder at'.⁶⁷ It is not impossible to imagine a society in which this sense of present time were prized, such that living with dementia would evidently be less disadvantageous.

A similar argument can also be raised about less intuitive cases, such as those that are typically thought to require psychiatric treatment. It seems evident that the severity of psychological impairments depends on social factors: if not, we would have few reasons (beyond aversion to abuse) to prefer projects of community integration over mental asylums or other isolating institutions. It may not be obvious, granted, that there are any social arrangements in which these mental disabilities confer advantages, but this does not mean we should proceed as if this matter is settled. Consider, for instance, the fact that American rapper Kanye West has described his bipolar disorder as a 'superpower'.⁶⁸

At this juncture, it is important to note that commitment to the view that such mental disabilities are value neutral does not require a further commitment to the view that any actually existing person assesses their mental disability positively. This distinction is vital for making sense of cases in which the condition seems to be, on folk understandings, defined by its badness, such as cases of clinical depression.⁶⁹ People living with this mental disability, across a variety of social contexts, have very good reasons for thinking of it as bad for them: such good reasons that it is hard to conceive of a situation in which a person would value it otherwise. Nevertheless, an absence of any actually existing person who values their depression is not sufficient to justify the claim that it is inherently bad for all persons in all situations, especially where it is possible to conceive of local goods that persons could value that are attached to the condition: such as extensive first-hand knowledge of a particular human functioning or the ability to gain extensive self-knowledge.

This is more than just splitting hairs. For the sake of argumentative coherence, the claim that clinical depression is inherently bad for a person must be rejected, lest the wider claim about the value neutrality of mental disabilities be undermined. More substantively,

recognising a distinction between a condition being universally or near-universally self-assessed as bad and that same condition being inherently bad brings greater explanatory power and plausibility to Barnes's wider argument, by decoupling discussions of how disabilities ought to be responded to from discussions of their inherent value.

We can understand the way common intuitions about the appropriateness of medical responses differ in cases of epilepsy and deafness, for example, not as responses to differences in inherent value, but as responses to differences in the way persons with those conditions actually self-evaluate. Where conditions are universally or near-universally self-evaluated as bad, then it can be understood as respectful of identity-based claims to equal treatment to work on treatments that seek to remove or ameliorate the difference. Where they are not so self-evaluated, respect for identity-based claims to equal treatment will involve a greater emphasis on social change. This is all compatible with a mere difference view, based on a presumption of value neutrality, as its key contribution is to provide us a framework which avoids valuations that are not attuned to the lived experience of disability.

All this is to say, then, that it cannot be taken for granted that mental disabilities, in their many guises, guarantee disadvantage in any social structure. Moreover, the claim that mental disabilities may have some local goods attached to them cannot be dismissed out-of-hand. Thus, because they can be analogised to other group differences, they are due a presumption of value neutrality.

3.3. *Mental Disability and Epistemic Competence*

It is at this point, however, that Barnes's concerns about so including mental disabilities become most potent. While there do not seem to be good reasons to dismiss the testimony of persons with physical disability regarding their wellbeing – at least none that are free of ableist bias – there are many compelling reasons to question the epistemic competence of persons with mental disabilities. After all, such conditions are typified by differences in mental functioning, some of which, we might reasonably think, would undermine a person's ability to make value judgments about their own lives. Moreover, in many cases, there seem to be strong, widely shared intuitions that mental disabilities are inherently bad for their bearers, such that, if proven to not be credible, many would favour overruling any testimony to the contrary.

Consider, for instance, a person with anorexia nervosa. Despite the deleterious effects that this condition has on their health and wellbeing, this person claims to value it, on the grounds that certain local goods, such as the avoidance of health conditions associated with weight gain, are more important than these local bads. To the extent that the arguments I make here seem to imply that we should take this person as epistemically competent to make this evaluation, this may strike many as a case that reveals something profoundly troubling about treating mental and physical disabilities in the same way.⁷⁰

It certainly is true, although it may be uncomfortable for some, that the arguments I make here do imply that a person with anorexia nervosa who genuinely values the condition should be treated as if they have the epistemic competence to make that value claim. There is no way around this without severely undermining the whole approach because any requirement that a person be sufficiently rational or otherwise competent would question the validity of a great deal of (if not all) self-evaluations made by persons with mental disabilities.

It is doubtful, however, that there are many cases in which a person with this condition genuinely values it. This is so because, as set out by Agnieszka Jaworska, valuing involves a great deal more than merely wanting or expressing a preference for something. A person holds their values to be correct, she argues, in such a way that they would feel it as a great loss if they were to lose them. They are also, she identifies, usually entangled with a person's self-worth and self-conception, such that a failure to live up to them is usually met with shame or regret. Most importantly, she argues that our values meet some level of consistency, such that we cannot value two opposing things without needing to resolve the conflict.⁷¹

For a person with anorexia nervosa to value this condition, then, they would have to do so in such a way that they would conceive living without the condition as a genuine loss. This would entail more than just fearing the loss of local goods: they would have to conceive that loss in such a way that it would be identity threatening. Moreover, this valuation would have to be stable and strong enough to override other values that may conflict with it, such as valuing a long life or valuing aspects of their health that the condition is likely to degrade.

For those that meet these conditions, we must concede that they do genuinely value living with anorexia nervosa. Yet, while such a conclusion is uncomfortable, it ought not to be more uncomfortable than the claim that some particularly debilitating physical disabilities, like advanced multiple sclerosis, may also be genuinely valued by their bearers. Moreover, the claim that it is possible for a person to genuinely value these conditions as positive in respect to their wellbeing is not equivalent to the claim that most do or that all should. All the mere difference view of disability does, whether inclusive of mental disabilities or not, is ask us to avoid presumptions in individual cases.

Of course, many mental disabilities involve a loss of cognitive competence such that it would be difficult if not impossible for their bearers to reflect on and communicate the results of such self-evaluations. However, the capacity to value as described by Jaworska does not rely on advanced cognitive capacities. Rather, it relies on the ability to express attitudes towards objects or states of being that are consistent in the way she describes. While, as she notes, mental disabilities may change a person's value set, as long as they retain the capacity to express attitudes in this way, such conditions cannot remove a capacity to value.⁷²

Moreover, as I have argued in previous work, the threshold for being able to 'express' such attitudes in an authentic way is relatively low: resting only on the presence or the absence of deep alienation across a variety of circumstances. While some persons with mental disabilities may not be capable of making sense of or ordering their feelings into value statements, most if not all will be able to experience both alienation and nonalienation. Given that these states will be apparent in a person's settled disposition, then we ought to be able to externalise this process of reflection with reference to the person's own apparent states.⁷³

In sum, mental disabilities, like their physical counterparts, are due a presumption of value neutrality. Moreover, despite the effects that such disabilities can have on a person's capacity to reason, we should take their expressions of value about the condition as authoritative. Consequently, such an extension, despite Barnes's concerns, need not undermine her arguments in favour of the value neutrality of disabilities.

4. Conclusion

In this article, I have argued that Elizabeth Barnes's mere difference model of the value of disability, alongside her rule-based definition, can and should be extended to cover

mental disability. I have defended this view against both of her concerns: that to do so would cause definitional complications and that to do so would complicate her reliance on epistemic credibility. While she may have been right to have been cautious in first setting out the view, then, there is no obvious reason why we cannot view persons with mental disabilities as persons with minority minds.

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NOTES

- 1 Oliver, Michael. 1983. *Social Work with Disabled People*. Basingstoke: Macmillan, pp. 23–30.
- 2 Oliver, Mike. 2013. “The Social Model of Disability: Thirty Years On.” *Disability and Society* 28(7): 1024–6.
- 3 Fairlie, Martha. “‘Momentous Day for the Deaf Community’ as British Sign Language Looks Set to Get Legal Status.” ITV News. <https://www.itv.com/news/2022-03-18/momentous-day-for-the-deaf-community-as-sign-language-set-to-get-legal-status>. Accessed March 18, 2022.
- 4 Barnes, Elizabeth. 2016. *The Minority Body: A Theory of Disability*. New York: Oxford University Press, pp. 6–8.
- 5 Barnes, justifying this exclusion, refers to cognitive and psychological disabilities. While there may be some intuitive appeal to sorting various disabilities in this way – perhaps assigning autism and ADHD to the cognitive camp, while assigning schizophrenia to its psychological counterpart – there are few if any that can straightforwardly be said to be purely psychological or purely cognitive, making any such distinction arbitrary. Given this, and the fact that the arguments I make here do not rely on such a distinction, I have elected to capture all of these disabilities within a single category. With thanks to an anonymous reviewer for pushing me on this.
- 6 Carlson, L. 2010. “Philosophers of Intellectual Disability: A Taxonomy.” In *Cognitive Disability and Its Challenge to Moral Philosophy*, edited by E.F. Kittay and L. Carlson, 315–26. Chichester: John Wiley & Sons.
- 7 Barnes op. cit., pp. 2–5.
- 8 Barnes op. cit., pp. 2–3.
- 9 Barnes op. cit., p. 5.
- 10 Beaudry, J.S. 2020. “Theoretical Strategies to Define Disability.” In *The Oxford Handbook of Philosophy and Disability*, edited by A. Cureton and D. Wasserman, 4–17. New York: Oxford University Press.
- 11 Barnes op. cit., p. 2.
- 12 This term is borrowed from Thomas Schramme. (See Schramme, Thomas. 2021. “Capable Deliberators: Towards Inclusion of Minority Minds in Discourse Practices.” *Critical Review of International Social and Political Philosophy* 1–24. <https://doi.org/10.1080/13698230.2021.2020550>.)
- 13 Barnes op. cit., pp. 10–3.
- 14 Barnes op. cit., pp. 10–3.
- 15 Barnes op. cit., p. 11.
- 16 Barnes op. cit., pp. 11–2.
- 17 Barnes op. cit., pp. 12–3.
- 18 Barnes op. cit., p. 13.
- 19 Barnes op. cit., p. 13.
- 20 Barnes op. cit., p. 16.
- 21 Barnes op. cit., p. 14.
- 22 Barnes op. cit., p. 14.
- 23 Barnes op. cit., p. 14.
- 24 Barnes op. cit., pp. 15–6.
- 25 Graff, Harvey J. 1979. “Literacy, Education, and Fertility, Past and Present: A Critical Review.” *Population and Development Review* 5(1): 105–40.
- 26 Barnes op. cit., pp. 16–20.
- 27 Salmi, J., V. Salmela, E. Salo, K. Mikkola, S. Leppämäki, P. Tani, L. Hokkanen, et al. 2018. “Out of Focus – Brain Attention Control Deficits in Adult ADHD.” *Brain Research* 1692: 12–22.

- 28 Hallowell, Edward M., and John J. Ratey. 1994. *Driven to Distraction: Recognizing and Coping with Attention Deficit Disorder from Childhood Through Adulthood*. New York: Simon & Schuster, pp. 176–8.
- 29 Backus, Fred. “CBS News Poll: How Often Do You Remember Your Dreams?” CBS News – Breaking News, 24/7 Live Streaming News & Top Stories. <https://www.cbsnews.com/news/remember-dreams-opinion-poll/>. Accessed December 3, 2021.
- 30 Oliver 2013 op. cit., pp. 1024–6.
- 31 Haslanger, Sally. 2000. “Gender and Race: (What) Are They? (What) Do We Want Them to Be?” *Noûs* 34(1): 31–55.
- 32 Barnes op. cit., p. 23.
- 33 Howard, Dana, and Sean Aas. 2018. “On Valuing Impairment.” *Philosophical Studies* 175(5): 1113–33, p. 1120.
- 34 Barnes op. cit., p. 27.
- 35 Barnes op. cit., p. 32.
- 36 Barnes op. cit., pp. 32–3.
- 37 Lynch, Andrea, and Kevin Davison. 2022. “Gendered Expectations on the Recognition of ADHD in Young Women and Educational Implications.” *Irish Educational Studies* 1–21. <https://doi.org/10.1080/00323315.2022.2032264>.
- 38 Fresson, Megan, Thierry Meulemans, Benoit Dardenne, and Marie Geurten. 2018. “Overdiagnosis of ADHD in Boys: Stereotype Impact on Neuropsychological Assessment.” *Applied Neuropsychology: Child* 8 (3): 231–45.
- 39 Davis, N. Ann. 2005. “Invisible Disability.” *Ethics* 116(1): 153–213.
- 40 Barnes op. cit., pp. 33–6.
- 41 Barnes op. cit., p. 46.
- 42 Barnes op. cit., p. 43.
- 43 Barnes op. cit., p. 45.
- 44 Autistic Self Advocacy Network. “ASAN Has Ended Partnership with Sesame Street.” Autistic Self Advocacy Network. <https://autisticadvocacy.org/2019/08/asan-has-ended-partnership-with-sesame-street/>. Accessed August 5, 2019.
- 45 Disability Rights UK. “Five Year Wait for Child Autism and ADHD Assessments.” Disability Rights UK|We Are Disabled People Leading Change. <https://www.disabilityrightsuk.org/news/2022/april/five-year-wait-child-autism-and-adhd-assessments-0>. Accessed April 8, 2022.
- 46 Disability Rights UK. “Child and Adolescent Mental Health Services (CAMHS) Are Under-Resourced to the Point of Refusing Patients.” Disability Rights UK|We Are Disabled People Leading Change. <https://www.disabilityrightsuk.org/news/2022/april/child-and-adolescent-mental-health-services-camhs-are-under-resourced-point-refusing>. Accessed April 8, 2022.
- 47 International Disability Alliance. “IDA Members.” *International Disability Alliance*. <https://www.internationaldisabilityalliance.org/content/ida-members>. Accessed April 12, 2022.
- 48 United Nations. 2006. *Convention on the Rights of Persons with Disabilities*. New York: United Nations. <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html>.
- 49 Barnes op. cit., p. 46.
- 50 Barnes op. cit., p. 45.
- 51 Haas, Kaaren, Nathan J. Wilson, Reinie Cordier, Sharmila Vaz, and H. Chung-yeung Lee. 2020. *The Experiences of Young Autistic Adults in Using Metropolitan Public Transport*. Brisbane, Australia: Aspect Research Centre for Autism Practice.
- 52 Bryden, Christine. 2005. *Dancing with Dementia: My Story of Living Positively with Dementia*. London: Jessica Kingsley, pp. 97–152.
- 53 Barnes op. cit., p. 3.
- 54 For a representative example, see Bickenbach, J. 2020. “Disability, Health, and Difference.” In *The Oxford Handbook of Philosophy and Disability*, edited by A. Cureton and D. Wasserman, 46–62. New York: Oxford University Press.
- 55 Barnes op. cit., p. 56.
- 56 Barnes op. cit., p. 58.
- 57 Barnes op. cit., p. 76.
- 58 Barnes op. cit., p. 100.
- 59 Barnes op. cit., p. 100.

- 60 Barnes op. cit., pp. 80–2.
- 61 Barnes op. cit., p. 92.
- 62 Tucker, Bonnie P. 1997. “The ADA and Deaf Culture: Contrasting Precepts, Conflicting Results.” *Annals of the American Academy of Political and Social Science* 549(1): 31–3.
- 63 Wendell, Susan. 1996. *The Rejected Body: Feminist Philosophical Reflections on Disability*. London: Psychology Press, pp. 106–10.
- 64 Barnes op. cit., p. 97.
- 65 Hartmann, Thom. 2019. *ADHD: A Hunter in a Farmer’s World*. New York: Simon & Schuster.
- 66 Baron-Cohen, Simon, Emma Ashwin, Chris Ashwin, Teresa Tavassoli, and Bhismadev Chakrabarti. 2009. “Talent in Autism: Hyper-Systemizing, Hyper-Attention to Detail and Sensory Hypersensitivity.” *Philosophical Transactions of the Royal Society B: Biological Sciences* 364(1522): 1377–83.
- 67 Bryden op. cit., p. 11.
- 68 Strapagiel, Lauren. “Kanye West Is Opening Up about Bipolar Disorder and Not Everyone Is Happy about It.” BuzzFeed News. <https://www.buzzfeednews.com/article/laurenstrapagiel/kanye-west-talks-about-bipolar-disorder-on-his-new-album>. Accessed June 4, 2018.
- 69 With thanks to an anonymous reviewer for raising this example.
- 70 With thanks to an anonymous reviewer for raising this example.
- 71 Jaworska, Agnieszka. 1999. “Respecting the Margins of Agency: Alzheimer’s Patients and the Capacity to Value.” *Philosophy and Public Affairs* 28(2): 115–6.
- 72 Jaworska op. cit., pp. 105–38.
- 73 Carter, Matilda. 2022. “Advance Directives: The Principle of Determining Authenticity.” *Hastings Center Report* 52(1): 32–41.