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Denying a Unified Concept of Disability

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This paper argues that there are reasons to believe that there is no single concept or category which demarcates all individuals who have a disability from those individuals who do not. The paper begins by describing that I call 'a Unified Concept View of Disability' and the role that such a view plays in debates about the nature of disability. After considering reasons to think that our concept of disability is not unified in the way that the Unified Concept View assumes, I outline what a non-unified approach to disability might look like. The paper concludes by considering implications of rejecting the Unified Concept View of disability.

KEYWORDS: *ballung, disability, unified concept*

I. INTRODUCTION

This paper explores the prospect of there being no single concept which rightly captures the nature of disability, or better yet, of *disabilities* and why that matters, both theoretically and pragmatically. In what follows, I argue there is reason to believe there is no single concept or category which demarcates individuals who have a disability from those individuals who do not. It should not be surprising, then, that I cannot define what I mean by "disability" here at the beginning of the paper. Elizabeth Barnes (2015, 7) is suspicious that "there is a unified category... covering psychological, physical, and cognitive forms of disability simply because our word 'disability' can refer to physical, cognitive, or psychological disability."[1] Barnes (2014, 89) instead approaches disability as a "term introduced by ostension," and that is how I plan to proceed as well. I intend my use of the term disability to include, but not be limited to, conditions as diverse as deafness, the cognitive impairments caused by Down syndrome, Moebius syndrome, narcolepsy, and leg amputation. Each of these is, I take it, a paradigmatic disability. In trying to capture disability by such ostentation, I aim to cast the net widely.[2]

The paper proceeds as follows. Section 2 explicates what I mean by "a Unified Concept View of Disability" and the role that such a view plays in some of the debates about the nature of disability. In section 3, I give reasons to think that our concept of disability is not unified in the way outlined in section 2. Section 4 attempts to address, in broad outline, what a non-unified approach to disability might look like. The paper concludes, in section 5, by considering implications of rejecting Unified Concept approaches to disability.

II. THE UNIFIED CONCEPT VIEW OF DISABILITY

Discourse about disability, especially inter-disciplinary discourse, is complex, in part because different disciplines approach the topic both with different methodologies and with different understandings of what disability is. The central point of this paper is to explain why that is. My primary discipline is philosophy rather than, say, disability studies or medicine. That disciplinary background shapes how I approach the issue. But it's not even the case that all those working on

philosophy of disability have the same methodology or approach. At the heart of the philosophy of disability are a number of contentious claims about the nature of disabilities and their relationship to well-being (among other issues). Among these claims are ontological assumptions about the nature of disability.[3] While these ontological assumptions are often only implicit, this paper seeks to make explicit one such assumption in the service of explaining why scholarly approaches to disability are complex. Once the implicit has been made explicit, we'll be in a better position to see why that assumption ought to be rejected. The assumption of a unified concept of disability not only, I think, gets the nature of disability wrong; but it can lead to both theoretical (e.g., which model of disability is correct) and pragmatic (e.g., whether an insurance provider will cover a therapy) difficulties when one concept of what a disability is taken to equally apply to all disabilities across contexts.

Though I've not come across an explicit discussion of this assumption, much of the philosophical literature on disability seems to endorse, even if only unreflectively and implicitly, the following approach to the subject, which I call "the Unified Concept View of Disability":

> Disability admits of a strict logical analysis or definition such that there is a set of necessary and jointly sufficient conditions which are met for *all* disabilities, and which *must* be met for a thing to properly fall under the concept of disability.[4] As a result, the concept of disability has clear boundaries such that various conditions either *do* or *do not* fall under that concept.

A parallel approach to concept demarcation can be found for many everyday concepts, even if that analysis isn't explicit in their everyday employment:

> Being a rectangle admits of a strict logical analysis or definition such that there is a set of necessary and jointly sufficient conditions which are met for all rectangles, and which must be met for a thing to properly fall under the concept of being a rectangle; x is a rectangle *iff* x is a closed planar figure with four right angles. As a result, a particular shape either *is* or *is not* a rectangle.

> Pescatarianism admits of a strict logical analysis or definition such that there is a set of necessary and jointly sufficient conditions which are met for all pescatarians, and which must be met for a thing to properly fall under the concept of pescatarian; x is a pescatarian *iff* x eats fish or other seafood but not the flesh of birds or mammals. As a result, a particular individual either *is* or *is not* a pescatarian in virtue of their diet.

This kind of approach to concept demarcation is frequently found in philosophical discussions, often with an eye toward arguing for (or against) how the relevant necessary and jointly sufficient conditions should be filled in:

> Knowledge admits of a strict logical analysis or definition such that there is a set of necessary and jointly sufficient conditions which are met for all instances of knowledge, and which must be met for a thing to properly fall under the concept of knowledge; x is knowledge *iff* x is _____.

> Human nature admits of a strict logical analysis or definition such that there is a set of necessary and jointly sufficient conditions which are met for all humans, and which must be met for a thing to properly fall under the concept of having a human nature; x is human *iff* x is _____.

> Justice admits of a strict logical analysis or definition such that there is a set of necessary and jointly sufficient conditions which are met for just things, and which must be met for a thing to properly fall under the concept of being just; x is just *iff* x is _____.

There are, of course, different conceptions of the exact nature of knowledge, human nature, and justice. But these conceptions are different approaches to how best to fill in the blank in the above statements. In virtue of thinking that there is a single correct way to fill in this blank, I understand these competing accounts of knowledge, human nature, or justice to be conceptions of the same concept.

In parallel fashion, consider attempts to understand the nature of disability by filling in the following blank with a set of necessary and jointly sufficient conditions for a person's having a disability:

> Disability admits of a strict logical analysis or definition such that there is a set of necessary and jointly sufficient conditions which are met for all disabilities, and which must be met for a thing to properly fall under the concept of disability; x is disabled *iff* x is _____.

Attempts to fill in this blank give us a unified concept of disability. Those views of the nature of disability which think that this can be done are instances of what I refer to as a "Unified Concept View of Disability."

As I shall understand it, an approach to the nature of disability is an instance of a Unified Concept View of Disability *iff* that approach presupposes a meaningful (and not overly disjunctive or disjointed) way to fill in the blank in the above logical analysis. My primary goal in the present paper is to motivate the claim that the Unified Concept View of Disability is false, and that there is no unified set of necessary and jointly sufficient conditions for being disabled (Sedler, 2015).[5] While I think that mental illness and disability are two distinct but overlapping categories (such that not all disabilities involve mental illness, and that not all mental illness involves disability), my conclusion in this paper shares an important similarity with an argument that Mark Sedler makes in a recent book review of the *DSM-V*. According to Sedler (2015), "the categories of DSM are not of a uniform ontological type. (There are too many, easy, references to 'natural kinds' and 'carving nature at the joint' in these papers, as if the authors of the DSM are unaware that many of these presumptive categories are not diseases in the usual sense)."

Rather than having a unified concept of what makes a thing a disability, I think that we have a number of different concepts of the nature of disability, concepts that are developed in different spheres or contexts for different purposes, which don't always neatly map onto each other and which aren't coextensive. Disability comes up in debates about, among other things, human rights, healthcare, political advocacy, and education. These areas often frame the nature of disability in different ways for the sake of political efficiency. But that doesn't mean that the concept of disability is the same in each of these domains. The Americans with Disabilities Act (*ADA*), for instance, defines disability to include someone who presently does not have an impairment but has "a record of such an impairment" or "being regarded as having such an impairment." The WHO's definition doesn't include these latter two clauses, nor does the Individuals with Disabilities Education Act (*IDEA*), given that they have different agendas than does the *ADA* (which is seeking to prevent discrimination against disabled individuals). Even a particular disability may be defined in different ways that aren't co-extensive, as is the case with Autism Spectrum Disorders, where an educational diagnosis (per *IDEA*) and a clinical diagnosis (per the *DSM-V*) aren't coextensive.

Before turning to my primary goal, let me first give reasons why I think that it is true that much thinking about disability assumes a Unified Concept of Disability, even if such a commitment is not explicitly stated or endorsed. The assumption that there is a unified concept seems to be behind the following comments from Jeff McMahan (2009, 242): "many writers on ethical issues concerning disability assume that physical and cognitive disability are different dimensions of the same problem. They assume that the disabled form a single unitary group." Taking McMahan's comments to be descriptive, as I think they are intended, rather than prescriptive supports the claim that many scholars assume that disability forms a single unified, or in McMahan's terminology "unitary," category. McMahan has in mind that perhaps different kinds of disability (e.g., physical, cognitive, developmental, etc...) belong to "a single unitary group whose moral status is the same and whose claims to justice and equality are the same," but one could ask a similar question about whether they belong to the same ontological category of having a disability *simpliciter*.[6] It is the ontological claim that could underwrite the moral claim that I am concerned with here. According to a Unified Concept View of Disability, all disabilities do belong to the same ontological category because the correct unified concept gives the conditions according to which something *is* a disability.[7]

The focus for the Disability Rights Movement (DRM) is on the "politics of disablement" where citizenship, inclusion and the problems of accessibility and discriminatory barriers to

participation, are seen as key. McMahan isn't the only disability scholar to think that a Unified Concept view is often assumed in the DRM. Tom Shakespeare and Nicholas Watson, for instance, understand the influential Union of the Physically Impaired Against Segregation (UPIAS) definition of disability, which helped provide the core of the British social model of disability, to be making a unifying assumption by defining disability as rooted in social oppression and not impairment (2001, 10). This unifying assumption then gives rise to false dichotomies between disability and impairment, as well as between the "the oppressed" and "the oppressors." By too sharply distinguishing impairment from disability as a means to rejecting the medical model, proponents of the social model exclude legitimate failures of the social model to explain all disabilities in the name of "radical rhetoric" (Shakespere and Watson, 2001, 14). They're aware that their interpretation of the social model here will be contested: "We are in danger of constructing a 'straw person', it will be suggested. After all, no one really takes such an extreme position. The issue of impairment was never really ignored [by the social model]. The social model does not really produce such a rigid dichotomy" (Shakespere and Watson, 2001, 11). But, they claim, this is what is suggested by the public discourse of some proponents of the social model.[8] They argue that we need a "more sophisticated approach to disability"[9] that adoption of the social model uniformly cannot accommodate (Shakespere and Watson, 2001, 22). In his discussion of the social model of disability adopted by the DCM (Disability Rights Movement), Steven R. Smith (2010, 16) describes the attempt to give a model as providing "useful generalizations concerning the character of the phenomena being examined," here disability. Simo Vehmas and Pekka Mäkelä (2010) also understand the social model as making a unifying assumption of the social nature of disability.[10]

Philosopher Shelly Tremain (2017) argues not only that the social model often assumes that disability as a category is unified, but also that disability *and* impairment *should be* understood as social in nature. That is, she thinks that both disability and impairment, which proponents of the social model often distinguish, should be understood as an "apparatus of power."[11] Rather than treating disability and impairment differently, so that only the former is the result of social oppression, Tremain wants us to treat both in the same way.

Even if one agrees many scholars do assume something like a unified concept of disability, one might doubt that it is an ontological assumption about defining what a disability *is* rather than, say, a claim that is merely supposed to motivate political action.[12] But there are reasons to interpret these debates about what disability is as ontological. Bill Hughes, for instance, writes that "in debates about disability questions of ontology are... never far from the surface" (2007, 673). He goes on to argue that while the ontological assumptions have "not received a great deal of explicit attention," they are "clearly manifest in some of the central debates," specially mentioning the debate between the social and medical models (Hughes, 2007, 674). Later in the same article, Hughes calls for disability ontology to "emerge from its marginal and implicit status" (2007, 674). The ontological nature of the debate is also clear in Shelly Tremain's *Foucault and Feminist Philosophy of Disability*, mentioned earlier. There Tremain (2017) argues that the disparate conceptions of disability are rooted in different understandings of its ontological status.[13] She specifically contrasts four conceptions of disability, where all four are understood as ontological claims about the nature of disabilities (Tremain, 2017, 85–90).

Like Tremain, Tom Shakespeare thinks that the social model (and especially the British social model) should be understood ontologically. The core of the social model comes from the UPIAS document *Fundamental Principles of Disability* which defines the nature of impairment as physical but, in contrast, defines disability as social oppression of impairment.[14] Shakespeare and Watson (2001, 11) claim that this distinction rests on a binary ontological distinction between the biological and the social,[15] that is analogous to the distinction between sex and gender.[16]

Furthermore, consider a number of the major debates in the philosophy of disability, such as (i) between proponents of a medical model of disability and proponents of a social model of disability or (ii) between proponents of "bad-difference" accounts of disability and proponents of "mere-difference" accounts. These debates would take a different and more complicated direction if a Unified Concept of Disability were not assumed. If all disabilities do not share a set of necessary and sufficient conditions, then attempts to show, for example, that the medical model fails to account for some

disabilities would not favor treating all disabilities according to some version of another model, such as the social model. Similarly, it would not suffice to show that all disabilities involve mere-difference to show that at least some disabilities do not involve bad-difference. In this context, Campbell and Stramondo's note that a denial of a unified concept complicates their discussion of the relationship between disability and well-being (2017, 157).[17] If there is no true unified concept of what it is to be a disability, then addressing the nature (or natures) of disability and its (or their) implications will be significantly more complex.

III.   REASONS TO BE SUSPICIOUS OF THE UNIFIED CONCEPT VIEW OF DISABILITY

So why think that the Unified Concept View of Disability is false? I think there are at least three primary reasons. First, the seemingly intractable nature of the debates mentioned at the end of the previous section provide some initial, though admittedly defeasible, support for denying that there is a unified concept. While I'll focus on the first of these debates, I think similar considerations could be offered regarding the second debate as well. In short, I take the conjunction of the objections and arguments against medical models of disability, on the one hand, and objections and arguments against social models of disability, on the other, to constitute evidence that there isn't a unified concept of disability. By this I don't mean that each set of objections decisively refutes the model they're offered against; if that were the case, it would simply mean that neither of these two models was correct. (There are, of course, other models that have also been proposed.) Rather, I mean that each set of objections to one of those models gives us some reason to think that the other model fails to fully capture all disabilities. Consider the following example. It's often claimed by proponents of social models of disability that individuals are "disabled by society, not by our bodies"; the way that curb-cutouts and other forms of access can remove the barriers that many individuals with disabilities face are used as evidence in support of this claim. But even such a critic of the medical model as Tom Shakespeare argues that approaches to disability which hold that disability is entirely a feature of social structures and environment fail insofar as they don't take seriously the bodily dimension of disability. Even when everyone spoke sign language on Martha's Vineyard, Shakespeare thinks that the Deaf had a disadvantage (namely, being limited to one form of communication compared with the two of their hearing fellow citizens) that the lack of ableism couldn't diffuse. Similarly, Shakespeare thinks that Finkelstein's "utopian village" is "similarly an illusory solution to the disability problem... No village for wheelchair users would be inaccessible to non-disabled people, for the simple reason that non-disabled people always have the choice to use wheelchairs" (2014, 43f).[18] Elizabeth Barnes also thinks that the "invocation of a disability/ impairment distinction leads to an overly disembodied view of disability" (2018, 1157). This leads her, unlike Shakespeare, to analyze disability apart from impairment. Despite this difference, both reject the standard understanding of the social model precisely because it doesn't adequately capture the ways that "many physically disabled people sometimes struggle with their bodies" (Barnes, 2018, 1158).

As mentioned above, the present inability for one model to satisfactorily reply to the objections raised against it is certainly defeasible. The current status of the dialectic between the models doesn't entail that neither model (or, to be more precise, no instance of either model) is correct. The debate between these two models has been going on for decades; while there is some progress in terms of the interaction between these models, as evidenced by mixed models, there's presently no indication that a resolution of this debate should be expected anytime soon. One reason for such a "dialectical stalemate"[19] could be that each side in the debate assumes a single, unified account of disability that underwrites their treatment but which, in fact, may be false.

Another reason to think the Unified Concept View of Disability is false can be found in the problematic treatment, which I think is often based on the assumption of a unified account, of those with disabilities in the past. I am not here arguing that any view which has contributed to the problematic treatment or oppression of a people group is thereby false. The harm that has been done to many in the name of "medical treatment" is clear. Nevertheless, medical treatment has at the same time provided useful care to many people with different kinds of disabilities. Disabled activist Eli Clare notes that

his earlier "anti-cure politics [motivated by the social model of disability] has all too often shut out chronically ill people" (2017, 61).[20]

The vast discrepancy here gives us some pragmatic reasons for thinking that underneath this approach to treatment is a unifying assumption about the nature of disability and how medical treatment can be beneficial to some but harmful to others. Anita Silvers criticizes unifying accounts along these lines in the context of problematic practices as follows:

> The practice of treating people with such limitations [i.e., those 'lacking normal powers of body or mind'] collectively, regardless of differences in the kind or degree of their deficits, is of comparatively recent construction. From approximately the beginning of the last century, this practice, and the idea of disability that informs it, have facilitated grouping and then sequestering individuals with very different limitations for benevolent purposes such as the receipt of supplementary income or long-term care, but also for problematic purposes such as institutionalization or sterilization. (2003, 471)

While Silvers notes here that not all of these unifying treatments were neither motivated by suspect reasons nor had problematic outcomes, one motivation for being suspicious of the medical model is the way that the medicalization of *all* disabilities contributes to such problems:

> During the hey-day of institutionalizing the disabled, people with very many kinds of anomalies and impairments were swept indiscriminately into custodial care, even those with IQs higher than the staff who confined them. Similarly, people with very many kinds of anomalies or limitations were sterilized, regardless of whether their conditions were inheritable... With its new medical meaning, the term 'disability' then was reimported into the laws and used to collect individuals with different kinds and degrees of corporeal and cognitive limitation under a single label.
>
> This contemporary disability classification has been put to various purposes. The disability label has been used to mark out classes of people whose exclusion from employment, educational, or recreational opportunity is permissible, and even presumed. (2003, 472)

This history should at the very least give us pause in an uncritical endorsement of a unified understanding of disability. These practices may further give us reason to think that the view is problematic.

Because of concerns such as these, and presumably other problems that she and other disability scholars see with the medical model, Silvers raises what she refers to as "meta-questions" about the nature and boundaries of disability. She suggests that disability is an essentially contested concept, which she characterizes as having "underspecified definitions that permit people with different beliefs to flesh them out in different ways" (Silvers, 2003, 473). It is precisely because disability is an essentially contested concept that Silvers thinks there is such profound disagreement, and often animosity, between bioethicists and disability rights advocates about, among other things, the normative status of disability.[21] And this, I think, is just what we ought to expect if the Unified Concept View is false: different accounts of an "essentially contested concept" might reflect that there isn't a singular concept at the root of the disagreement.

Finally, I think that investigation into various disabilities in all their variety gives us further reason to doubt that we'll arrive at a satisfactory unified concept. Compare, for instance, static encephalopathy and the amputation of a leg due to gangrene. It would be difficult to find informative and substantive criteria which are satisfied in each of these cases. In her recent book *The Minority Body*, which focuses just on physical disability, Elizabeth Barnes argues that an adequate account of disability needs to do at least four things:

i. deliver correct verdicts for paradigm cases: "an account that says of many paradigm cases of disability that they are not in fact disabilities is a non-starter, as is an account which says of many paradigm cases of non-disability that they are in fact disabilities" (2016b, 11);

ii.   refrain from prejudging normative issues about whether or not disability undermines individuals' well-being (2016b, 11);

iii. be unified or explanatory—"it needs to explain what (if anything) it is that individual disabilities have in common with each other" (2016b, 12);[22] and

iv.   avoid being circular (2016b, 13).

Barnes argues there are no specific or objective features of all and only disabled bodies in virtue of which they are disabled. Neither should we attempt a disjunctive approach, which merely takes as the various conjuncts those features of bodies which are indicative of the paradigm cases (or all cases that we think *are* disabilities, even if not paradigmatic ones). Such an approach, she argues, would fail criterion (iii) insofar as it doesn't even attempt to give a unified explanation of what it is to have a physical disability.[23]

Remember, however, that Barnes' comments here are restricted just to physical disabilities.[24] When the full range of disabilities is considered—from physical disabilities to cognitive to emotional to volitional—the likelihood that unified and explanatory criteria that will properly include the paradigm cases across the range of disabilities, without admitting any false positives, strikes me as exceedingly implausible. Even focusing just on one disability, autism, it's not as if there's a unified account of its nature. Some scholars think that what is currently diagnosed as Autism Spectrum Disorder isn't a single unified disability, but rather a cluster of conditions.[25] (More on how approaches to autism differ across contexts in the next section.) As Dimistris Anastasiou and James Kaufman argue, treating "disability as a single category [or concept] does not allow theorists to communicate with each other with clarity because it conceals the heterogeneity of various disabling conditions" (2011, 375).[26] Interdisciplinary scholarship is harmed by unifying assumptions that may not be justified.

IV. SOCIAL CONSTRUCTIONS OF THE CONCEPT OF DISABILITY

I take unifying accounts of the concept of disability such as those under discussion to be examples of what, in a slightly different context, Anita Silvers refers to as "a logical mistake about the disability classification by taking a part to be the whole" (2003, 478). I've given three reasons for thinking that the Unified Concept View of Disability is wrong and that there is not a single concept which correctly captures all and only disabilities. I don't think that these reasons, either individually or jointly, entail the falseness of all unified concepts of disability. I think that they give us reason to look elsewhere for an account of what it means for a thing to be a disability; but rejecting that disability is a single unified concept doesn't tell us what disability *is*. There are a number of routes by which competing accounts could be developed. I begin this section mentioning a number of options, though I do not intend this list to be exhaustive.[27] The majority of this section will then sketch what I presently take to be the most promising of these options.

First, one could be an *anti-realist* about disability. Shelley Tremain advances a view along these lines, denying that disability is something to be found in the world independent of our concepts.[28] Second, one could think that disabilities form a *natural graded scale*, such as a natural gradation from purely medical disabilities on the one end of the spectrum through disabilities that are a mixture of biological and social factors to disabilities on the other end that are simply due to social structures.[29] On this approach, disability might have two clear poles, each of which has its own concept; and the range of disabilities includes those things that either fall under the concept at one pole or in the conceptual space between them that is sufficiently similar to the poles. Third, one could be a *social constructivist* about disability.[30] It is a form of this option that I develop in the rest of the present section. Though, as shall become clear in the discussion to follow, social constructionism about disability is also compatible with some of the other alternatives.

Social constructionism, either in general or specifically about disability, is not a single view. Insofar as the point of this section is to show how social constructionism is a way of understanding disability that rejects the existence of a unified concept, I shall speak in fairly broad strokes.[31]

Both Ian Hacking and Ron Mallon have endorsed constructionist projects of this sort, though neither focus primarily on disability. For Mallon, social constructionism of kinds is to be understood in

contrast with natural kinds. (And while Mallon speaks of the construction of categories, one could pursue a similar project about the construction of concepts.) According to Mallon:

> There is a widespread tendency to treat the categories [of race, sex, etc…] as *natural kinds*, membership in which is explained by possession of some natural (often understood as biological) property that also explains the typical features of category members. In contrast to such explanations, social constructionists offer a competing account of category membership or of the explanation for category-typical features in the mental states and social practices of a community that distinguishes the category. (2016, 2)

A social constructionist approach to disability need not be one which denies that there is a unified concept (or, in Mallon's terms, a category[32]) of disability; but it could. For instance, if there is a range of overlapping but non-identical states and practices that distinguish the concept from others, and in virtue of these states and practices there are things that fall under that concept, then there could be a number of (true) accounts of what disability is that fail to be unified in the way that the Unified Concept View of Disability holds. Mallon's view, at least at this level of generality, is compatible with Ian Hacking's influential work on social constructionism. At the heart of Hacking's view is the idea that "ideas do not exist in a vacuum. They inhabit a social setting" (1999, 10).[33] More specifically, Hacking argues that many of our concepts come out of the need to address social and political issues.[34] The exact setting that an idea of disability inhabits depends upon the social and political uses that it will be put to.

Along these lines, I want to suggest that disability is a not just a socially constructed concept, but that it's a socially constructed *ballung concept*. Nancy Cartwright and Rosa Runhardt describe *ballung* concepts as "concepts that are characterized by family resemblance between individuals rather than by a definite property. *Ballung* is a German word for a concentrated cluster" (Cartwright and Runhardt, 2015, 268).[35] Furthermore, they argue that given their nature as cluster concepts with ill-defined edges, there is no single right or wrong characterization of *ballung* concepts. Elsewhere, with Norman Bradburn, Cartwright argues that "there is often no core without which one doesn't merit the label [of a *ballung* concept]; different clusterings of features from the congestion (*Ballung*) matter for different uses; whether a feature counts as in or outside the concept, and how far, is context and use dependent" (2011, 4).[36] Such an understanding fits nicely with the work of Mallon and Hacking, for whom concepts are socially constructed rather than natural "givens". They are not "discovered" but rather arise out of social practices of a community.[37] Different communities and social practices could then construct concepts in slightly different ways. In fact, a *ballung* concept could be constructed by different practices within the same community given the plurality of social practices there.

Think for instance, of the role that "disability" plays in legal, educational, medical, and philosophical contexts within contemporary Western culture. The Americans with Disabilities Act (ADA) is clear that its definition of disability is a legal rather than a medical term. But even legal definitions vary. Satisfying the definition of being disabled according to the ADA (or the IDF) is compatible with not satisfying the legal definition of being disabled in order to receive Social Security benefits in the United States, in part because the former allows for being "perceived by others as having such an impairment" as sufficient for being disabled. More specifically, a diagnosis of the specific disability of Autism Spectrum Disorder (ASD) can be needed as a way to secure educational accommodations under the *Individuals with Disabilities Education Act* (*IDEA*) in the United States; it can also be a clinical diagnosis required for, among other things, insurance coverage. But a clinical diagnosis of ASD doesn't entail an educational diagnosis under *IDEA*. Differences in these diagnoses are sometimes leveraged against families with autistic students to deny educational services without noting that the two concepts are deployed for different purposes. Thus even a single type of disability can be seen as playing different, and non-coextensive, roles in different contexts. Disability can, and I think should, be understood as "a conglomeration of different disabled conditions" (Anastasiou and Kaufman, 2011, 375). The selection of a particular concept from a cluster of interrelated concepts is connected with the use to which we want to put that selected concept.[38] Suppose there is a cluster of seven concepts that are logically

distinct but related by family resemblance. Which of those we appeal to or seek to utilize in a particular context will depend on to what use one intends to put it. Our concepts are tools "fit for a purpose," and our selection of a particular tool can lead us astray if we think that they are universal and fit for all purposes rather than purpose-specific. Recognizing that there is no single unified concept of disability can help us pay attention to the various contexts in which disability is at play, and the various social and political dynamics at work in those contexts.

V. IMPLICATIONS

In this final section, I want to consider briefly a number of benefits that might result from rejecting a Unified Concept approach to disability. While I think that these benefits are important, there are also costs associated with adopting another approach. At the heart of these costs will be the fact that, if there is no one single thing that is captured by our concept of disability, conversations about disability will become much more difficult. If disability is, instead, a cluster or *ballung* concept whose exact content depends upon context, discussions about disability in one context may not be able to translate to other contexts without taking account of this fact. Indeed, there may be pragmatic reasons that treating "disability" as if it were a discrete group across contexts would be politically beneficial, given the profound impact that qualifying as disabled can have on people's lives.[39] If there is no such group as "the disabled," it might nevertheless be overall a politically beneficial categorization, since it places certain human problems on the political agenda.[40] Some members of the Deaf community, who view their deafness as a cultural and linguistic difference rather than a disability, have recognized that if they are not categorized as disabled by the relevant concept, then the ADA no longer provides them legal protections in, among other things, employment. It was largely by unifying around disability as an overarching category that civil rights were secured by the disability rights movement, even though there was significant debate at the time about what counted as a disability. As one instance of this general concern, consider the various ways that clear demarcation is needed for all sorts of social and political goods:

> Insurance companies or government agencies, for example, may have particular administrative criteria they use to define who is eligible for payments or benefits, and it may be in the interest of these providers 'to define disability narrowly' in order to save money. Similarly, laws that entitle people with disabilities to services, such as children in schools who need special accommodations, may utilize different criteria. Indeed, anyone who tries to negotiate the administrative-legal system will often find themselves entangled in a maze of competing and contradictory definitions of what it means to be disabled, or disabled 'enough,' to qualify, whereby they fit 'some bureaucracies' definitions of disability and not others.' (Berger, 2013, 6; citations omitted).

At present, many of these institutions don't use the same concepts of disability. But rejecting views that assume a Unified Concept of Disabilities could make navigating these institutions even more complex; and this is no small task to require of many who are already struggling to navigate these systems.[41] So the ontological claim I'm making in this paper may cut against the political and ultimately ethical issues around which a unified concept can focus political action.[42]

By giving up the unifying assumption that is at the heart of Unified Concept Views of Disability, we allow both sides in a number of debates concerning the nature of disability to concede some ground to the other side. Consider, for instance, the kind of debate that Anita Silvers calls for between bioethicists and disability rights advocates, each of which tends to adopt a different model. According to Silvers, "the conversation must take a neutral stance in regard to the intrinsic value of being disabled" (2003, 475). Suppose that Silvers is right, and that each of these two groups ought to take a neutral stance in arguing with and against each other. This may require bioethicists to give up assuming that disability is intrinsically bad. On the other side, some disability rights advocates may need to give up their opposition to certain treatments which are beneficial to many with certain conditions, and may need to stop declaring that "medical interventions aimed at eliminating disabilities express bias against disabled people" (Slivers, 2003, 476). These concessions should be easier to make, at least with

regard to the wide spectrum of disabilities, if we give up the assumption that all disabilities fall under a single unifying concept. Recognizing that there might be a different account of what a disability *is* depending on the disabilities we have in mind can help explain, for example, why "badness" is not "inherent in [disability]" even though it is "strongly associated with disability" (Silvers, 2003, 481). Denying a unified account could also help provide an explanation for the association of disability with what Elizabeth Barnes calls "bad-making difference" while avoiding commitment to the inherent badness of disability, as well as help explain the huge range of impact on happiness of different kinds of disability.[43] Or consider the debate about whether mental illnesses or obesity ought to be seen as disabilities. Rejecting that, say, paranoid schizophrenia or obesity need to be fully explained in terms of social oppression opens up the space for medical treatment without suggesting that other disabilities such as mobility impairments need to be addressed in the same way.

It seems then that we have reasons to question the existence of a single, unified concept of disability. Particularly when these reasons are taken together, I think that they give us good reason for rejecting Unified Concept Views regarding the nature of disability. Giving up the assumption that there is a single concept might help us make progress in a number of debates in the philosophy of disability that can otherwise appear intractable, even though there are admitted practical and political difficulties to doing so. But it could also be, as Anastasiou and Kaufman (2011, 375) suggest, that it is actually treating disability as a single concept that obscures the range of conditions meant to fall under it and the uses to which the concept is put. It may be then that we ought to further explore the possibility that disability is a *ballung* rather than unified concept.

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NOTES

1 Courtney Wilder talks of the "instability" of the concept of disability since it isn't, on her view, a simple binary category; see Wilder (2016, 9); compare also Berger (2013, 19).

2 The World Health Organization's *International Classification of Functioning, Disability, and Health* can be interpreted as proceeding by ostension, but in a problematic way. According to the ICF, disability is "an umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between a person's health condition(s) and that individual's contextual factors (environmental and personal factors)." This will fail as an analysis of disability since the disjunction between impairment, activity limitation, and participation restrictions will capture things that are exceedingly implausibly taken as disabilities. Consider, for instance, how the ICF understands participation restrictions: "problems an individual may experience in involvement in life situations." The increasing cost of higher education may cause a problem for involvement in higher education, but that's not a disability. Similarly, an individual could fail to have a curling league within driving distance and thus be limited in participation in curling, but that shouldn't qualify as a disability. As a concept of the nature of disability, the ICF's definition fails.

3 Below I give reasons to think that these really are *ontological* assumptions, at least for a number of influential figures in the literature on disability.

4 Here and in what follows, I have in mind a unified logical analysis such that the analysis isn't disjunctive in the following way: x is F *iff* x is either y or z, where y and z are each a set of necessary and jointly sufficient conditions the members of which do not substantially overlap with each other. Overly disjunctive categorizations could become trivially true by fixing the extension of "disability."

5 See also Graham (2013); Graham also endorses a prototype approach to mental illness and admits that "psychiatric troubles or maladies do not have discrete edges. They are hard to distinguish from normal, albeit otherwise immensely distressful, conditions" (2013, 39).A structurally similar view, and one motivated largely by similar reasons, can be found regarding "health" in the work of Quill Kukla (earlier writing as Rebecca). They write: "It has proven surprisingly difficult to come up with a rigorous definition of health that accommodates all of our core intuitions about what work the notion should do for us... Both the biological and the social approaches to defining health face serious roadblocks and objections... Those using the notion are driven by deeply diverse theoretical and practical goals. It seems to me that there is no reason why we should expect to be able to find a single, unified account of health or disease that meets all these disparate goals and captures the 'true' meaning or essence of the terms; we may need to understand health and disease differently in the context of different kinds of products and goals" (Kukla, 2014, 515). As Eli Clare says, "health is a mire"

(2017, 14). And Mari Mikkola (2016, 4) suggests that the concept of "woman" may also be a cluster concept or family resemblance term.

6   Given the problematic nature of McMahan's views on disability (see, for instance, Kittay, 2010), one might think that McMahan is not the best example to use here. I'm certainly not endorsing McMahan's views on disability. I'm not even suggesting that McMahan himself is assuming a Unified Concept of Disability. Rather, the quotation from McMahan is simply to provide evidence that it seems like many people do assume that disability is unified in the way that I'm rejecting.

7   In personal correspondence, Thomas Nadelhoffer raised the question about how the Unified Concept View of Disability came to be so prominent. Agreeing with my diagnosis, he writes: "While your diagnosis is right, it's worth trying to figure out why such an implausible view would have a stranglehold on all of disability studies. Take, for instance, locked-in syndrome and achondroplasia. If you just went up to people in the street and asked them what these two conditions had in common in virtue of which they are both disabilities, no one would have any idea. It's as if the unification thesis is an a priori assumption that gets imposed on the disabilities—and when lots of disabilities don't fit whatever conditions are put in place, they simply get ignored or marginalized in the literature. But if you just started with individual disabilities, you would never arrive at the conclusion that they all have something in common." I think it's worth thinking about the history involved here if we, as I argue later, seek to push back against unifying views.

8   See Shakespeare and Watson (2001, 12). There they give opposition by proponents of the social model to Jenny Morris' influential book *Pride Against Prejudice*, claiming it is "ideologically doubtful" for suggesting that the social model cannot fully explain some disabilities, as evidence of this assumption. See also their discussion of Carol Thomas's work on page 13.

9   Shakespeare (2018, 19) also describes the social model as "crude" and promulgating a false dichotomy elsewhere. Eva Kittay too claims that "the distinction between the two models [i.e., the medical and the social] is too simplistic" (see her comments reported in Picciuto, 2015).

10   See Vehmas and Mäkelä (2010, 43).

11   See Tremain (2017, 6, 12), and *passim*.

12   I'm grateful for Devan Stahl's encouragement to address this concern more directly.

13   See Tremain (2017, 20f).

14   See Oliver (1996, 24).

15   See also Oliver (1996, 30).

16   I think it is clear that the analogous literature on sex and gender is clearly ontological in nature. See, for example, Barnes (2017), Mason (2016), and Haslanger (2000). Further, Warnke (2011), particularly chapter two, illustrates how the debates about "models" can be ontological in nature. For others that take some of the central debates about disabilities to be ontological in nature see Cross (2017), Barnes (2016b), Vehmas and Mäkelä (2010), Carlson (2005), Campbell (2005), Thomas (2004), Scambler and Scambler (2003), and Pfeiffer (2002).

17   For a similar discussion of how disabilities that involve chronic pain may be relevantly different than other disabilities with regard to their intrinsic association with well-being, see also Kittay (2019, 52).

18   Or, as Thomas Nadelhoffer has pointed out to me in conversation, imagine a "utopian village" for people with locked-in syndrome or chronic pain and are forced to use morphine pumps. Finkelstein's thought experiment only works for a subset of disabilities.

19   I borrow this term from a similar use in a different context by John Martin Fischer; see, for instance, Fischer (2006).

20   For another discussion of how the disability rights movement has often marginalized chronically ill or otherwise "unhealthy" disabled individuals because of uniformly social approaches to disability, see Wendell (2001).

21   See, for instance, Barnes (2014), Barnes (2016a), Kahane and Savulescu (2016), Campbell and Stramondo (2017), and Andric and Wundisch (2015).

22   Here, I'm reminded of some comments by Eric Olson in the context of comparing answers to the special composition question in metaphysics ("under what conditions do some objects compose something?"): "This picture may be too neat, however, for I haven't considered the possibility that there is *no* true theory of composition–that is, that the special composition question has no answer. *Or rather that it has no systematic or principled or intellectually satisfying answer: no complete and nontrivial answer*" (Olson, 2007, 233; emphasis added).

23   Although she ultimately argues for a revised social model, Barnes rejects the kinds of social models of disability that are dominant in disability studies insofar as they fail to satisfy (iii). It's also important to remember that there is tremendous variety not just across disabilities, but within a particular disability. Stephen Campbell and Joseph Stramondo see this as "a second obstacle to making plausible generalization about disability... Take blindness, a disability defined by the absence of a sensory capacity. There is much diversity within this category that can lead to variation in the prudential impact of blindness" (2017, 165).

24   On the *Discrimination and Disadvantage* blog, Shelley Tremain has interviews with Bryce Huebner and Quayshawn Spencer about, among other things, whether celiac disease and lactose intolerance are disabilities. If they are, then the scope of what falls under disability is even wider than Barnes' discussion in Barnes (2016b) might suggest.

25   For a discussion which suggests there aren't necessary and jointly sufficient conditions for autism, see Herbert (2005). Similarly, Richard Cross thinks that severe cognitive impairment is too complex "to admit of any single account" (Cross, 2012, 423). And Scott Williams writes that "it is challenging to identify necessary conditions that are jointly sufficient for the definition of disability" (Williams, 2018, 1.) Perhaps the challenge comes from there not being a single such definition.

26   Stanley Hauerwas expresses a similar concern in Hauerwas (2011).

27   Another option is that at least some disabilities are conferred properties, along the lines that Asta Kristjana Sveinsdóttir (2011, 2018) suggests for sex and gender. The comparisons here are worth thinking about, even though I don't have space to do so in the present context.

28   She also refers to her view as a form of a nominalism; see Tremain (2001, 620).

29   It might be, for example, that there is a set of necessary and jointly sufficient conditions for those disabilities that are completely biological in nature, another set of necessary and jointly sufficient conditions for disabilities due only to social structures, and those disabilities in the middle of the graded scale are a mixture of both. See note 4 above for why such a view wouldn't count as Unified Concept Views as I am understanding it here. Jerome Bickenbach contrasts two approaches to conceptualizing disability: categorical (or dichotomous) and continuous. He writes, "social policy demands the categorical approach, since for all disability programming one must be able to define the target population... Yet, conceptually and scientifically, impairment is a continuous phenomenon, a matter of more or less" (Bickenbach, 2010, 120).

30   The kind of social constructionism I'm endorsing is *not* the kind of social constructionism that is sometimes closely connected with the social model of disability. See, for instance, Anastasiou and Kaufman (2011, 371f) for this other approach to social constructionism. On this other view, "social constructionists seem to conclude that in the absence of social barriers, people with impairments would no longer have disabilities" (Anastasiou and Kaufman, 2011, 377). I reject that such a claim is true of all disabilities.

31   Hacking (1999) seeks to differentiate a number of different social constructionist projects.

32   I think this connection between concept and category is justified by Mallon's understanding of the latter. For him, "categories" are "the properties or kinds in the world that we refer to and theorize about. By 'kinds', I pick out those categories that are or could be relevant or important or significant enough to figure in our successful theories" (Mallon, 2016, 6). Furthermore, he writes that "one venerable way of understanding the necessary condition for membership in a category is to understand these conditions as stemming from conditions on the application of the *concept* or *meaning* associated with the label of the category" (Mallon, 2016, 51).

33 See also Bickenbach's claim: "answering the question 'What is disability?', although intuitively a matter of providing a definition, is actually a complex scholarly and political enterprise that goes well beyond linguistics or semantics to deeper philosophical and political issues about the conceptualization of disability" (2012, 51f).

34 See his discussions of "woman refugee" and "child viewers of television" in Hacking (1999, 11f and 26f).

35 For a discussion of the history of this term, see Cartwright and Bradburn (2011).

36 As they here argue, not all socially constructed concepts are *ballung* concepts, and not all *ballung* concepts are socially constructed. I'm inclined to agree, although for the present paper this issue need not be settled here. For a similar argument about the use of *ballung* concepts for different purposes based on an examination of the nature of health, see Kukla (2014).

37 Drawing on the work of Michel Foucault, Tremain argues that our language, concepts, and discourses are socially constructed mediums through which "asymmetrical forms of social power are generated, sustained, and reproduced" (2017, 33).

38 As Wendell puts a similar point, "we have seen that disability is defined, and people are defined as disabled, for many purposes. How a society defines disability and whom it recognizes as disabled are of enormous psychological, social, economic, and political importance, both to people who identify themselves as disabled and to those who do not but are nevertheless given the label" (Wendell, 1996, 32). Of course, one can ask what the criteria for inclusion in the relevant cluster of concepts are. If one is looking for necessary and jointly sufficient conditions for a particular conception being included in the *ballung* concept, one may not be able to do this on the present approach.

39 For a discussion of some of these implications, see Wendell (1996, 11ff) and Bickenbach (2010, 120).

40 As Devan Stahl has pointed out in personal communication, the point about disability here parallels the inclusion of transgender individuals within the same political category as LGBQ individuals. Sexual orientation and gender identity are distinct phenomena, but it has been politically expedient at times to group them together.

41 The present definitions of disability across these institutions already involves power dynamics resulting from who gets to define the boundaries. Making clear these dynamics may lead to increased transparency, but we shouldn't minimize the implications of how changes to these definitions can have "major economic, social, and psychological consequences in people's lives" (Wendell, 1996, 23).

42 I'm grateful to Hilary Yancey and Devan Stahl for encouraging me to address this point. For a discussion of the political and pragmatic implications of our approach to disability, see Wendell (1996). It may be that a bad model of disability is still pragmatically or politically useful; it may be, for instance, that a bad-difference view is good for "the allocation of funding for genetics research initiatives that serve the long-term goal of preventing or reducing disability" (Campbell and Stramondo, 2017, 151).

43 See Dunn and Body (2008, 417). Of course, it is no small task to know when we have the wrong concept in mind or when we're simply wrong about the extension of that concept. One's stance on this issue will depend, among other things, on how revisionist one is willing to be about our conceptual apparatus. As James K. A. Smith writes in another context, "I think one reason why Wittgenstein makes us skittish is because a lot of philosophers are conceptual control freaks. The very task of analysis is bent on finding clean, crisp definitions and one-to-one concepts. So the very goal of 'analytic' philosophy is to clarify our concepts: to discipline our fuzzy use of terms in order to achieve clarity and the (fabled) 'rigor' that is the supposed outcome of such analysis" (2014, 53f).

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