

**THE PICTURE THEORY OF DISABILITY**

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# THE PICTURE THEORY OF DISABILITY

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## ABSTRACT:

This thesis argues that the nature of disability is, currently, fundamentally misunderstood. Current approaches to disability are nounal and seek to determine the locus of disability with the intention of better understanding the phenomenon of disability. In contrast, this thesis offers an *adverbial* perspective on disability and shows how disability is experienced as an increased and personally irremediable impediment to daily-living tasks or broader goals. This impediment is *not* a function of either biological individuality or the Social, but of a specific relation between the individual and their environment. The following delineates the Picture Theory of Disability — a mechanism for the evaluation of the experience of disability and a heuristic device for the proper interpretation of disability. The theory is born of Humean sentimentalism and elements of Wittgenstein’s Picture Theory of Language, and *shows* when, where, and how disability is experienced.

## ACKNOWLEDGEMENTS:

Unbeknownst to me, this thesis has been 25 years in the making. During that journey I have been profoundly influenced by friends, family, academics (often also friends), and members of the disabled community. This work is dedicated to all of them — particularly to Chris ‘Chip’ Hughes who is an activist, a wonderful human being, and above, all an old friend. Without his sagacious insight and advice, this thesis would probably never have been written.

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## LIST OF ABBREVIATIONS:

<b>BIID</b>	Body Integrity Identity Disorder.
<b>CFS</b>	Chronic Fatigue Syndrome (also Myalgic Encephalopathy).
<b>DRM</b>	Disability Rights Movement.
<b>IOM</b>	Institute of Medicine (US).
<b>JCB</b>	Joseph Cyril Bamford (a British manufacturer of excavators).
<b>ME</b>	Myalgic Encephalopathy (also Chronic Fatigue Syndrome).
<b>MM</b>	The Medical Model of Disability.
<b>NST</b>	Naïve Sentimentalism Theory.
<b>OCD</b>	Obsessive Compulsive Disorder.
<b>OFC</b>	Orbitofrontal Cortex.
<b>PT</b>	The Picture Theory of Language (Ludwig Wittgenstein).
<b>PTD</b>	Picture Theory of Disability.
<b>QALY</b>	Quality Adjusted Life Year.
<b>SBN</b>	Selby-Biggs and Nidditch (Editors of Hume publications).
<b>SM</b>	The Social Model of Disability.
<b>T</b>	<i>A Treatise of Human Nature</i> , David Hume.
<b>ToM</b>	Theory of Mind.
<b>US</b>	United States (also, U.S.A: United States of America).
<b>UK</b>	United Kingdom.
<b>UN</b>	United Nations.
<b>UPIAS</b>	Union of the Physically Impaired Against Segregation.
<b>VL</b>	Ventrolateral (Cortex).
<b>VMPFC</b>	Ventromedial Prefrontal Cortex.
<b>WHO</b>	World Health Organisation.
<b>WMX</b>	Wheelchair Motocross.
<b>XJS</b>	More properly, XJ-S from Jaguar Motorcars. The XJ refers to the e(X)perimental engine ('J' being the variant used) and the 'S' being the 'special' sports edition model.

## 1. INTRODUCTION

### 1.1 Forward

During my formative years I lobbied the British Government as an ally of the Disability Rights Movement (DRM) in the UK. Many years passed between that and my return to academia, but when my interests in working toward the goals of the DRM were re-awakened by a seminal class held at my university, where I investigated the phenomena of disability with more philosophically rigorous methodology. This thesis is the result of that investigation.

From the outset, it seemed obvious to me that were anyone to speak properly about disability, then what was meant by ‘disability’ needed to be clearly understood. Yet there appeared to be no consensus of opinion over what was and was not ‘disability’ — the more material I read, the worse the situation became. Even more worrying was that the definition of disability with which the DRM identified, and which I was, by default, supporting all those years ago (the British social model) no longer seemed to me to be consistent or accurate. The result of my ruminations on the phenomena of disability was that every model which sought to describe the phenomena involved some fundamental misunderstanding about the nature of disability, and so everything about disability which followed from that misunderstanding was flawed. Each model or theory of disability I investigated sought to locate disability in a different place: the social model maintains that disability is a function of the beliefs and expectations of society, the medical model believes that disability is a function of deviance from species-typical norm, and relational models seek to offer some syncretism of the medical and social models. The misunderstanding

that I had identified, then, was the idea that disability is the sort of thing you can locate in something — that ‘disability’ is a noun which denotes a thing possessed by a person, the person’s environment, or some combination of the two.

The intent of the models might be parsed something like this: ‘if a locus for disability were to be found, then we might use that information to overcome oppression and inequality by mitigating that disability’. However, there seem to be two flaws with this approach:

- (1) The antecedent presumes that such a locus is discoverable, and
- (2) The consequent assumes that finding such a locus would indicate how to remove the disability.

It is not at all clear from (1) that any such locus *is* determinable — and even if it were, it does not necessarily follow from (2) that if a locus of disability were to be found that such a discovery would aid or result in the emancipation of the disabled community. By adopting a *locus*-orientated approach the ‘lumpy-rug problem’ is encountered: No matter where you sweep the dust to hide the problem, you are going to end up with a bulge in the rug which won't go away. In the same way, no matter how the various models try to fully define disability facets of the phenomenon stubbornly refuse to be subsumed within the model.

Moreover, I am not at all sure that disability is the *sort* of thing which can be found in a particular *locus*. If it were that sort of a thing, then it would follow that disability should be denoted by nouns — yet, it seems clear to me that ‘disability’ is adverbial: it is a kind of experience. To experience ‘disability’ is to experience a personally irremediable impediment to the achievement of a socially interesting or

important goal, from brushing one's teeth to pursuing a career.<sup>1</sup> The experience of disability is the modification of a verb — the modification is an aspect of a 'doing'<sup>2</sup> rather than a 'something'. In particular, paying attention to the *manner* in which the verb is being modified tells us how an action is being blocked for a particular person in particular circumstances. Trying to locate 'disability' is, thus, like trying to find 'hurriedly'. Simply put, the social, medical, and relational models make a category error: disability is an aspect of human *actions* and it changes with the person, their environment, and the action in question.

### *1.1.1 A Note on Terminology*

Over the past 20 or 30 years, it has become widely accepted that the language and concepts used in disability studies — as in all studies — should be carefully selected and respectful. Language use reflects our understanding of the social world, and informs our perceptions of it;<sup>3</sup> it is also powerful and its misuse may reduce the effectiveness of a work of praxis. The use of older terms, such as 'cripple', 'deformed', and 'spastic' have come to be considered oppressive and have, appropriately, become improper. Unfortunately, as is the wont of language, their historic or original meanings have not always been entirely or accurately replaced.<sup>4</sup> For instance, the use of the

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<sup>1</sup> I am thankful to my supervisor, Michael Stingl, for thoughts on how best to define my general idea of disability. To the definition here footnoted, I would like the reader to also have in mind 'unremitting' in the sense of 'chronic'. I do not use 'chronic' in the thesis as I wish to avoid the medical overtones which it presents.

<sup>2</sup> By 'doing', I mean to say a kind of action or verb orientated thing — rather than an entity or a noun sort of thing.

<sup>3</sup> Barnes, Colin, and Mercer, "The Individual or Medical Model of 'Disability'," in *Exploring Disability*, 11. Second ed. (Malden; MA: Polity Press, 2010), 11.

<sup>4</sup> *Ibid.*

word ‘handicap’ is disapproved of in the UK, yet it is still largely accepted in both Australia and the United States of America in terms like ‘handicapped access’ and ‘handicapped placard’.<sup>5</sup>

As a British academic, I am more sensitive to the preferences of British disabled persons; I, consequently, choose to adopt those locutions used by the community with whom I have worked and socialised. I mention this at the outset in the hope that the language adopted in this thesis is not taken for ignorance or a lack of respect, but in the knowledge that it accords with the language used by British disabled persons. An example of this British ‘persuasion’ can be found in my preference for the locution ‘disabled persons’ rather than ‘persons with disabilities’.<sup>6</sup> The development of the disability rights movement in the UK in the early ‘70s resulted in a model of disability which focussed on society’s responsibility for the disability which impaired persons experienced.<sup>7</sup> As a result, the disability rights movement prefer the term ‘disabled people’ as it highlights ‘how society disables people’. In contrast, the preferred North American locution ‘people with disabilities’ was generated as a politically correct term that intended to place the person ahead of the disability.<sup>8</sup> Ironically, in the UK such a term is perceived as stigmatising the individual by

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<sup>5</sup> Barnes and Mercer. 2010. 11; Forward to: Ron Amundson, “Disability, Handicap, and The Environment”, *Journal of Social Philosophy* no. 23 (1992): 105-19.

<sup>6</sup> Because the Picture Theory of Disability considers ‘disability’ to be adverbial, I would prefer that members of the disabled community be referred to as ‘persons experiencing a disability’. However, that is a mouthful, and so I use the terms interchangeably.

<sup>7</sup> Shakespeare, Tom. *Disability Rights and Wrongs Revisited*. Second ed. Abingdon, Oxon.: Routledge, 2014.

<sup>8</sup> Shakespeare, (2014), 19.; Barnes and Mercer. 2010. 11

individualising them. Since I don't think 'disability' applies to people, per se, but more correctly to their 'doings', I have elected to use both terms interchangeably.<sup>9</sup>

Though I recognise that the terminology used here may strike people as improper at times, I wish the reader to understand that no offence to any group or individual is intended — and that, as often as I can, I shall use terminology with which I am familiar (due to my work with the disabled community), or agreed upon in 1981 at the British Council of Organisations of Disabled People (now known as the UK Disabled People's Council). Nevertheless, it should also be pointed out that this thesis offers a different interpretation of disability from others and so existing definitions and locutions may not convey the meaning I intend; where this is the case, I have done my best to define and describe fully how my interpretation differs from the original. In order to aid the reader, an appendix has been included which lists all technical terms used in this thesis. Where my use of a word or phrase differs from the original, my use of the word or phrase is presented alongside that original.

Finally, I should disclose here that I am not, myself, disabled. However, I also do not think of disability as something had by persons — even in relationship to a disabling environment. Instead, I think of disability as an aspect of 'doings' (impeded doings of some sort or other) and what I mean by this is the focus of this thesis.

## 1.2 Literature Review

Though the word 'disabled' has been in use for over 350 years, its definition has changed significantly — only coming to refer to “impaired women and children as

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<sup>9</sup> I would actually prefer the term 'people who experience disability', were it not for its circumlocution.

well as adult men”<sup>10</sup> later in the eighteenth century. The current concept of ‘disability’, as relating not just to impaired people but also to those elements of distributive justice which concern disabled people, is a relatively recent one — largely arising after the return to work of amputee soldiers from the First World War.<sup>11</sup> That is not to say that there were no disabled people before the World War One, but that it is the *idea* of disability as we now know it which did not really exist earlier.<sup>12</sup> For instance, the social response to persons with impairments in the long Eighteenth Century was generally more accepting than in our own.<sup>13</sup> This is not to claim that people were neither shocked or repulsed by “monstrous births” or “freakish... bodies,”<sup>14</sup> but to remark that the exclusion experienced by disabled persons today is arguably *greater* than it was in the long Eighteenth century: In the Eighteenth Century, even though persons with disabilities were often ridiculed or offered up for public display,<sup>15</sup> they were also active members of the community in a way that they do not

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<sup>10</sup> Turner, David M, *Disability in Eighteenth-Century England: Imagining Physical Impairment*, (New York: Routledge, 2012), 22.

<sup>11</sup> David Heavy, *The Disabled Century*, (1999; London: BBC). TV Film.

<sup>12</sup> Turner, 2012. 16-22.

<sup>13</sup> *Ibid.* Turner never explicitly claims that the culture was more accepting, but it can clearly be read to be so given that such persons were not yet institutionalised. Many of the disabled community would gain money by showing themselves, but in the more rural districts, disabled people would turn their hand to whatever they could — such as Thomas Pinnington, farmer William Kingston, and others. (Platts, Rev. John. “Curiosities Respecting Man,” in *Encyclopedia of Natural and Artificial Wonders and Curiosities including a Full and Authentic Description of Remarkable and Astonishing Places, Beings, Animals, Customs, Experiments, Phenomena, Etc., of Both Ancient and Modern Times, in All Parts of the Globe*, 54-56. New York, New York: World Publishing House, 1876.; et al.)

<sup>14</sup> Turner, 2012. 81.

<sup>15</sup> Known as ‘exhibiting’.

always seem to be today.<sup>16</sup> Indeed, as the process of institutionalising such individuals was only just beginning by the end of the Eighteenth century, persons with disabilities were commonly visible and made a living in whatever manner suited them — like any able-bodied person.

Despite slowly increasing inclusion and a more temperate response the needs of disabled persons, the disabled community still experience significant oppression and lack of inclusion in most Western societies<sup>17</sup> — some<sup>18</sup> even see the use of the epithet ‘disabled’ as a mechanism or justification to separate and oppress. It is not surprising, then, that academic work in the area has increased over recent years. This work crosses many fields of academic study and such interdisciplinary involvement is possibly the reason that researchers of disability maintain that their research is in ‘disability studies’ rather than ‘the philosophy of disability’ or the ‘economics of disability’. It is not hard to imagine how the phenomena of disability branches out into ethics, political theory, political science, biology, sociology, anthropology, engineering, geography, architecture, history, archeology, medicine, and economics — to mention but a few. The philosopher’s involvement is, perhaps, the most problematic — not because the discipline is somehow more elevated, but because its remit (at least to a certain extent) is to weigh in on the philosophical elements of all of the above in

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<sup>16</sup> As a personal comment, I will say that inclusion has increased significantly over the last 15-20 years. However, the level of inclusion in the early ‘90s when I was lobbying the British government was extremely poor.

<sup>17</sup> I cannot speak to the level of inclusion experienced in other cultures having only had a limited experience of them.

<sup>18</sup> Such as: Douglas C. Baynton, “Disability and the Justification of Inequality in American History,” Eds. Paul K. Longmore and Lauri Umansky, In *The New Disability History: American Perspectives*, (New York and London: New York University Press, 2001), 52.

*addition* to being challenged with the not-so-simple task of describing and discussing the phenomena of disability itself. Thus, I struggle in this limited space to constrain the philosophical tendrils as best I might — that is not to say that I shall not identify where these tendrils may lead, but that I refrain from investigating them beyond necessity.

The contemporary debate over issues of disability began only about half a century ago and it emerged at roughly the same time on both sides of the Atlantic. Unfortunately, this separate development also spawned disagreements over the proper definitions of ‘disability’ and ‘impairment’. British definitions, forged at a meeting between the Disability Alliance (the forerunner of what is now the Disability Rights Movement) and the Union Of The Physically Impaired Against Segregation (UPIAS) in 1975, defined disability as follows:

Thus we define impairment as lacking all or part of a limb, or having a defective limb, organism or mechanism of the body and disability as the disadvantage or restriction of activity caused by a contemporary social organisation which takes little or no account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities.<sup>19</sup>

In contrast, the definitions developed in the US were non-trivially different from the those that were used in Britain, and roughly substituted the term ‘handicap’ for ‘disability’ and ‘disability’ for ‘impairment’.

Tom Shakespeare notes that:

The distinction between impairment and disability lies at the heart of the social model. It is this distinction that separates British disability rights and

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<sup>19</sup> UPIAS & The Disability Alliance, “Fundamental Principles of Disability”, October 1, 1997. 14.

disability studies from the wider family of social contextual approaches to disability.<sup>20</sup>

It is important to realise that the field of disability studies is fractured, in part, due to profound disagreements over what is ‘disability’ and what is ‘impairment’. These disagreement result in various different definitions — especially the definition of disability. The notion of disability developed in thesis is quite different from any other model and shall be later presented in full (it would only complicate matters to define it without some context). However, here I offer a working definition of ‘disability’ and ‘impairment’ such that the reader may understand in what way they are generally employed in the arena, and in what manner they are different from each other.

**DISABILITY:** The impact on the life of a person caused by social, physical, and mental barriers.

**IMPAIRMENT:** The absence of certain physical or mental function(s).

Though impairment details the absence of physical and mental function, I am also mindful of individuals that have super-function — individuals whose mental or physical attributes or traits operate above ‘species-typical norm’. This thesis will show how ‘impairments’ are relative to the experience of disability, but that the type or severity of impairment is irrelevant.<sup>21</sup> The model of disability presented in this thesis, the Picture Theory of Disability (PTD), cares about the *particular manner* in which an action is impeded — *how* that impediment is brought about is less important than *that*

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<sup>20</sup> Shakespeare, 2014. 21.

<sup>21</sup> Amundson discusses the potential for actions to be completed successfully using different ‘modes’, and that impairment is not as clearly linked to disability as proposed by the medical model. This thesis holds that deviance from ‘species-typical norm’ is irrelevant precisely because adaptation to achieve goals (perhaps by alternative ‘modes’ of function) means that it is not always the case that impediment to a goal occurs where a medical model of disability demands that it should be. This discussion is further advanced on pages 43-45, and in note 117.

it is brought about. Consequently, super-function — like impairment — is (to some degree) irrelevant, as it focusses on whether or not an individual experiences an irremediable impediment to a task or goal as a function of the relationship between themselves and their environment. By the nature of super-functioning, such individuals are unlikely to experience a physical limitation to their actions, however, there is the potential to experience a sort of social-disability. In this case, social disability may be experienced, perhaps, as a shunning or loss of opportunity because such individual's better-than-normal performance may engender jealousy in other members of that community and a desire to exclude that individual.

Though the definitions of disability and impairment presented earlier seem straight forward enough, they engender more issues that you might at first imagine because the “social and the biological are always entwined.”<sup>22</sup> In other words, impairments have been seen as necessary — but not always a sufficient — causes of the difficulties which disabled people face.<sup>23</sup> What results from this observation, is that in the cases where there is no connexion between impairment and disability then the concept of disability becomes, suddenly, much more vague and difficult to define.<sup>24</sup> As a result, disability seems to be almost always<sup>25</sup> entwined with the effects of an

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<sup>22</sup> Ibid., 22.

<sup>23</sup> Loc. cit.

<sup>24</sup> Loc. cit. An example might be OCD or similar.

<sup>25</sup> I say ‘almost always’ here, because it is not clear to me that the mentally ill actually have any *physical* impairment. Often the deficit in mental function is difficult to identify also. This thesis later goes on to show how such persons might experience disability under the PTD, but for many models of disability, mental impairments do not count as disabilities.

impairment, and impairment seems almost always connected to some social factor or other.

Tom Shakespeare notes that “the distinction between impairment and disability lies at the heart of the social model,”<sup>26</sup> and elaborates to observe that, for the social model, ‘impairment’ is generally defined in terms of biology and is individual, whereas ‘disability’ is defined as being a social construction. In short, ‘disability’ is what makes ‘impairment’ problematic.<sup>27</sup> This thesis holds the view that impairment is individual and that impairment differs in non-trivial ways from individual to individual: Though the functional nature of physical or mental impairment might be similar for one person as it is for another, because of the differing goals and capabilities of each individual, the amount of disability experienced might stretch from none to complete. For example, Chris Koch who is a quadriplegic, can use a JCB (back-hoe) with skill, but my friend Chip, who has muscular dystrophy, would not be able to — even if he could get into the cab. The *functional* physical impairment is only slightly different between Chip and Chris (as neither of them has use of full limbs), but the *experience of disability* for each of them is quite different. If Chip wanted to operate a JCB, what would engender his difficulty is his current skill level<sup>28</sup> — not his ‘disability’.<sup>29</sup> Here the PTD differs from the social or medical models, because, though the PTD perceives impairment as a personal and individual thing, it holds that disabling

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<sup>26</sup> Ibid., 21.

<sup>27</sup> Loc. cit.

<sup>28</sup> This is *certainly* not to say that Chip could not learn to operate a JCB, nor that the JCB could not be augmented such that its controls better suit Chip’s physical requirements.

<sup>29</sup> I develop the discussion of ‘capacity to perform’ a task or goal later in this thesis.

factor is *neither* the Social or the biological, but is instead engendered by the distinct relation *between* individuals and their environments as they try to do things — or more properly, to pursue goals that are meaningful and important to them.

Consequently, the PTD develops a particularist view of disability — at least at the outset.<sup>30</sup> The PTD offers only *rough* formulations of a general definition of disability so that the reader is able to follow along; the PTD presents no necessary and sufficient conditions for labelling something a disability. I do this because, I think, in order to fully understand disability it is necessary to start from particular cases and move to the more general.

Society influences the environment to a certain degree, but to some extent that degree is also pragmatic and reasonable: JCBs are generally designed around persons without impairments in virtue of the nature of the job in which JCBs are used.<sup>31</sup> The expectations of society *are* represented in certain designs, but many of these designs are rightfully so constructed. I have a friend, Doc, who at 6'8" finds selecting a new vehicle to be sometimes restricting because the seating doesn't always respect his height and leg measurements. He once told me that he was very enthusiastic to test drive a Jaguar XJS, but found that, despite the vehicle having the longest bonnet of any production sports car, the seat did not move far enough back to allow his legs to fit under the steering wheel. It would be unreasonable to suggest that Doc experiences

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<sup>30</sup> Whether or not the PTD is able to make more general claims about disability remains to be seen and would be related to the number and variety of pictures.

<sup>31</sup> It would be silly to presume that JCB manufacturers should design JCBs about the myriad of differences in physiology represented in the world. However, excavators have been modified for paraplegics. See: Fossum, Hans. "- Dette Er Helt Rått." AT.no. April 4, 2014. Accessed September 23, 2015.

disability in the selection of some cars because they do not respect his height; instead, we think it proper for him to select amongst the vehicles that do fit his needs in much the same way that a wheelchair user might select from the powered chairs that best suit his or her personal needs.

For the PTD, then, disability is not a social construction but a function of the unique way in which people interact with their specific environments as they pursue goals that are meaningful to them. The PTD is unable to make claims about how society and the environment *should* be built — instead it offers an analysis of how the interplay between the individual and their environment creates disabling experiences. How one might best ameliorate that interplay should be the subject of further research — but, before we can figure out the best way to respond to disability we need to know what disability is.

A distinction between impairment and disability was highlighted in the meeting between UPIAS and the Disability Alliance.<sup>32</sup> The meeting constituted the first real attempt at an academic response to the issue of disability and it sought to express the position *of* disabled people as perceived *by* disabled people. The meeting resulted in the groundbreaking document “The Fundamental Principles of Disability.” Clearly presented was the view that:

... it is society which disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society.<sup>33</sup>

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<sup>32</sup> UPIAS, 1997. 20.

<sup>33</sup> *Ibid.*, 14.

The ideology surrounding this belief (and its subsequent developments) views any and all disability as a result of the Social.<sup>34</sup> This ‘social’ approach to disability has been given many epithets such as the ‘strong social model’ and the ‘British social model’,<sup>35</sup> but which I simply call here call the ‘social model’(SM). According to the social model, disabilities are always a *function of society*. Impairment is thus an individual condition, but disability is not.

The social model approach to understanding disability has been described as the “‘big idea’ of the British disability movement,”<sup>36</sup> and has been profoundly influential in academia since the late ‘70s through authors such as Finkelstein<sup>37</sup> and Oliver.<sup>38</sup> Shakespeare, who has had a long involvement with the disabled peoples’ movement and who has published a significant body of academic work in the field of disability studies, observes that the social model has become a sort of litmus test for the

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<sup>34</sup> I employ this term carefully and in the manner of sociologists who “use ‘the social’ as an objectless noun when we want to refer to those aspects of human life that involve interaction, social institutions, collective beliefs, solidarity, etc., but not to restrict that referent to a specific social body, which ‘society’ would imply.” I am grateful to Dr. William Ramp for his precise and helpful definition — which is probably much more accurate and concise than anything I could provide.

<sup>35</sup> Shakespeare, 2014.

<sup>36</sup> Shakespeare, Torn, and Nicholas Watson. “The Social Model of Disability: An Outdated Ideology?” *Research in Social Science and Disability*, (2002), 9-28.

<sup>37</sup> Finkelstein, V. “Attitudes and disabled people”, (New York: World Rehabilitation Fund. 1980).; Finkelstein, V. “To deny or not to deny disability”, in *Handicap in a Social World*, eds., A.Brechin et al., (Sevenoaks: Hodder and Stoughton. 1981).

<sup>38</sup> Michael Oliver, “Conductive education: if it wasn’t so sad it would be funny”, In *Disability, Handicap and Society*, 4, 2, (1989), 197-200 ; Michael Oliver, “The politics of disablement”, (Basingstoke: Macmillan. 1990).; Oliver. “Understanding disability: from theory to practice”, (Basingstoke: Macmillan. 1990).

DRM by which policies, laws, and ideologies can be determined to be progressive or inadequate.<sup>39</sup>

The definitive medical model claims that disability is wholly caused by a person's physical deviation from statistical norm.<sup>40</sup> Equally categorical, the British, or 'strong' model holds that society is completely responsible for the disability which disabled persons' experience.<sup>41</sup> It should be noted that the continuum in-between these two extremes is occupied by various relational accounts of disability. These relational models or accounts are so-called because they consider disability to arise as a function of the *relation* between the individual and the Social, and such, debate the exact nature of that relationship. I believe that the formation of relational models is (generally) analogous to selecting a temperature on a car heater: as the slider is moved from cold to hot to select 'warm', what is actually being done is the blending of hot and cold air to achieve warm air. Thus, I consider models formed in this way to just be theories which add more or fewer elements from the two polar models. Consequently, I am not sure that one, in this way, generates a 'relational theory of disability' — instead, I think one simply has (let's say) a less strong medical model with an admix of social model elements (in much the same way that the heater slider does not show

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<sup>39</sup> Shakespeare and Watson, 2002.

<sup>40</sup> Edward Wheatley, "Medieval Constructions of Blindness in France and England," in *The Disability Studies Reader*, ed. Lennard J. Davis, 64-65. Third ed. (New York, New York: Routledge, 1997).; Barnes, 2010, 18-24

<sup>41</sup> UPIAS, 1997, 14.; Wasserman, David, Asch, Adrienne, Blustein, Jeffrey and Putnam, Daniel, "Disability: Definitions, Models, Experience", *The Stanford Encyclopedia of Philosophy* (Fall 2013 Edition), Edward N. Zalta (ed.).

‘purple’, it shows less red and more blue).<sup>42</sup> What *I* believe to be the right sort of relational model is one which starts from the belief that disability arises out of the relationship between an individual and their environment and then seeks to describe the nature of that relationship.<sup>43</sup>

The British social model was forged out of disdain for what was perceived to be the dominant approach to disability at the time, the ‘medical model’ (MM).<sup>44</sup> Disabled people saw this model as widespread and perfidious (and, to only a slightly lesser degree, it still is) — although it mostly arose as a function of an analytic and scientific approach to disease. The MM, the ideology of which is perhaps best presented in “Health as a Theoretical Concept” by Christopher Boorse, clearly delineates health as being “normal functioning, where the normality is statistical and the functions biological,”<sup>45</sup> and holds that disease is a deviation from functional or statistical norm and leads, at some stage, to disability.<sup>46</sup> Importantly then, and in contrast to the social model, the medical model views disability as something which *an individual has*.

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<sup>42</sup> In this thesis I refer to the social model frequently, but I refer to the British, or ‘hard’ social model as distinct from the less extreme relational models on the social model end of the spectrum. I am aware that there is a distinction between ‘hard’ and ‘weak’ social models and their discussion is interesting and valuable. However, there is little space in this thesis as it is. This discussion is one of the tendrils I must cauterise.

<sup>43</sup> It should be noted that my view here is not the accepted view, and commonly speaking, models which are not fully concordant with either the strong social or strong medical models are known as ‘relational’ models.

<sup>44</sup> Also known as the ‘naturalist’ model, or the ‘bio-statistical model’

<sup>45</sup> Christopher Boorse, “Health as a theoretical concept.” *Philosophy of Science*, Volume 44, issue 4 (Dec., 1977): 542.

<sup>46</sup> It is an interesting question whether or not superlative performance is ill-health, as it in itself constitutes deviation from functional and statistical health. Boorse terms the phenomena ‘positive health’, but I shall not investigate this issue here. Boorse, 1977, 542.

The tensions between the two models can be nicely illustrated through the changing positions of Ron Amundson, who has contributed importantly to the field of disability studies since the early '90s. Amundson's early position largely concurs with that of Boorse: "Disabled people, by definition I suppose, show deviations from the functional organisation of a typical member of the human species."<sup>47</sup> However, a more relational interpretation of disability appears later in the same paper:

The property of having a particular [impairment] is an attribute of a particular person... The property of being [disabled], however, is relational. *A person with an [impairment] is [disabled] only with respect to a particular environment and a particular goal.*<sup>48</sup>

Despite having reservations about the lack of consideration given to other factors, Amundson's early work accepts some foundational elements of the 'medical' model.

Over time, the medical account became heavily criticised — being subject to vigorous objections<sup>49</sup> from both social and relational model proponents.<sup>50</sup> On such concern is that MM is integrated with systems of power such that it underpins medical

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<sup>47</sup> Amundson, Ron. "Disability, Handicap, And The Environment." *Journal of Social Philosophy* 23 (1992). 104. Emphasis in the original.

<sup>48</sup> *Ibid.*, 110. It is this syncretism of the medical and social models which I believe to be an improper 'relational' model — not because such a model is not relational, but because it *becomes* relational rather than it starting out relational.

<sup>49</sup> The discussion of how the medical model is unsatisfactory is very interesting — however, I reserve the right to not elaborate on the discussion further through want of space.

<sup>50</sup> Amundson. 2000.; 2010.; Charlton, James. Chapters 1 and 2 from *Nothing About Us Without Us*. (University of California Press 1998), 3-36.; Edwards, Stephen "Definitions of Disability," in *Arguing About Disability* eds. Kristjana Kristiansen, Simo Vehmas, and Tom Shakespeare. 2008, 30-41.; Bethke Elshtain, Jean. "Neither Victims Nor Heroes: Reflections from a Polio Person," in *Philosophical Reflections on Disability*, eds. D. Christopher Ralston and Justin Ho, (London and New York: Springer, 2010), 241-251.; Shakespeare, Tom. *Disability Rights and Wrongs Revisited*. Second ed. (Abingdon, Oxon.: Routledge, 2014).; et al.

evaluations and influences distributive justice practices.<sup>51</sup> Consequently, it is often difficult for an individual's lived-experience to be taken seriously by the medical fraternity. An example of such disregard can be seen in Williams: "Patients [are not] usually... aware of the significance of [their] 'symptoms' for their future health states. That is where the *special knowledge* of the doctors comes in..."<sup>52</sup> Though Williams is actually promoting the benefits of the Quality Adjusted Life Year (QALY),<sup>53</sup> the medical model (which underpins QALY evaluations) makes assumptions about an individual's 'quality of life' (the QALY works only in terms of increase in medical health, which is not always synonymous with an increase in quality of life). As such, it is a prime example of how the medical model has become institutional and how medical evaluations are made with the implicit adoption of the medical model.

By the turn of the millennium, Amundson had become increasingly uncomfortable with the MM: he sought to criticise the idea of 'normal functioning' and began to query whether or not "biology [even implies] a concept of functional normality and a distinction between normal and abnormal function."<sup>54</sup> Such a

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<sup>51</sup> Amundson, Ron, 2010. 169-182.; Nord, Erik, "Values for health states in QALYs and DALYs" in *Quality of Life and Human Difference* eds. Wasserman, Bickenbach, and Wachbroit, 2005, 125-141.; Williams, Alan. "The value of QALYs" in *Bioethics* Stephen Holland, ed. (Routledge 2012), 423-438.

<sup>52</sup> Williams, A, 2012, 424. Emphasis added.

<sup>53</sup> The QALY is a metric which seeks to determine the economic value of certain treatments given the expected increase in benefit to the patient. There are many and varied criticisms of the QALY, but because it offers a quick and simple calculus it is employed by almost all Western healthcare systems. Its fundamental failure is that it weighs prospective outcome values post operation against the economic cost of the treatment — but it has no mechanism for considering the post-op value to the individual, only gauging such value in terms of medical health (as opposed to quality-of-life for the individual in question).

<sup>54</sup> Ron Amundson, "Against Normal Function." *Studies in History and Philosophy of Science*. Volume 31, issue 1: (2000), 33.

criticism constitutes a significant change in perspective from his earlier belief that disabled people showed functional deviation from ‘norm’. By this time, Amundson had developed the notion that the difficulty in mobility experienced by disabled people was a function of the built environment: “the design of the [built] environment is the cause of the disadvantage [in mobility].”<sup>55</sup> As the British social model holds that disability is caused by society, and because society is responsible for ideologies which inform the built environment, Amundson’s belief that the built environment disables led him to become more convinced that aspects of the social model had a greater potential to describe disability. As observed above, weaker versions of the social model may be considered relational accounts of disability because they hold that disability arises as a function of both biology and of the Social. Consequently, Amundson’s position at this point might be said to have shifted away from the MM and to a relational account more toward the SM end of the continuum.

Finally, and by the time Amundson had retired, I perceive his position to be more radical and more in line with the beliefs of the DRM: In a 2010 work of praxis he argues that were practice to match discourse then “minorities and women would have very nearly equal rights with majorities and men within the academy [but that] disabled people would still not have equal rights with non disabled people.”<sup>56</sup> He goes further to claim that “basic [DRM] principles are rejected not only in practice but also

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<sup>55</sup> Ibid., 51.

<sup>56</sup> Ron Amundson, “Disability rights: do we really mean it?” In *Philosophical Reflections on Disability*, eds. D. Christopher Ralston and Justin Ho. (London and New York: Springer, 2010), 169.

in discourse [within the academy].”<sup>57</sup> Impairments, for Amundson, are now much less important, and social prejudice has become the whole of disability.

Partly because Amundson was, himself, an academic, and partly because there was *actually* very little development in academe, he became animated over the lack of academic development in disability studies.<sup>58</sup> Amundson found the notion that people were ‘disabled by society, not by their bodies’ very appealing.<sup>59</sup> For one, it holds that disabled persons are impotent victims of the Social, and because it also denies that disability arises out of inadequacies of the body. Consequently, the SM is often seen as the model which promotes the emancipation of the disabled community — of which Amundson was a member.

Danieli & Woodhams maintain that “those who advocate emancipatory research tend to have a clearly articulated political position, i.e., that the existing material and social conditions of particular groups are oppressive and should be changed.”<sup>60</sup> This sort of ‘clearly articulated political position’ is transparent in later Amundson (et al.). Shakespeare confirms that the social model was crucial to the disability movement and presents two ways in which it was important: Firstly, the SM identified barrier removal as a political strategy, and secondly because replacing the traditional individual-deficit approach by a social interpretation of disability was very

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<sup>57</sup> Loc. cit.

<sup>58</sup> Loc. cit.

<sup>59</sup> A rally cry of disabled activists during the mid ‘80s. Found in: Shakespeare and Watson, 2002, 9-28.

<sup>60</sup> Ardha Danieli & Carol Woodhams. “Emancipatory research methodology and disability: a critique.” *International Journal of Social Research Methodology*, 8, 4, (2005), 281-296.

liberating for people with disabilities.<sup>61</sup> Emancipatory research into disability, therefore, is now often approached through a SM framework — to the extent that it is debated whether or not the MM is fundamentally geared to participate in ‘emancipatory research’.<sup>62</sup> As a result, it is commonly argued by SM proponents that work toward the inclusion of members of the disabled community might *only* be possible through the SM.<sup>63</sup> This last claim, I think, might be a bit too strong: that research conducted through the MM may not offer any sort of emancipation is one thing, but that no other model but the SM can induce a reduction in oppression is quite another.<sup>64</sup> I think, for example, that relational models of disability offer a much

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<sup>61</sup> Shakespeare, 2014, 13,

<sup>62</sup> The medical model is considered by the DRM to be the source of oppression and marginalisation of disabled people. The notion that the medical model is an unsuitable approach in which to frame emancipatory research, thus, arises (in part) from the MM’s influence on the political systems which distribute justice.

<sup>63</sup> Amundson, 1992; 2000.; Susan Wendell “Unhealthy disabled: treating chronic illnesses as disabilities.” *Hypatia* vol. 16 iss. 4, (2001), 17-33. Stable URL: <http://www.jstor.org/stable/3810781>.; Charlton, James. Chapters 1 and 2 from *Nothing About Us Without Us*, (University of California Press, 1998), 3-36.

<sup>64</sup> In fairness to the authors cited in the above footnote, it might be well worth noting that much development in disability theory has been achieved since their articles were written, and were they permitted to qualify their positions today they may choose to be less categorical in their claims.

greater potential for inclusion than the SM itself, because the SM often makes too many impractical demands of society.<sup>65</sup>

Whether or not emancipation is only achievable through the social model, the SM is also not without its criticism. To start, this thesis — as well as work by authors such as Tremain,<sup>66</sup> Shakespeare,<sup>67</sup> and Savulescu & Kahane<sup>68</sup> — see no reason that disability studies cannot be further developed without adopting strong SM ideology.<sup>69</sup> An example of such criticism can be provided by Tom Shakespeare, who suggests that the social model has “logical consequences that were problematic both at the political level and the conceptual level,”<sup>70</sup> and continues to list three powerful arguments against the model: That due to commonly shared experiences of oppression, making distinction about the levels of impairment is redundant; that attempts to mitigate

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<sup>65</sup> During the early ‘80s, a campaign was lobbied at the parish council to convert all of the shop entrances in my local village from stepped entrances to ramped entrances. As most of the store fronts were built in the late Eighteenth century and were positioned on very narrow footpaths next to a busy road, it was argued that neither the buildings nor the location of the buildings facilitated ramps to be built (as such a ramp would have taken up too much room on the path). The ramps were never built, somewhat to the annoyance of the campaigners. I feel that this was the correct decision — even though it means the exclusion of many of the disabled people in the village. I hold this belief because I cannot support the demand that the shop fronts should be moved to permit ramps to be built as doing so would importantly detract from the village’s touristic appeal (its primary income base). I would have supported more realistic responses, such as a doorbell or the widening of the path and the narrowing of the road to facilitate the building of period appropriate wheelchair ramps (though this was never an option). I also believe that the state should have funded the modifications as it would have been unfair to have weighed the obligation at the small business owners whose profit margins were very small. I am mindful that a ‘service bell’ would not have permitted the type of integration deserved by disabled people. I do believe that the design of new-build buildings must respect full inclusion.

<sup>66</sup> Shelley Tremain, “On the Government of Disability,” *Social Theory and Practice*, 2001.

<sup>67</sup> Tom Shakespeare, “Still a Health Issue,” *Disability and Health Journal* 5, (2012): 129-131

<sup>68</sup> Savulescu & Kahane, 2009, 14-53.

<sup>69</sup> It is hoped that this thesis will provide a more accurate and realistic account of the phenomena of disability, and as such will present a way of emancipation that properly balances the needs and wants of disabled people with the abilities of the society.

<sup>70</sup> Shakespeare, 2014, 17-18.

disability thorough the curing of medical problems or the development of aids should be viewed with intense suspicion; and that if individual experiences are irrelevant to disability, then the number of disabled persons also becomes irrelevant.<sup>71</sup> As a further criticism, he then lists several reasons “that the social model has now become an obstacle to the further development of the disability movement and disability studies”<sup>72</sup> — all of which are connected to the stoic and unchanging nature of the model. These stoic and unchanging properties, he points out, were part of the very reason for its success, but they now seem to be contributing to its downfall.<sup>73</sup>

The two hegemonic models, the social and the medical, have come to be interpreted as standing diametrically opposed to one another and the distinctions between them are many and complex. Oliver’s ‘simplification’ of contrasting elements between the two models, for example, results in a list of over a dozen points.<sup>74</sup> More recently, dissent from both sides of the debate has started to emerge. Silvers notes that although the SM has enjoyed “unwavering allegiance” from the DRM as well as from scholars in disability studies, recently “fault lines in the disability community’s fealty to the social model have appeared.”<sup>75</sup> Importantly, the SM, once the bastion of hope for disability activists and social scientists alike, is now subject to accusations of misrepresenting persons with disabilities by “abridging who they are, or of even more

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<sup>71</sup> Loc. cit.

<sup>72</sup> Ibid., 20.

<sup>73</sup> Ibid., 20-21.

<sup>74</sup> Oliver, 2009, 41-57,

<sup>75</sup> Silvers, 2010, 19-36.

malignant distortions such as promoting values that exclude people with certain kinds of physical or cognitive limitations.”<sup>76</sup>

Curiously, Silvers observes that, “at the same time (some) disability studies scholars are distancing themselves from the social model, medical professionals are drawing closer to it.”<sup>77</sup> As evidence, she refers to the Institute of Medicine’s (IOM) document “The Future of Disability in America” [2007].<sup>78</sup> One might expect that an organisation “suffused with ideas and values associated with the medical model”<sup>79</sup> would offer responses parsed in terms of that model. Instead, the IOM presents an ideology more steeped in a SM approach:

Since IOM’s previous reports in 1991 and 1997 that highlighted disability as a pressing public issue, there has been growing recognition that disability is not inherent in individuals, but rather is the result of interactions between people and their physical and social environments. Many aspects of the environment contribute to limitations associated with disability — for example, inaccessible transportation systems and workplaces, restrictive health insurance policies, and telecommunications and computer technologies that do not consider people with vision, hearing, or other disabilities.<sup>80</sup>

Dissatisfied with the relational models at the time, Lennart Nordenfelt (amongst others<sup>81</sup>) believes there is a third element to disability. He holds that whether or not an agent is able to do something is neither simply a function of the specific

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<sup>76</sup> *Ibid.*, 19.

<sup>77</sup> *Ibid.*, 19-36.

<sup>78</sup> Institute of Medicine (US) Committee on Disability in America; Field MJ, Jette AM, editors. *The Future of Disability in America*. Washington (DC): National Academies Press (US); 2007.

<sup>79</sup> Silvers, 2010, 21.

<sup>80</sup> *Loc. cit.*

<sup>81</sup> Julian Savulescu and Guy Kahane, “Disability: A Welfarist Approach,” *Clinical Ethics* 6, no. 1 (2011): 45-51. Doi:10.1258/ce.2011.011010.

environment, nor can it be solely related to the agent herself — instead, a trident approach must be considered with the third prong being whether or not she is able to achieve her goals. He posits that his “general suggestion, then, is that disabilities and handicaps should be determined in relation to the individual's own vital goals.”<sup>82</sup> In short, disability for Nordenfelt is a species of *inability*.<sup>83</sup> Like Nordenfelt, the Picture Theory of Disability agrees that goals are something important to focus on, but cares about the *manner* in which daily-living tasks or goals are achieved or not — rather than whether or not they are achieved. In as much, the PTD might be considered to be somewhat adjacent to a Nordenfeltian ‘vital goal’ theory.

Like Nordenfelt, Savulescu & Kahane also believe there is another relational option available and believe the answer lies in monitoring the reduction of ‘wellbeing’. Their ‘Welfarist account’ considers disability to be:

... any stable physical or psychological property of subject S that leads to a significant reduction of S’s level of wellbeing in circumstances C, excluding the effect that this condition has on wellbeing that is due to prejudice against S by members of S’s society.<sup>84</sup>

However, other academics have begun to question whether or not disability can even be resolved through a model framework — for instance, Danieli & Woodhams raise concerns over the adoption of *any* specific model:

We are not arguing that disability is not socially created, rather our point is that in assuming this *a priori*, any subsequent ‘data’ generated will always be interpreted through the lens of this theory. We would

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<sup>82</sup> Lennard Nordenfelt, “On the Notions of Disability and Handicap,” *International Journal of Social Welfare*, vol 2, iss. 1,(1993), 17-24. It is important to remember that Nordenfelt was writing with the North American terminology. Consequently, in order to make sense of the position, exchange ‘disability’ for ‘impairment’ and ‘handicap’ for ‘disability’.

<sup>83</sup> *Ibid.*,17–24.

<sup>84</sup> Savulescu & Kahane, 2011, 45. I elaborate on their account in the conclusion.

argue that merely replacing one theory with another does not reveal the ‘reality’ of phenomena. Of course it could be argued that one representation of reality conforms to more people’s experiences than another, but this cannot be claimed to be any more accurate than any other representation.<sup>85</sup>

Framing disability in terms of a given model, they argue, incorporates a bias in providing evidence for or against each of the two models. Those who conduct research in the social sciences pay particular attention to this potential for bias<sup>86</sup> — yet work in disability studies rarely seems to address such concerns. As far as this thesis is concerned, the PTD negotiates the issue by requiring that the individual’s own perception of any given disabling experience must be taken into consideration during the evaluation of a picture.<sup>87</sup> Such a requirement assuages any concerns of bias because the observer is charged with paying attention to the lived experience of the individual.

Finally, questioning the validity of approaching disability through a model framework seems to lead us back to Silvers, who, in a moment of pyrrhonism, takes things yet a step further and questions models *qua* models:

Resolving the presumed conflict between the medical and social models is especially contentious because there is not nor can there be such a thing as a social model of disability. This concession does not gain much ground toward resolving whatever is in contention between the two accounts, however, for by the same token there can be no medical model of disability... A model is a standard, example, image, simplified

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<sup>85</sup> Danieli & Woodhams, 2005, 281-296.

<sup>86</sup> Steve Firth, “On the Ethics of Ethnography.” An undergraduate work. Unpublished; available on request from Steven Firth, University of Lethbridge, Alta., Canada, 2012.

<sup>87</sup> The exact mechanism of this evaluation will be presented carefully later in the thesis. Martiny remarks: “As a point of departure, [the phenomenological approach] focuses neither on giving physical explanations nor social prescriptions for understanding disability, but precisely on first-person experiences of living with disabilities: what is the experience of being disabled like?” (Martiny, 2015, 553-565.)

representation, style, design or pattern, often executed in miniature so that all of its components all are easy to discern. Neither the medical nor the social model presents a replica or representation of disability.<sup>88</sup>

From the above, it is clear that there is a non-trivial disagreement in disability studies over the nature of disability and it is to this body of work that this thesis, in part, belongs. It must be pointed out at this juncture that this is by no means an exhaustive literature survey: I have not the space to fully investigate all of the work done with respect to disability theory, let alone the normative aspects of disability or the distributive justice elements of disability. I do not include here a review of normative material, as the Picture Theory of Disability makes no normative claims and should be considered along side other models which offer descriptive accounts of the *phenomena* of disability.

### 1.3 The Picture Theory of Disability — A Relational Account

When originally formulating the Picture Theory of Disability, I was intrigued at the lack of weight which was given to relational models of disability. Though there were issues with early relational accounts (not the least of which was the early WHO definition of disability which received many and varied criticisms at the time), I feel that a relational account better captures the uniqueness of every experience of disability and the great adaptability of disabled persons.

Relational accounts generally arise from criticism of one or both of the social and medical models. This criticism has, in some authors, resulted in modified approaches to disability that are importantly distinct from either the medical or social

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<sup>88</sup> Silvers, 2010, 19-36.

models. The variation of approaches is significant, ranging from Amundson's concerns that there cannot be a biological basis for 'normal functioning' rendering the concept of 'impairment' difficult to substantiate,<sup>89</sup> to the phenomenological models of disability — models which concentrate on the experiential aspects of disability — critiqued by Martiny.<sup>90</sup>

As mentioned earlier, Amundson's notions of disability were influenced by the British social model. His millennial work generated an analogy with the now-defunct concept of race, and observed that the definition of 'impairment' as a 'deviance from normal functioning' is false and only serves to underpin prejudice and provide a framework for the normalisation of different (atypically embodied) people.<sup>91</sup> By this Amundson argues that 'race' cannot be used to distinguish and group people (due to the concept of 'race' itself being flawed). Similarly, Amundson believed that 'deviance from normal functioning' should not be used to distinguish and group persons with impairments because 'normal functioning' itself is a flawed concept. In contrast, Terzi notes that because the social model focusses exclusively on disability arising from social oppression, it ignores the very real disadvantages which arise as a function of bodily impairments — concluding that the social model should respect *all* aspects of disability.<sup>92</sup>

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<sup>89</sup> Amundson, 2000.

<sup>90</sup> Martiny, (2015), 553-565. Phenomenological models (PM) seek to describe disability in terms of the lived experience. The PTD also takes an element of the lived experience into consideration. However, the PTD differs importantly from the PM as it also considers external perspectives which are tempered and bolstered by the lived experience. Consequently, I do not believe that the PTD may be considered a 'phenomenological model'.

<sup>91</sup> Amundson, 2000.

<sup>92</sup> Terzi, Lorella "The Social Model of Disability: A Philosophical Critique," *Journal of Applied Philosophy* 21(2) (2004): 141-157.

Despite the many and varied relational models, none have succeeded in capturing the kind of attention awarded to the social and medical models. Relational models, from the authors mentioned above as well as those from Silvers,<sup>93</sup> Tremain,<sup>94</sup> Cole,<sup>95</sup> Dimitis & Kauffman,<sup>96</sup> and Kahane & Savulescu,<sup>97</sup> generally come to a relational stance through the analysis of some deficit of a model or because of some meritorious aspect of the phenomena of disability which has been otherwise ignored or devalued. However, I came to a relational stance through being reminded of Einstein's conceptual solution to wave/particle duality:

It seems as though we must use sometimes the one theory and sometimes the other, while at times we may use either. We are faced with a new kind of difficulty. We have two contradictory pictures of reality; separately neither of them fully explains the phenomena of light, but together they do.<sup>98</sup>

The early experiments in light (where certain experiments show the particle-like nature of light and other experiments show the wave-like nature of light) seemed to generate a similar dilemma to the two different descriptions of disability. Einstein's resolution was not that either of the theories was wrong, but that they were, in fact, *both* correct. Rather than concluding that both models of disability were correct (which

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<sup>93</sup> Anita Silvers, "On the Possibility and Desirability of Constructing a Neutral Conception of Disability," *Theoretical Medicine* 24 (2003): 471-287.

<sup>94</sup> Shelley Tremain, "On the Government of Disability," *Social Theory and Practice*, (2001).

<sup>95</sup> Phillip Cole, "The Body Politic: Theorizing Disability and Impairment," *Journal of Applied Philosophy* 24(2) (2007): 169-176

<sup>96</sup> Anastasiou Dimitis and James Kauffman, "The Social Model of Disability: Dichotomy between Impairment and Disability," *Journal of Medicine and Philosophy* 38 (2013): 441-459.

<sup>97</sup> Julian Savulescu and Guy Kahane, "The Welfarist Account of Disability" in Brownlee, Kimberly and Adam Cureton, eds. *Disability and Disadvantage*, (New York, Oxford University Press, 2009), 14-53.

<sup>98</sup> Einstein, Albert, and Leopold Infeld. *The Evolution of Physics: From Early Concepts to Relativity and Quanta*, (New York, New York: Simon & Schuster, 1938). 262-263.

seemed unlikely), I wondered if investigation of their maxims might permit a similar resolution to that of Einstein. Below, **P1)** states the central belief of the social model and **P2)** presents the maxim of the medical model:

- P1) The environment is disabling,*
- P2) Physiological difference from statistical norm is disabling,*

However, each maxim resulted in the failure of their respective model to properly describe the phenomenon of disability, so perhaps negating the premises might be enlightening:

- P1) There is nothing, per se, disabling about the environment,*
- P2) There is nothing, per se, disabling about physiological difference,*

Noting that Einstein's solution to wave-particle duality was that light had both a wave-like nature and a particle-like nature, I wondered if a solution to the nature of disability might follow by considering the idea that disability could be *both* social and medical:

- P1') If there is nothing, per se, disabling about the environment and*
- P2') There is nothing, per se, disabling about physiological difference, then*
- C1) Disability arises out of a connexion or relationship **between** the individual and the environment.*

Thus the theory of disability I present here can be considered a relational response to the phenomena of disability, as the theory takes as its maxims that there is nothing, per se, disabling about the environment and that there is nothing, per se, disabling about physiological difference.

The important relationship between every individual and their environment points towards disability being something which arises out of some aspect or other of that relationship. Later in this thesis, I fully investigate the nature of that relationship and how people may experience impeded in the conduct of a particular task or goal

despite their having an innate capacity to achieve that task or goal. It is by attending to the manner in which the actions (which are denoted by verbs) achieve, or fail to achieve, their end that the PTD is able to tell us what is centrally important about disability itself.

The Picture Theory of Disability, then, is an ***adverbial account of disability*** and differs from the current accounts which are nounal; it seeks to offer a description of ‘disability’ as something that is *experienced*, rather than some property that someone or some situation *has*. The medical model observes that a person possesses the property of being disabled and the social model holds that disability lies in certain situations, social attitudes, or social institutions. The PTD, in distinction to both these theories, focuses on verbs of activity — and in particular, on a certain kind of adverbial modification of those verbs.

Built into the PTD is a mechanism analogous to Wittgenstein’s Picture Theory. For Wittgenstein, pictures reach out to the world and show that objects stand in determinate relations to one another. The PTD does the same: it employs pictures which reach out to the world and shows that the objects (people, stairs, wheelchairs, roads, and kerbs, etc.) in that world stand in determinate relation to each other. Unlike Wittgenstein’s PT, the PTD gives greater focus to the verbs (and the adverbs which modify them). In Wittgenstein’s schematic ‘*aRb*’, it is the relation ‘*R*’ which the PTD considers particularly important. In a PTD approach to disability, what counts in the states of affairs that are pictured is how easy or difficult it might be to engage or succeed in certain activities or actions. What disability is, the PTD claims, is the experience of a personally irremediable impediment in the conduct of those verbs;

disability is adverbial because it is linked to the way in which those verbs of action are modified: roughly speaking, positive or neutral modification shows no disability; negative modification shows disability. In short, the PTD is designed to evaluate disability as an *experience* rather than a property someone *has* — there are no ‘disabled people’ or ‘disabling social conditions’, there are just persons who experience disability as they go about leading their lives like the rest of us. The theory is intended to show how and who experiences disability, and the results are not always intuitive.

Throughout this thesis, I shall occasionally use the terms ‘impediment’ or ‘impeding’. These terms arise out of the notion of a task achieved with great ‘difficulty, vexation, or frustration’. I originally intended the word ‘frustrated’ to mean ‘denied’ but refrain from its use somewhat knowing that the word is more commonly used to imply vexation. Where it is used, ‘frustration’ must be taken to mean the prevention of progress or the fulfilment of something. However, another important advantage of ‘frustration’ should be observed at this point. It is possible that an individual’s *progress* in an activity may be frustrated, without that individual necessarily *feeling* frustrated. The result of this is that the Picture Theory of Disability does not depend upon wellbeing as either a necessary component of disability.<sup>99</sup> Certainly there may be a reduction of wellbeing in a disabling experience, but it is neither a necessary nor sufficient compliment to disability. Instead, I use the word ‘impeded’ and its various related forms to suggest the idea that a task may involve such a significant level of difficulty that it may even result in an inability to perform an activity.

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<sup>99</sup> See note 368.

An adverbial approach to disability only tells us when and where an impediment to an action occurs — it does not tell us anything about whether or not the action’s impediment is excessive, unremitting, or unusual. In order to determine that, I need to employ a further element to the theory which might help us to understand how it feels to perform a certain action in a certain way. Humean ‘sympathy’<sup>100</sup> — the mechanism by which one person comes to largely share in the emotional sentiment or ‘passion’ of another by looking upon them<sup>101</sup> — gives a fuller understanding of the manner in which the activity is being conducted because the observer can relate to the individual in the picture on a very fundamental level. Because humans have this inbuilt ability to share another’s feelings, if an observer sees frustration, sadness, dejection, pain, or some such similar emotion being expressed during the impeded conduct of activity which might not (for many other people) generate such a response, then the observer is aware that there is a ‘problem’ in the picture. This feeling can then be considered in conjunction with the linguistic analysis of that picture which locates the *exact* nature of the way in which the verb’s action is impeded — thus, an experience of disability can be identified and understood. The PTD is more nuanced than has been briefly presented here — there are subordinate

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<sup>100</sup> The term ‘sympathy’ is disliked in the DRM and associated circles because it implies notions of pity (in the modern sense). It is important that it is understood that I take Hume to mean ‘to understand and reflect other’s inclinations, emotions, and sentiments’. In other words, that it is much less of a feeling, and much more a sort of psychological mechanism similar to empathy. Hume says of sympathy: “No quality of human nature is more remarkable, both in itself and in its consequences, than the propensity we have to sympathize with others, and to receive by communication their inclinations and sentiments...” (Hume, *A Treatise on Human Nature*, T, 2.1.11.2; SBN 316).

<sup>101</sup> Moral sentimentalism did not originate in Hume, but Hume presents a definitive version of it and has other elements of benefit to disability studies. For this reason, I focus on Hume’s version.

constraints and limitations — but here, in short, is an overview of how the PTD operates. The picture theory offers no necessary and sufficient conditions for disability, however, a (very) general formulation of the Picture Theory of Disability might be something like:

***Disability is the experience of an unremitting irremediable difficulty, frustration, or complete impediment in the conduct of daily-living tasks or goals engendered by a specific relationship between a person and their environment.***<sup>102</sup>

#### 1.4 Why a ‘Picture Theory’ of Disability

Before I engage the main elements of the thesis, I want to demonstrate how our ‘everyday concept of disability’<sup>103</sup> may improperly affect our judgement of disability. It is difficult, when debating disability, to divorce the reader from her idea that disability is simply deviation from physiological norm (the medical model is currently the socially influential model — even in very liberal countries). The force and clarity with which people believe that disability is caused by a physiological impairment is significant: I recall teaching a lecture on disability when, after presenting the medical model and beginning explication of the social model, one of the brightest students in the class began to push the ‘impossibility’ that there could be any other explanation of disability other than bio-statistical deviance from normality — that impairments are simply the cause of disability. No matter how many ways I presented the social model,

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<sup>102</sup> This definition, such as it is, merely offers a sort of rough idea of disability to assist the reader in understanding the theory. Limitations to this brief definition are discussed in further chapters.

<sup>103</sup> I am thankful to Kahane & Savulescu (2009) for this locution which describes the intuitional (but often incorrect) understanding of disability which people tend to have in pointing out that ‘she is disabled’.

the student was completely unwilling<sup>104</sup> to open his mind to it. The reasons why this belief is so pervasive are a subject for another paper, however, I feel that I would be remiss if I did not demonstrate *how* such a belief is improper and mis-formed.

Thomas Inglefield was born in 1769 in Hook, which was then a small village in Hampshire, England.<sup>105</sup> From *Figure 1*, it is difficult to imagine what kind of life he must have had. It is clear from his clothes that he was not impoverished, but it is challenging to speculate how he came about his money. Being a paraplegic in today's society is fairly limiting: there are a significant number of restricted opportunities and the Western desire to 'normalise'<sup>106</sup> people encourages persons with such bodies to either withdraw from society or depend upon handouts. One might imagine, therefore, that it would have been much worse for Thomas back in the long Eighteenth Century.



**Figure 1:** David M. Turner, Thomas Inglefield, In *Disability in Eighteenth-Century England*, 2012.

<sup>104</sup> I say 'unwilling' because this student was very smart, and more than able to grasp the model's maxims.

<sup>105</sup> Rev. John Platts, "Curiosities Respecting Man," In *Encyclopedia of Natural and Artificial Wonders and Curiosities including a Full and Authentic Description of Remarkable and Astonishing Places, Beings, Animals, Customs, Experiments, Phenomena, Etc., of Both Ancient and Modern Times, in All Parts of the Globe*, 54-56. (New York, New York: World Publishing House, 1876).

<sup>106</sup> The process of 'fixing' an individual with impairments to make him more 'normal'. This can be done through the use of prosthetics, surgeries, or hearing aids or cochlear implants etc.

Of course, ‘hiding out’ was always an opportunity in the long Eighteenth Century — but the types of clothes Thomas is wearing suggests that this was not the option he chose. He could have inherited the money, but we know that he grew up in relative poverty in a small village. Begging or ‘showing’ himself would have been financially beneficial, and though we have contesting reports about him doing so, it is 2 to 1 against.<sup>107</sup> Another possible explanation might be a benefactor, but we also know this not to be the case.

In reality, the truth is unintuitive and surprising (given the ideas and opportunities we feel are open to paraplegics): Thomas was an etcher of some significant repute<sup>108</sup> and his livelihood came from his careful, popular, and detailed work.<sup>109</sup> In order to etch, Thomas held a scribe in-between his stump and his cheek and moved it with the muscles in his mouth (as shown in the *Figure 1*).<sup>110</sup> In fact, the few images we have of him were self etched from drawings made by his friend Mr. Riley.<sup>111</sup> *Figure 2* shows Thomas in his studio posing with his etching and drawing tools. Such was Thomas’s success that he was visited by nobility and granted gifts,<sup>112</sup> was

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<sup>107</sup> This last point is disputed, Platts (who was contemporaneous with Inglefield) claims that “He was not publicly shewn...,” whereas The Royal College of Physicians observe (without citation) that “like many people exhibiting themselves in the Eighteenth century, Inglefield showed himself privately.” According to Kirby (1820) there was no mention of being exhibited. Source: <https://www.rcplondon.ac.uk/museum-and-garden/whats/re-framing-disability-portraits-royal-college-physicians/thomas-inglefield-b>, and Platts, (1876) 54-56.; Kirby, R. S., “An Eccentric Miser.” In *Kirby's Wonderful and Eccentric Museum, Or, Magazine of Remarkable Characters Volume 3 of Kirby's Wonderful and Eccentric Museum; Or, Magazine of Remarkable Characters. Including All the Curiosities of Nature and Art, from the Remotest Period to the Present*, Vol. III. (London: R.S. Kirby, 1820), 89-90.

<sup>108</sup> Kirby, 1820, 89.

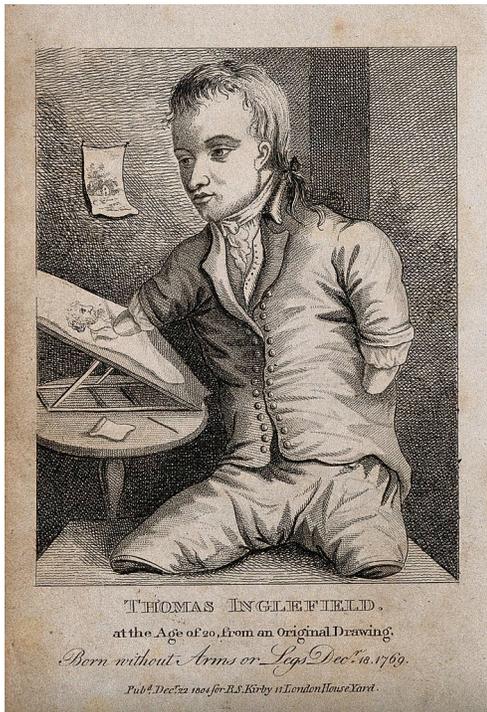
<sup>109</sup> Platts, 1876, 54-56

<sup>110</sup> Kirby, 1820.

<sup>111</sup> Turner, 2012.

<sup>112</sup> Kirby, 1820, 89.

able to rise from poverty without ‘displaying himself’,<sup>113</sup> and was able to afford a



**Figure 2:** The Royal College of physicians, “Thomas Inglefield at the Age of 20. Born Without Arms or Legs”; Original work: Dec. 22, 1804 for R.S. Kirby.

house off Tottenham Court Road (which was then, and is now, a relatively well-to-do area of London).<sup>114</sup>

It is *our* ‘everyday’ concept of disability — of what sorts of things might have ‘disabled’ Thomas — which improperly informs our perception of disability and encourages us to believe that disability is a simply a function of the body. When we see disabled persons perform tasks or achieve goals which we would not have expected given how we perceive disabled persons, we are often surprised by the results. This surprise often generates a ‘glee

factor’ associated with certain social media ‘crip-porn’<sup>115</sup> events such as stories about Tim Harris, the (Down Syndrome) owner of Tim’s Place (an American restaurant in New Mexico). It is the case that many disabled persons do not consider themselves disabled with respect to certain tasks when other people expect that they are.<sup>116</sup>

<sup>113</sup> Platts, 1876, 54-56.; Kirby, 1820, 89.

<sup>114</sup> Platts, 1876, 54-56.; Kirby, 1820, 89.

<sup>115</sup> A term attributed to Liz Carr which draws attention to the kinds of social media posts which engender a feeling of glee from the abled observer. These sorts of posts include the Down syndrome model, Madeline Stuart, and the 2015 birthday party of autistic child Glenn Buratti.

<sup>116</sup> N. Watson, “Well, I Know This is Going to Sound Very Strange to you, but I do not see Myself as a Disabled Person,” *Disability and Society*, vol 17, 5, (2002), 509-527.; Graef, Roger. BBC. Brett: A Life with No Arms (2). UK: BBC, 2015. Film.

The PTD is intended (at least in part) as a corrective to the ‘everyday concept’ of disability — to show the inappropriateness of such intuitions by locating the actual experience of disability. Neither picture of Thomas shows disability — certainly, the physical impairments are obvious, but the PTD considers the impairments *together with* the environment.<sup>117</sup> The pictures of Thomas *show* that disability is not a function of either the individual or of the environment because no disability presents, only the impairment presents. What matters to the PTD is what Thomas is doing or not doing in the picture — and more specifically, how impeded he is (or is not) in doing them. For instance, if the picture shows him at his etching desk surrounded by his tools of trade, then it shows no disabling experience, but if the picture shows him in a stable trying to mount a horse, then the disabling experience becomes self-evident. Again, the disability does not arise from his having no legs, but of his having no legs and trying to mount a 16 hand horse; the disability is in the relationship between the individual and the environment, but more particularly, in what the individual is trying to do in that environment.

The PTD, then, attends to *all* the elements in the picture — the objects, the relations, and the verbs which help describe those relations. For the PTD, just as it does for Wittgenstein, when a picture shows a state of affairs it shows that objects stand in determinate relation to each other: it is the relationship between the objects (and the adverbs which modify the relations) which permits disability to be *shown*. If a relation between two or more objects is one way, then a disabling experience may

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<sup>117</sup> In fact, the nature of the impairment is irrelevant to the PTD — it may be that there is no visual impairment at all. What matters is the relationship between the individual and the environment, and how disabling experiences arise as a function of that relationship.

arise, but if the relationship is another way, then a disabling experience may not arise. *Figure 2*, which shows the state of affairs of Thomas at his easel, *shows* that the relationship between the objects (Thomas, his easel, and his tools), and the adverbs which describe the relationship, engender no disabling experience. However, were we to have a picture which shows a state of affairs where Thomas tries to mount a horse, then the picture would probably show that the relationship between the objects (Thomas, the horse, and the stable), and the adverbs which describe the relationship, engender a profoundly disabling experience.

The impediment to mounting the horse would probably make Thomas vexed or worried about being kicked by it. Perhaps the journey for which he needed the horse was to sell some of his etchings and constituted a major financial deal for him — in which case, Thomas may also be deeply concerned that he will miss the opportunity to make the sale and may be concerned about his finances and ability to live independently. It is not unreasonable to assume, then, that were a picture taken of such a state of affairs, the picture might show the worry, distress, concern, and fear in Thomas's face as well as the general futility in the relationship between Thomas and the horse. Here the observer of the picture is affected by futility in the relationship as well as the emotions of Thomas. It is in this way that the PTD pays attention to not only the objects, relationships, and the adverbs that describe those relationships in the picture, but also to the emotions and feelings presented by it. By paying attention to the emotions, it is possible to evaluate the severity of the impediment to the goal, and the magnitude of emotional distress which accompanies it.

## 1.5 Intended Applications and Developments

The picture theory is also intended to be a third-party evaluative mechanism which more properly respects the lived experience of persons with disabilities. A unique feature of the model is its in-built cultural relativism: the theory permits certain cultural expectations and permits different socio-cultural backgrounds to inform decision making relevant to where the picture is situated. Moreover, it is intended that the theory may offer perspicacious insight for anyone who has — or will have — interaction with disabled people. As such, it is hoped that the theory will be used by persons with disabilities, city planners, members of the medical profession, government authorities, educational institutions, architects, vehicular manufacturers, etc.

Such a wide range of persons and institutions means that the theory needs to be transparent and easy to use. Consequently, I shall avoid using complicated terminology and make the theory as approachable to lay-persons as is possible — hence I take care to eliminate unexamined terminology and philosophical concepts. Indeed, the theory itself (being, in part, born of Humean sympathy) is entrenched in the idea that all “human creatures are related to us by resemblance,”<sup>118</sup> and so we have an ability to empathise<sup>119</sup> with their situations. By utilising this notion, I hope

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<sup>118</sup> T, 2.2.7.2; SBN 369. References to the *Treatise* are to *A Treatise of Human Nature*, ed. David Fate Norton and Mary J. Norton (Oxford: Oxford University Press, 2007); and are cited by book, part, section, and paragraph number, followed by the page number from *A Treatise of Human Nature*, ed. L. A. Selby-Bigge, 2nd ed., revised by P. H. Nidditch (Oxford: Clarendon Press, 1978); and abbreviated “SBN” in the text. Any emphasis is Hume’s own, unless otherwise stated.

<sup>119</sup> Hume’s word was ‘sympathy’. I discuss the Humean element of the Picture Theory in Chapter 2, but it is enough to know here that Hume’s word ‘sympathy’ is roughly synonymous with today’s word ‘empathy’. I use the word interchangeably throughout the thesis. The neurobiological term ‘Sympathetic’ refers to the sympathetic and parasympathetic systems of the body — not of, or belonging to, ‘sympathy’ in the usual sense.

that most of the readers of this work should be able to understand, on a very immediate and personal level, the emotions and feelings which are a necessary part of constructing this theory.

This thesis should be considered — above all — to constitute a theoretical investigation into the phenomena of disability. However, as mentioned above, due to the number of disciplines that are rightfully involved with the study of disability, if this picture theory of disability is found to be persuasive, then a further amount of work shall need to be done to investigate the ramifications of this alternative approach to disability. For instance, such a change in perspective should (hopefully) result in a fundamental change in the way that medical procedures are evaluated, the way welfare is distributed, the way our cities are planned, and occasion a general increase in inclusion. Avenues in which this new account of disability will be influential to other fields of research shall be noted throughout the document — though again, I shall fall short of engaging such issues.

## 2. HUMEAN SENTIMENTALISM

### 2.1 Introduction

The PTD employs what I call ‘Naïve Sentimentalism Theory’ (NST) which arises out of approaching disability through a Humean lens. Naïve Sentimentalism Theory is a simplified version of Humean sympathy<sup>120</sup> together with the usefulness clause which appears in section 2.5.1. It is so named as it offers a simplified or ‘naïve’ view of the phenomena of disability and drops the normative element<sup>121</sup> of moral sentimentalism.<sup>122</sup> Because NST is limited in its ability to discern the adverbial nature of disability it must be used in conjunction with the Picture Theory of Disability which is presented in Chapter 4.

Hume might appear to have little to contribute to contemporary debates in disability studies. As mentioned in the introduction, the social response to persons with impairments in the long Eighteenth Century was generally more accepting than what we have now — surprising, then, that Hume’s writing seems to be so harsh towards the sorts of people we would now identify as part of the disabled community. Hume discounts the perceptions of those in “a defective state,”<sup>123</sup> and maintains that

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<sup>120</sup> In that it does not involve the normative element of moral sentimentalism.

<sup>121</sup> Though NST might provide the first step out of the descriptive PTD and into the realm of normativity.

<sup>122</sup> Hume is not the only person to investigate moral sentimentalism: the idea dates back to the 7th Earl of Shaftesbury. Hume’s treatment of moral sentimentalism, however, is well known and approachable. Hume’s work in moral sentimentalism was further developed and presented in a more unusual format by Adam Smith.

<sup>123</sup> David Hume, “Of the Standard of Taste,” In *Moral Philosophy*, edited by Geoffrey Sayre-McCord, (Indianapolis: Hackett Pub., 2006), 349-350; ¶12.

deformity results in pain, engenders humility,<sup>124</sup> and “produce[s] uneasiness.”<sup>125</sup> He makes a causal connexion between the deformity of a body and feelings of humility for its owner<sup>126</sup> and follows with the notion that humility in the individual arises from physical ‘uselessness’.<sup>127</sup> Consequently, Hume can be read as suggesting that the feelings engendered by observing a person with disability would be revulsion (arising from uneasiness) and pity (arising from humility). Furthermore, Hume clearly posits that we are “asham’d of such maladies as affect others, and are either dangerous or disagreeable to them.”<sup>128</sup>

However, the Eighteenth century locution and rhetoric must not be measured against our contemporary linguistic preferences. Within contemporary disability rights, words such as ‘pity’ and ‘deformed’ are understood as intentional and derogatory expressions of ableism and patronisation, and as such, they are alleged to be a function of a conscious or non-conscious aversion to disabled people.<sup>129</sup> Despite Hume’s linking the aversion to disabled people to the feelings of uneasiness and horror

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<sup>124</sup> Hume’s definition of ‘humility’ may be read in two different ways: the ‘humility’ understood by Christian virtue (say); or the ‘disagreeable impression which rises in the mind’ (T, 2.1.7.8; SBN 297). The former is more inline with the contemporary use of humility, the latter more inline with ‘shame’. I here take Hume to mean something a bit more like ‘shame’. For instance, were I to have a dirty and unkept house, I would feel — according to Hume — “humility” (T, 2.1.5.9; SBN 289), whereas I believe we would today describe my feeling as ‘shamefulness’.

<sup>125</sup> T, 2.1.7.2; SBN 295.

<sup>126</sup> T, 2.1.8.1; SBN 298 & T, 2.1.8.8; SBN 302.

<sup>127</sup> T, 2.1.8.5; SBN 300. “Concerning all other bodily accomplishments we may observe in general, that whatever in ourselves is either useful, beautiful, or surprizing, is an object of pride; and its contrary, [*uselessness*] of humility.” Emphasis mine.

<sup>128</sup> T, 2.1.8.9; SBN 303.

<sup>129</sup> Godrej, Dinyar. “Stuff Pity,” *New Internationalist*, November 1, (2015), 2-5. ‘Piss on pity’ is a standard and much used rallying cry for the disability rights community. It can be seen in much of the work of Johnny Crescendo, a disability rights activist musician from the UK.

generated by observing such people, we *should be* fair to writers of the time and note that while today we are sensitive to the need to be more non-discriminatory, in the Eighteenth century words to which we are now sensitive did not necessarily carry the kind of pejorative baggage they do today. But beyond such an *ex-tempore* observation, this chapter argues that elements of Hume's philosophy contribute meaningfully — and importantly — to disability studies.

## 2.2 Neurobiological Support for Moral Sentimentalism

Before elaborating on Humean sympathy, it might be appropriate to note that though moral sentimentalism has its detractors, there exists contemporary neurobiological research which offers some support for the mechanism. I must be clear that I do not wish to say that neurobiology 'has proven moral sentimentalism to be the mechanism by which we come to making moral evaluations'. What I do wish to say is that it is too quick to simply discount moral sentimentalism as an out-of-date moral theory because there exists *some* neurobiological support that we do, in fact, develop moral responses to stimulus in the ways posited by theories of moral sentimentalism. Mario Mendez, for example, suggests that the ventromedial prefrontal cortex<sup>130</sup> (VMPFC) of the brain

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<sup>130</sup> The lower middle part of the brain above the eyes. From: Ventro: underneath; medial: in the middle.

deals with “complex ‘self-other conjoining,’”<sup>131</sup> and that the ‘Theory of Mind’ (ToM) “... facilitates the appreciation that others have thoughts, feelings, and beliefs.”<sup>132</sup>

This self-other conjoining is a sort of “resonating of the protagonist’s mental and emotional states with that of someone else”<sup>133</sup> and seems to be very similar to the kind of thing Hume had in mind when he observed that “[a person’s] interests, their passions, their pains and pleasures must strike upon us in a lively manner, and produce an emotion similar to the original one...”<sup>134</sup> However, the VMPFC and the ToM are not alone in self-other conjoining: the OFC/VL<sup>135</sup> mirror neurons help modulate self-other conjoining when the observed intentions and emotions of others are internally mapped or imitated. This process actually replicates in the observer the perceived emotion or feeling of the observed. Keyzers notes that:

... our brain first simulates what the other person’s face is doing in the premotor cortex, and once you share the facial expression in your premotor cortex, your insula<sup>136</sup> kicks in, making you share the feelings of that person.<sup>137</sup>

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<sup>131</sup> M. F. Mendez, “The Neurobiology of Moral Behavior: Review and Neuropsychiatric Implications,” *CNS Spectrum*. 2009;14 (11): 608-620.

<sup>132</sup> The ‘ToM’ is the ability to appreciate the thoughts, feelings, and beliefs of others, and the VMPFC is an area of the brain which may be responsible for an automatic, emotionally-mediated moral network — or more simply, where the brain may generate morality. Mendez does qualify that “although much of the presented evidence is still debated, a picture of moral neuroscience is beginning to emerge.” Mendez, 2009, 608-620.

<sup>133</sup> Mendez, 2009, 608-620.

<sup>134</sup> T, 2.2.7.2; SBN 369.

<sup>135</sup> Orbitofrontal cortex; the area around the outside of the front part of the brain. From: Orbito: surrounding; frontal: front. Ventrolateral (VL) Cortex: The area at the underneath and away from the centre. From Ventro: belly; lateral: away from the middle (median).

<sup>136</sup> Insula: Insula cortex; refers to one of the folds in the lumpy bit of the brain — common to all people, and located in the centre of the brain where the outsides of the two hemispheres meet.

<sup>137</sup> Christian Keyzers, “The Discovery of Mirror Neurons,” In *The Empathic Brain: How the Discovery of Mirror Neurons Changes Our Understanding of Human Nature*, (Lexington, KY: Social Brain Press, 2011),114.

In fact, mirror neurons work so effectively that simply observing another individual permits their actions to become your actions, and for ‘you to feel as they feel.’<sup>138</sup>

Mendez observes that developmental sociopaths, who often show little ability to empathise and have reduced moral emotions:

... show minimal alterations in heart rate, skin conductance, or respirations when they are subjected to fear or stressful or unpleasant pictures, and they have reduced autonomic responses to the distress of others, as well as reduced recognition of sad and fearful expressions.<sup>139</sup>

Work in morality and neurobiology can, therefore, be assisted by investigating responses from persons who have a reduced moral aptitude such as sociopaths or people with chronic antisocial behaviour.<sup>140</sup> Non-sociopaths generate sympathetic arousal in response to the distress of others and stressful or unpleasant pictures whereas sociopaths demonstrate limited or no sympathetic arousal.<sup>141</sup> Mendez remarks that neurobiology can demonstrate that the VMPFC is involved in “the ‘cognitive’ aspects of empathy, such as taking someone else’s perspective and vicariously identifying with it.”<sup>142</sup>

Neurobiology, Mendez claims, suggests that the VMPFC is both influenced by observing emotional stimulus and “attaches moral and emotional value to social

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<sup>138</sup> Keysers, 2011, 19.

<sup>139</sup> Mendez, 2009, 608-620.

<sup>140</sup> Ibid.

<sup>141</sup> “Sociopaths have instrumental (cold-blooded and goal-directed) aggression with decreased sympathetic arousal. On psychophysiological measures, they show minimal alterations in heart rate, skin conductance, or respirations when they are subjected to fear or stressful or unpleasant pictures, and they have reduced autonomic responses to the distress of others, as well as reduced recognition of sad and fearful expressions.” Mendez, 2009, 608-620.

<sup>142</sup> Mendez, 2009, 608-620.

events, anticipates their future outcomes, and participates in ToM, empathy...”<sup>143</sup> But more importantly, he posits that the most emotional aspects of empathy belong to phylogenetically old systems.<sup>144</sup> As older cognitive systems often ‘fire’ before the higher cognitive systems,<sup>145</sup> this fact suggests that perceiving other’s emotional disposition is not just influential, but that it forms a base response which is moderated by higher cognitive reflection.<sup>146</sup>

Finally, Hume’s moral sentimentalism leans upon the claim that “all human creatures are related to us by resemblance.”<sup>147</sup> This resemblance seems to be borne out by Mendez’s claim that higher cognitive reflections are affected by certain variables such as the self as the agent of an action and the perceived similarity between the self and others.<sup>148</sup> Such similarity helps us to create a moral attitude towards them, and is influential in our evaluation of fairness and the generation of other moral emotions and sentiments.<sup>149</sup> Consequently, textual support in neurobiology can be found for Hume’s general claim that ‘we are able to directly feel the passion of another’.

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<sup>143</sup> Ibid.

<sup>144</sup> Ibid.

<sup>145</sup> By ‘fire’ I mean are shown to become active slightly before other systems when viewed under an fMRI. In other words, older emotionally driven areas of the brain respond to input first and are then mediated by the younger cognitive systems.

<sup>146</sup> Mendez, 2009, 608-620.

<sup>147</sup> T, 2.2.7.2; SBN 369.

<sup>148</sup> Mendez, 2009, 608-620.

<sup>149</sup> Ibid.; Keyzers, 2011, 19.

### 2.3 On the Motivation to Act (Conation)

The psychological mechanism by which one person infers the affections of another by the communication of the sentiments<sup>150</sup> is critical to understanding this thesis, and so Hume's idea of 'sympathy' requires a clear explication as it is somewhat inconsistent. Vitz presents three distinct uses:<sup>151</sup>

- (1) To identify a cognitive mechanism by which a person 'enters into' the sentiment of another,
- (2) To identify the sentiment that is communicated by the principle of sympathy,
- (3) To identify the conversion process itself.

However, it is only with (1) that I am concerned, and use of the word 'sympathy' in this thesis should be taken to mean the cognitive mechanism by which one enters into the sentiment of another.

According to Hume, when we experience an external object "the ideas [we] form are exact representations of the impressions [we feel]."<sup>152</sup> If an impression is sufficiently intense — such as one caused by an 'affection'<sup>153</sup> — then the resultant impression will be as intense as the original:

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<sup>150</sup> Something akin to our contemporary word 'emotion'.

<sup>151</sup> Vitz, Rico. "Sympathy and Benevolence in Hume's Moral Psychology." *Journal of the History of Philosophy*, 42, no. 3 (2004): 261-75.

<sup>152</sup> T, 1.1.1.3; SBN 3.

<sup>153</sup> By 'affection' I take Hume to mean how a person is feeling (what emotional state/condition they are in).

This idea [of an affection] is presently converted into an impression, and acquires such a degree of force and vivacity, as to become the very passion itself, and produce an equal emotion, as any original affection.<sup>154</sup>

The observation of an affection in an individual generates an equal affection in the spectator. Vitz employs Hume's example of a beggar in his description of sympathy:

Given the account [of sympathy] Hume provides in the *Treatise*, the psychological mechanism of sympathy causes a person (e.g., Hume) to feel benevolence for a beggar in the following way. The process of sympathetic conversion begins when he sees the beggar and, consequently, acquires the idea of a passion, such as misery... The principle of sympathy then operates on the faculty of imagination to increase the 'force' or 'liveliness' of the idea of the beggar's misery to such a degree that the idea becomes an impression...<sup>155</sup>

Hume cautions that the sentiments of those others who are not close to us have less of an effect on us than those who enjoy a stronger relation.<sup>156</sup> Hume is clear that were the sensations to be removed from thought and feeling then we would be incapable of passion, action, desire, or volition.<sup>157</sup> The spectator closely 'resembles' the beggar and:

... makes him 'conceive the beggar's sentiment in the strongest and most lively manner'. Thus, [the spectator] 'enters into' the sentiment of the beggar and

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<sup>154</sup> T, 2.1.11.3; SBN 317. A close reading of this passage begets a query as to the manner in which Hume is using the word 'idea'. At the beginning of *The Treatise*, Hume posits that 'ideas' are feint thoughts, and 'impressions' are forceful and violent. The latter are caused by the sensations and emotions, the former by thinking on things. Yet the quote footnoted here says that 'perceiving the external signs conveys an *idea* of an affection, and this idea generates an impression' which seems to confuse the definitions. The production of the resultant impression is inconsistent with the kind of perception with which we are dealing.

According to Hume, witnessing something through the senses should *already* generate an impression (as sight is a violent and forceful perception); there should be no need for an idea of it. However, Hume may also be using the word 'idea' in the sense of 'notion' or 'understanding'. In this case, we could read Hume to be saying: '...it is at first known only by its effects, and by those external signs in the countenance and conversation, which convey an *understanding of it*. This *understanding* is presently converted into an impression...' Being unsure on this matter, I shall take it to mean the latter as this seems to resolve the issue sufficiently for the purposes of this thesis.

<sup>155</sup> Vitz, 2004, 264-65.

<sup>156</sup> T, 2.1.11.5; SBN 318.

<sup>157</sup> T, 3.3.1.2; SBN 574.

experiences a sentiment of sympathy. Consequently, he experiences benevolent motivation.<sup>158</sup>

It follows, then, that our conation is profoundly encouraged<sup>159</sup> by external signs and the affection they engender upon us:<sup>160</sup>

As in strings equally wound up, the motion of one communicates itself to the rest ; so all the affections readily pass from one person to another, and beget correspondent movements in every human creature. When I see the *effects* of passion in the voice and gesture of any person, my mind immediately passes from these effects to their causes, and forms such lively idea of the passion, as is presently converted into the passion itself.<sup>161</sup>

As pain and pleasure are linked closely with our notions of vice and virtue,<sup>162</sup> our sense of moral good and bad follows from justice and injustice.<sup>163</sup>

Since Hume's moral theory involves three psychologically distinct perspectives (those of the agent, the receiver, and the spectator),<sup>164</sup> it can be observed that when an action is evaluated it is possible for all three perspectives to exist within one individual

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<sup>158</sup> Vitz, 2004, 264-65.

<sup>159</sup> I qualify this point with the observation that Hume maintains that some character traits — such as benevolence — are innate. (Vitz, 2004, 264-265.) It follows that some inclination to act must come innately and an individual may possess some virtuous or vicious inclinations (or perhaps both). I am thankful to James Fieser's *Early Responses to Hume's Moral, Literary and Political Writings* for a clear presentation of the innate inclination to act.

<sup>160</sup> I am, of course, sensitive to the objection raised that virtue and vice must arise out of the sensations of the external signs — not the signs themselves (as Hume himself noted (T, 3.1.2.4; SBN 471)), but I do not wish to delve too deeply into the nuances of *that* argument — it is sufficient that I here simply present the rudimentary notion that the external signs are influential in our developing a passion similar to the original. Also, see note 171.

<sup>161</sup> T, 3.3.1.7; SBN 576.

<sup>162</sup> T, 3.3.1.2; SBN 574.

<sup>163</sup> T, 3.2.2.23; SBN 499.

<sup>164</sup> Fieser, James, ed. "Introduction," in *Early Responses to Hume's Moral, Literary and Political Writings*. (Bristol, England: Thoemmes Press), 2005. Though I had understood how the three perspectives of a moral action worked, I had struggled to find any explicit explanation in *The Treatise*. I am, therefore again, indebted to the introduction to *Early Responses to Hume's Moral, Literary & Political Writings*, for its explication of Moral Sense Theory.

— such a potential permits an internal measure of our own moral actions: “we naturally sympathise with others in the sentiments they entertain of us.”<sup>165</sup> Thus, “*self-interest is the original motive to the establishment of justice: but a sympathy with public interest is the source of the moral approbation, which attends that virtue.*”<sup>166</sup> Were our action not to receive a public approbation, then we would feel the lack of approval as uneasiness and be disinclined to perform the action.

Even when evaluating our own actions, the mechanism of Hume’s moral philosophy is not *solely* individual, but depends *jointly* upon the affections which arise in the spectator by virtue of sympathy and with consideration to the public interest (or the Social). By which I mean to say that even in the evaluation of our own actions we consider how others would view our action. This interplay between an individual and the Social demonstrates a strong relation between the individual and the Social. This relation shall be further examined in Section 2.5.

### *2.3.1 The Potential for Incorrect Synthesis*

An issue concerning the epistemic authority of the spectator arises: Hume holds that sympathy engenders a passion in the spectator *supposedly* equal to the original — yet it is unclear to me that there should *always* be agreement in the affection of the spectator and the spectated.

If sympathy requires that I am brought to share the affection of the person I am watching, then it requires that I share similar values to the person that I am

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<sup>165</sup> T, 3.2.2.23; SBN 499.

<sup>166</sup> T, 3.2.2.23; SBN 499.

observing. As Hume assumes that people are largely the same he also assumes that the things they value are likely to be the same. For instance, Hume maintains that: ‘shame’ is felt from the loss of a faculty:

Nothing mortifies [old men] more than the consideration of their age and infirmities. They endeavour, as long as possible, to conceal their blindness and deafness, their rheums and gouts ; nor do they ever confess them without reluctance and uneasiness.<sup>167</sup>

Qualifying the above, it is important to note that the question of whether or not those persons who lose faculties actually miss them is importantly different to whether or not those people who never had them will want them. Nevertheless, Hume, as an able-bodied person unused to thinking with the perspectives and values of a disabled person, makes the mistake of treating a certain difference in functionality as being negative — a loss, or an inability. Rachael Cooper, in her paper “Can it be a Good Thing to be Deaf,” observes that many of the Deaf<sup>168</sup> community believe that being deaf is actually *good*, and seek to isolate their non-hearing communities in order to protect their culture.<sup>169</sup> However, according to Hume the impression engendered from observing a deaf person would result an indirect passion of pity — such an impression would, for Cooper, be improperly formed as it would not reflect the perception of the deaf person. Cooper’s observations highlight that it would be a mistake to make the Humean assumption that being unable to hear is something bad and to be pitied.

I query, therefore, the epistemic authority of the of the spectator in Hume's synthesis, and acknowledge the potential for an ‘impression’ in the spectator to

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<sup>167</sup> T, 2.2.8.8; SBN 302.

<sup>168</sup> Capital D-Deaf refers to the culture and community of deaf people.

<sup>169</sup> Rachel Cooper, “Can it be a good thing to be deaf?” in *Journal of Medicine & Philosophy*, Vol. 32, (6), (Nov/Dec 2007), 563- 583.

become *incorrectly synthesised* such that it is not a proper copy of the original. In the PTD, this issue is resolved by having access to the perspectives of the individuals in the picture. By tempering the immediate emotional response and the cognitive evaluation of the cause of that emotion with the perspectives of the individual in question, the potential for error is reduced. It is also the case that the PTD considers the goals or tasks which are being attempted: If, for instance, a deaf individual is depicted at a concert in a picture, we cannot simply assume there is a disabling experience because we believe that the individual cannot hear the music. It may be the case that the individual loves the feel of the music and the company of his friends and the visual experience. These additional or satellite elements are accessible through the PTD and reduce the potential for error in analysis of a disabling experience.

#### 2.4 On the External Signs and The Medical Model

In his early work, Amundson agreed that “the concept of disability requires us to consider the actions (movements and perceptual acts) of a biologically normal person *at the hierarchical level of the person's (whole) body.*”<sup>170</sup> The mechanism of Hume’s sympathy similarly hinges on the empirical: “When any affection is infus’d by sympathy, it is at first known only by its effects, *and by those external signs*”<sup>171</sup> in the

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<sup>170</sup> Amundson, 1992. Emphasis his.

<sup>171</sup> It is important to note that Hume does not speak of the *experience* of ‘external objects’. Instead, he is careful to note that the cause of sensory impressions is unknown — this ambiguity is related to Hume’s fork. However, in this passage above, it is clear to me that Hume really *is* talking about the countenance and look of an individual — the kind of way a person looks. Whether or not this claim contradicts his larger belief of external objects and sensory impressions is the subject for another work.

countenance and conversation, which convey an idea of it.”<sup>172</sup> Vitz presents the connexion between the external signs and the process of sympathetic conversion:

The process of sympathetic conversion begins when he sees the beggar and, consequently, acquires the idea of a passion, such as misery. This idea is acquired from an impression of the beggar's misery, which is known by the effects and ‘external signs’ of the sentiment—perhaps, for instance, the beggar's worn clothes and malnourished physique.<sup>173</sup>

Consequently, both the medical model of disability and Hume's sympathy can be said to be grounded in the individual and are motivated by the external signs.

As physical impairments tend to be observable at the external level, one may expect that Hume would also perceive disability as a limitation of function. When Hume offers epilepsy as evidence that “bodily pain and sickness are in themselves proper causes of humility...,”<sup>174</sup> he presents a demonstration provided at the ‘hierarchical level of a person’s whole body’: “We are ashamed... of the epilepsy; because it gives horror to everyone present...”<sup>175</sup> The implied premise is that epileptic fits (visible at the whole-body level) are unpleasant and difficult to watch.

Tonic-clonic seizures, as seen in many types of fit, would doubtfully meet Hume’s aesthetic notions of grace or beauty. Wherever we form ideas of beauty our impressions engender a passion of pride; conversely, wherever there is deformity, we feel ‘pity’: “Pleasure and pain, therefore, are not only the necessary attendants of beauty and deformity, but constitute their very essence.”<sup>176</sup> For Hume, this notion of

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<sup>172</sup> T, 2.1.11.3; SBN 317.

<sup>173</sup> Vitz, 2004, 264-65. Sympathetic in the sense of ‘empathetic’, not in the sense of ‘neurobiological’.

<sup>174</sup> T, 2.1.8.8; SBN 302.

<sup>175</sup> T, 2.1.8.9; SBN 303.

<sup>176</sup> T, 2.1.8.2; SBN 299.

beauty and deformity applies to all objects — and more so our own bodies. Further agreement with the MM of disability being “deviation from the functional organisation of a typical member of a species,”<sup>177</sup> can be found in Hume’s distinguishing character of beauty: “such an order and construction of parts, as either by the *primary constitution* of our nature, by *custom*, or by *caprice*, is fitted to give a pleasure and satisfaction to the soul.”<sup>178</sup> In this manner, a ‘*dis-order and construction of parts*’, would constitute deformity:

... we may conclude, that beauty is nothing but a form, which produces pleasure, as deformity is a structure of parts which conveys pain ; and since the power of producing pain and pleasure make this in a manner the essence of beauty and deformity, all the effects of these qualities must be derived from the sensation ; and among the rest pride and humility, which of all their effects are the most common and remarkable.<sup>179</sup>

I think it, therefore, uncontroversial that Hume would perceive an individual with three limbs, say, to be ‘deformed’, and pitiful.

## 2.5 On Sympathy and The Social Model

In the previous section, we saw that Hume linked the indirect passion of pity to the senses, which were in turn, generated through the experience of the external sign of passion in another. From this perspective, I concluded that a Humean approach to disability could readily fall in line with the medical model because of its concordance with physical deviation from biological norm witnessed at the hierarchical level of the

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<sup>177</sup> Norman Daniels, “Health-Care Needs and Distributive Justice,” in *Medicine and Moral Philosophy: A “Philosophy and Public Affairs” Reader*, edited by Marshall Cohen, (Princeton, N.J: Princeton University Press, 2014), 90.

<sup>178</sup> T, 2.1.8.2; SBN 299.

<sup>179</sup> T, 2.1.8.2; SBN 299.

whole body. But let us take into consideration that we also feel for others because they are like us:

We have a lively idea of everything related to us. All human creatures are related to us by resemblance. Their persons, therefore, their interests, their passions, their pains and pleasures must strike upon us in a lively manner, and produce an emotion similar to the original one ; since a lively idea is easily converted into an impression.<sup>180</sup>

An important observation can be made from the above quote: Hume refers, not just to our sympathies with an individual, but also “their interests, their passions, their pains and pleasures.”<sup>181</sup> It is, in part, this specific observation which contributes to a weak social model reading of Hume.

The various versions of the weak social model largely prioritise the lived experience of an individual.<sup>182</sup> As “the passions are so contagious, that they pass with the greatest facility from one person to another, and produce correspondent movements in all human breasts,”<sup>183</sup> we must give consideration to the bigger picture — literally:

Were I present at any of the more terrible operations of surgery, 'tis certain, that even before it begun, the preparation of the instruments, the laying of the bandages in order, the heating of the irons, with all the signs of anxiety and concern in the patient and assistants, wou'd have a great effect upon my mind, and excite the strongest sentiments of pity and terror.<sup>184</sup>

But here, it is the *environment* which is relevant to our sympathies — not just the individual themselves. Hume continues to observe:

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<sup>180</sup> T, 2.2.7.2; SBN 369.

<sup>181</sup> T, 2.2.7.2; SBN 369.

<sup>182</sup> Silvers, 2010. 19-36.; Amundson, 2000.; 2010.

<sup>183</sup> T, 3.3.3.5; SBN 605.

<sup>184</sup> T, 3.3.1.7; SBN 576.

No passion of another discovers itself immediately to the mind. We are only sensible of its causes and effects. From *these* we infer the passion :  
And consequently, *these* give rise to our sympathy.<sup>185</sup>

Hume provides a second example of concern for the immediate environment and its relationship to an individual:

Supposing I saw a person perfectly unknown to me, who, while asleep in the fields, was in danger of being trod under foot by horses, I shou'd immediately run to his assistance ; and in this I shou'd be actuated by the same principle of sympathy, which makes me concern'd for the present sorrows of a stranger. The bare mention of this is sufficient.<sup>186</sup>

What generates Hume's reaction is the anticipation of something happening to that sleeping person. The reaction is not a function of an impairment or a disability which a person experiences. In the above example, Hume is concerned not just with the environment surrounding the sleeping person, but *also* that the individual is unable to respond to the danger and would be hurt.

A *gedankenexperiment* presents itself: were a spectator to observe an individual walking up some steps, then a certain impression would be generated. If little or no distress be perceived, a less forceful impression would result. However, were the spectator to view an elderly person or some individual with a lower limb impairment attempt the stairs she might feel a more violent impression — one which mirrors the frustration or exertion in the individual: "In like manner, when I perceive the causes of any emotion, my mind is convey'd to the effects, and is actuated with a like emotion."<sup>187</sup>

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<sup>185</sup> T, 3.3.1.7; SBN 576.

<sup>186</sup> T, 2.2.9.13; SBN 385.

<sup>187</sup> T, 3.3.1.7; SBN 576.

Weak social models maintain that it is the Social and the built environment which disables, not the individual — and Hume’s description of sympathy seems sensitive to this position. The sympathetic passion arising from watching a wheelchair user access a stepped building or public transport, for instance, would probably result in frustration or anger from a difficulty — and as such the sympathetic response of pity is, *in part only*, in relation to the impediment being experienced. The sympathetic passion arising from watching a wheelchair user compete in wheelchair-rugby, because it does not disable the individual, is more likely to be positive because it reflects the passion of the original.

Indeed, it is because of the relation of the individual to the environment and the Social that I suggest Hume’s sympathy tempers a strict medical model reading of disability with elements from the social model of disability. A Humean approach might consider both the external signs (the physical form, and its impairments and limitations) as well as the environmental (the environmental objects with which an individual interacts which generally engender a passion in the individual). As such, I believe a Humean approach to disability reconciles both models suggesting a relational account of disability.

### *2.5.1 The Usefulness Clause*

Further powerful support that a Humean approach to disability is relational can be found in his equation of usefulness with pleasure:

Wherever an object has a tendency to produce pleasure in the possessor... it is sure to please the spectator by delicate sympathy with the possessor... and pleases us by nothing but its tendency to produce an end that is agreeable.<sup>188</sup>

It is a commonly held belief by the DRM that their physical form or various impairments should not be compared to any values of ‘normal’ — instead their differences should be embraced. Indeed, some suggest<sup>189</sup> that a ‘reconstruction of normalcy’ is needed, and that such a reconstruction would help reduce oppression and increase inclusion of persons with disabilities. Viewing disability through a Humean lens may not get us that far, but it certainly respects the fact that usefulness is innately pleasurable and therefore, valuable.

Hume does speak about the usefulness of objects: he suggests things such as “the convenience of a house, the fertility of a field, the strength of a horse,”<sup>190</sup> etc., to be useful — I see no reason why a limb could not be considered useful, and thus, I cannot see any reason why an individual is not entitled to pleasure from whatever degrees of usefulness they enjoy. I call this ‘the usefulness clause’.

Chris Koch, a resident of Alberta living near my institution, was born with differently formed arms and legs. Though different from the limbs we most often see in society, they are as useful to him as ours are to us: he can write, maintain personal hygiene, snowboard, and perform almost all chores on a working farm.<sup>191</sup> He remarked in *Oprah’s Super Soul Sunday* that he does not wear prosthetics as “they just

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<sup>188</sup> T, 3.3.1.8; SBN 576.

<sup>189</sup> For example, Nick Watson 2002.

<sup>190</sup> T, 3.3.1.8; SBN 576.

<sup>191</sup> Google, Talks At. “Chris Koch: ‘If I Can...’ | Talks at Google.” *YouTube*. September 3, 2015.

didn't work for me,"<sup>192</sup> and instead, prefers to maximise the use of the limbs he has. A Humean approach might go so far as to suggest that if a limb is useful to its possessor, then it has beauty and should be both respected and valued.

But there are two elements to consider here. The first is that an individual's form can be useful to them — even if others find it difficult to imagine how. The second is whether or not having certain abilities is valuable. On the last point Cooper suggests that certain Deaf communities do not value the ability to hear — rather they consider the ability to be detrimental to their society (as hearing brings a set of values that are inconsistent with the beliefs of the Deaf community).<sup>193</sup> On the former, Thomas Inglefield, and Chris Koch show that our expectations of functionality and usefulness are misplaced and inaccurate. Koch for example, has very neat writing and is able to brush his teeth; and Inglefield was able to make careful and detailed etchings by “guiding the pen and pencil with the muscles of his cheek and arm.”<sup>194</sup>

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<sup>192</sup> Val Fortney, “Oprah’s Super Soul Sunday Film Featuring Nanton’s Chris Koch Goes Viral,” *Calgary Herald*, May 21, 2014.

<sup>193</sup> Cooper, 2007, 563- 583.

<sup>194</sup> Turner, 2012, 98.

### 3. WITTGENSTEIN'S PICTURE THEORY OF LANGUAGE

#### 3.1 Overview

I preface this section with the understanding that Ludwig Wittgenstein's *Tractatus*<sup>195</sup> is a *very* careful and nuanced book. The summary of his Picture Theory provided in this section is unfairly brief, and those criticisms of his work here included are briefer still. The reader is reminded that a complete explication of his Picture Theory of Language is not necessary; it is enough to roughly understand the basic principles behind it.

Wittgenstein's Picture Theory is unrelated to disability. Instead, he employed the analogy of pictures-representing-reality to explain how language-maps-reality — a sort of metaphysical lever employed to determine the important connexion between language and reality.<sup>196</sup> In 1922, Wittgenstein's Picture Theory appeared in his book, *The Tractatus*, where it was used to help identify what relation one fact must have to another such that it is capable of being a symbol for that other.<sup>197</sup>

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<sup>195</sup> All reference to the *Tractatus* are to Wittgenstein, Ludwig. *Tractatus Logico-Philosophicus*, translated by D. Pears and B. F. McGuinness, (Abingdon, Oxon: Routledge, 201), 31, and appear as the indexical number of the proposition.

<sup>196</sup> Bryan Magee, *The Great Philosophers; Wittgenstein*, Online, Performed by John Searl. (1987; London: BBC). Television.

<sup>197</sup> Bertrand Russell, introduction to *Tractatus Logico-Philosophicus*, by Ludwig Wittgenstein (Abingdon: Routledge, 2010) *x*.

### 3.2 Objects, Elementary Propositions, and Propositional Signs.

The *Tractatus* begins with an ontological structure of the world. He states that “the world is all that is the case,”<sup>198</sup> and that “a state of affairs (a state of things) is a combination of objects.”<sup>199</sup> In Wittgenstein’s Picture Theory only objects have names<sup>200</sup> and objects must stand in a determinate relationship to one another. The existence of these states of affairs is a fact — or “what is the case.”<sup>201</sup> Though Wittgenstein goes so far as to outline what are ‘objects’ and how they come together to create a state of affairs, his theory has ambiguities and has received various criticisms.

In the introduction to *The Tractatus*, Bertrand Russell remarks that, “a logically perfect language has rules of syntax which prevent nonsense, and has single symbols which always have a definite and unique meaning.”<sup>202</sup> Language is charged with (amongst other things) asserting or denying facts,<sup>203</sup> thus, some connexion between the structure of the fact and the structure of the proposition which describes that fact is demanded. In the sense used here, ‘logical propositions’ are linguistic expressions that are intended to indicate a fact or state of affairs. Wittgenstein’s definition of a proposition states that, “a proposition is an expression of agreement and disagreement with truth-possibilities of elementary propositions.”<sup>204</sup>

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<sup>198</sup> 1.

<sup>199</sup> 2.01.

<sup>200</sup> 3.203; 3.221.

<sup>201</sup> 2.

<sup>202</sup> Russell, 2010, *x*.

<sup>203</sup> I use the word ‘fact’ in both the Wittgensteinian sense (what is and is not the case), and also in the looser definition (actuality, truth, etc.).

<sup>204</sup> 4.4

Though Wittgenstein never supplied a single example of an elementary proposition<sup>205</sup> he said of them that the “simplest kind of proposition, an elementary proposition, asserts the existence of a state of affairs.”<sup>206</sup> An example of which might be something like ‘the cat is in the box’. Elementary propositions consist of names; they are “a nexus, a concatenation, of names.”<sup>207</sup> Such propositions assert the existence of a state of affairs — and so, an elementary proposition is true if and only if a certain collection of objects stand in a certain relation (and can be seen, more loosely, to assert the existence of a combination of objects (names)<sup>208</sup> and says that they stand in a certain relation). A proposition, on the other hand, enables “the composition of more complex propositions from atomic ones by using truth-functional operators”<sup>209</sup> such as ‘and’ and ‘or’. A proposition’s truth value (true or false), therefore, depends upon the truth values of the elementary propositions as well as the mechanism by which the elementary propositions are connected;<sup>210</sup> it is a “description of a state of affairs.”<sup>211</sup> A proposition might look something like “the cat is in the box

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<sup>205</sup> David Pears, “Wittgenstein,” in *The Blackwell Companion to Philosophy*, eds. Nicholas Bunnin and E. P. Tsuii-James. (Oxford: Blackwell Publishers, 2003), 814.; Anat Biletzki and Anat Matar, “Ludwig Wittgenstein,” *The Stanford Encyclopedia of Philosophy* (Spring 2014 Edition), Edward N. Zalta (ed.).

<sup>206</sup> 4.21

<sup>207</sup> 4.22

<sup>208</sup> 4.221

<sup>209</sup> Biletzki and Matar, (Spring 2014 Edition).

<sup>210</sup> The mechanism I refer to here, is the ‘logical connective’: ‘if-then’, ‘and’, ‘or’, etc. Each elementary proposition stands in a certain relation to another within a proposition, and the truth value of that proposition depends not only upon the truth value of the elementary propositions (whether or not they accurately represent a fact) but also the way in which the elementary propositions are combined.

<sup>211</sup> 4.023

and the cat is dead.”<sup>212</sup> Wittgenstein suggests that, “in a proposition, a thought finds an expression that can be perceived by the senses”<sup>213</sup> — though he draws a non-trivial distinction between the proposition and this perceptible expression (the latter, he maintains, should be known as a ‘propositional sign’).<sup>214</sup> Most importantly, at least for the purposes I have in mind, a proposition can be a picture of the facts.

### 3.3 Meaning, Fact, and Determinate Relation

The importance of the relationship between fact and proposition can be found at 3.1432 where Wittgenstein writes, “Instead of ‘The complex sign ‘*aRb*’ says ‘*a* stands to *b* in the relation *R*’, we ought to put, ‘*That* ‘*a*’ stands to ‘*b*’ in a certain relation says *that aRb*.’”<sup>215</sup> ‘*a*’ and ‘*b*’, in the above proposition are examples of signs of the sort that are used to refer to ‘objects’. However, in most natural languages, words tend to describe complex things (entities which are not simple) and propositions about these larger things must have sense.

Wittgenstein was not brought to such an extreme species of logical atomism through empiricism, but through concern for logical dependence: If a proposition contained a complex then the sense of any such proposition would depend upon the truth value of some other proposition (a proposition which describes the relationship between the objects in the first proposition). Such a proposition would show that

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<sup>212</sup> Depending upon your chosen quantum theory, the truth value of this proposition may be indeterminate (at least without looking)!

<sup>213</sup> 3.1.

<sup>214</sup> 3.11.

<sup>215</sup> 3.1432.

objects were combined in a certain way to form that complex — but would not share the sense of the original proposition. As Wittgenstein (quite reasonably) demanded, the sense of any picture or proposition must be contained completely within itself, thus, any proposition which depended upon another proposition for its sense would be unacceptable.<sup>216</sup>

It might be worth pointing out that Wittgenstein was very clear about the ‘showing and saying’ distinction. The essence of the saying and showing distinction is, according to what he wrote to Russell, “the theory of what can be expressed by propositions — i.e., by language... and what cannot be expressed by propositions, but only shown; which, I believe, is the cardinal problem of philosophy.”<sup>217</sup> Wittgenstein wished to emphasise the one-to-one correspondence of elements with things in reality and clearly states that a proposition sort of reaches out to reality and can be “laid against reality like a measure.”<sup>218</sup> The potential of natural language to form propositions which *seem* to tell us things about the world is where the problem is to be found. “If a fact is to be a picture,” Wittgenstein argues, “it must have something in common with what it depicts.”<sup>219</sup> But a Picture Theory of Language permits no such potential flaw. The proposition shows the fact because everything contained in it picks

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<sup>216</sup> Pears, 2003, 814. Wittgenstein became less confident in this level of logical atomism as time progressed and by 1929 his belief that elementary propositions needed to be independent of each other was dropped.

<sup>217</sup> David G. Stern, David G. *Wittgenstein on Mind and Language*, (New York: Oxford, UK, 1996), 69-70.

<sup>218</sup> 2.1512

<sup>219</sup> 2.16. This quote may be a bit misleading in that what Wittgenstein really wants to claim is that if a fact is to be a picture it must have everything in common with what it depicts.

out an object in the world,<sup>220</sup> and these objects can be shown to stand in determinate reaction to one another.<sup>221</sup> Such a proposition, then could have “one and only one complete analysis.”<sup>222</sup> Because the picture properly represents the world as being a certain way, it *conveys* sense. A thought, therefore, “is a proposition with a sense;”<sup>223</sup> the meaning of the fact can be understood. Consequently, “the logical picture of the facts is the thought.”<sup>224</sup>

Wittgenstein was concerned with the *meaning* intimated by a proposition and sought to determine the conditions for the accurate symbolising of a fact.<sup>225</sup> He believed that ‘meaning’ and ‘sense’ were importantly linked and that for a proposition to have ‘no-sense’ was the same as saying that it had ‘no-meaning’: “... if a proposition has no sense, nothing corresponds to it, since it does not designate a thing (a truth-value) which might have properties called ‘false’ or ‘true’.”<sup>226</sup> Consequently, he argued, for any ideal language, it is necessary that both the form of the proposition (the determinate relation between the objects) and the elements (the names or signs) contained in it should correspond systematically to certain relations of the fact which they symbolise (though they are not, strictly speaking, the same relations). In other words, there should be a proper and accurate mapping of the fact by the proposition and propositional sign.

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<sup>220</sup> Biletzki and Matar, 2014.

<sup>221</sup> 2.031.

<sup>222</sup> 3.25.

<sup>223</sup> 4.

<sup>224</sup> Biletzki and Matar, 2014.

<sup>225</sup> Russell, 2010, *x*.

<sup>226</sup> 4.063.

Wittgenstein believed that by viewing the world we make pictures to ourselves — somewhat like a mental photo album which stores pictures of everything we see. A picture must show the same objects and the same form because it is also a fact.<sup>227</sup>

Wittgenstein makes it clear that the thought and the picture cannot embody the (very) same physical objects as the fact — just as names in a propositional sign correspond to constituents of a thought (and these, in turn, correspond to objects in a fact).<sup>228</sup>

Pictures are not simply another way of speaking about propositional signs — they are importantly different. James Griffin observes that:

[Pictures and propositional signs] are on two different levels of generality: ‘picture’ the genus, and ‘propositional sign’, a species. Gramophone records and musical scores are pictures too: phonetic spelling is a picture of spoken language. Even things outside the range of senses can be pictures; thoughts are pictures. In fact, they are a good example of just how general a concept of a ‘picture’ is.<sup>229</sup>

Wittgenstein describes a picture itself as a fact<sup>230</sup> because a picture is attached to reality in that it “reaches right out to it.”<sup>231</sup> Such a picture is able to be “laid against reality like a measure” and shown to be exactly concordant.<sup>232</sup> Pears observes:

If the points on the canvas of a landscape-painter were not correlated with points in space, no picture that he painted would succeed in saying anything. Similarly, if the words in a factual proposition were not correlated with things, no sentence constructed out of them would say anything. In both cases alike

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<sup>227</sup> According to Griffin, Wittgenstein did not know what the constituents of a thought would be, but he knew that thoughts had to have them. Wittgenstein further claimed that they were “physical constituents that have the same sort of relation to reality as words.” I shall leave the reader to consider what could be meant by that. James Griffin, “Pictures.” In *Wittgenstein's Logical Atomism*, (Oxford: Clarendon Press, 1964). 88.

<sup>228</sup> Griffin, 1964, 88.

<sup>229</sup> *Ibid.*, 87.

<sup>230</sup> 2.141.

<sup>231</sup> 2.1511.

<sup>232</sup> 2.1512.

the constructions would lack sense. But, given the necessary correlations, the painting and the proposition have sense and what they say can only be true or false.<sup>233</sup>

Wittgenstein cautions that propositions do not *say* what is the fact, but instead they *show* or *display* it in the same way that pictures show or display: “Propositions cannot represent logical form: it is mirrored in them... Propositions *show* the logical form of reality.”<sup>234</sup> In the same way that a photo of a cat in a box accurately represents the relationship between the cat and the box in reality, so too the proposition should actually report the relationship between the cat and the box. Griffin observes that, “pictures are just as much facts as the facts they picture, because pictures consist of elements combined in a definite way.”<sup>235</sup> This accurate relationship permits a truth value to be maintained: the proposition either accurately shows the fact or it does not.

The picture theory is flawed and was dropped by Wittgenstein himself only seven years after it was published. Whether or not the criticisms of his theory are sound is somewhat irrelevant here, as I only care about several key elements of the theory (which can be considered framework — rather than a fundamental doctrine in this project). These elements, which shall be synthesised in the Picture Theory of Disability, include the following:

- The idea that a picture maps a fact (reality),
- The idea that a picture is composed of objects (things),
- The notion that objects in a picture stand in determinate relationship to one another,
- The saying and showing distinction.

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<sup>233</sup> Pears, 2003, 811-826.

<sup>234</sup> 4.121.

<sup>235</sup> Griffin, 1964, 89.

### 3.4 The Importance of Objects in a Picture Theory

The question ‘what constitutes a Tractarian object?’ (which is the same as asking ‘what is or is not a Tractarian simple?’) is important to the Picture Theory of Disability.

According to Wittgenstein, a picture should have the same form as the fact, and it is itself a fact. This picture either “agrees with reality or fails to agree; it is correct or incorrect, true or false.”<sup>236</sup> For the following explanation I shall use the idea that a photograph is like a picture.<sup>237</sup> A photograph shows many objects or elements standing in determinate relation to each other. However, we generally do not analyse a picture *fully* to determine exactly what is in it — instead, we mostly look at the picture holistically and roughly compare the elements in it to the world.<sup>238</sup>

I shall use a photograph of the War Doctor<sup>239</sup> as an example — I choose this photograph (screen shot) due to its minimal content. In *Figure 3*, we see a man holding a bag over his shoulder standing in a dry desert. In the middle distance is a barn, and in the far distance some pointy mountains above which a few birds are flying. Because Wittgenstein’s Picture Theory was part of a much bigger Theory of Language just exactly what is being named and shown needed to be explicit. In comparison to the extreme accuracy needed for the picture theory, the analysis of the photograph I have

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<sup>236</sup> 2.21.

<sup>237</sup> I stress here that it should be an unadjusted photograph — i.e., one not faked or augmented.

<sup>238</sup> Ironically, it is often the case that the practice happens in the opposite direction: in 1920, five photographs (the *Cottingley Fairies*) were brought to the attention of Sir Arthur Conan Doyle whose belief in fairies and persuasive articles convinced much of the world that the photograph was proof of the existence of fairies. Without complicating the analogy, his mistake is analogous to the affirming the consequent fallacy.

<sup>239</sup> The 12th incarnation of the science fiction character, The Doctor, from the long running British television series, *Doctor Who*.

just given seems to be vague: there are many types of bag, for instance. Just what kind



**Figure 3:** Source: Moffat Steven, *Doctor Who: The Day of The Doctor*, Film, London, BBC, November 23, 2013, Source: Google Image Search, Internet.

of a bag is he carrying?

Over which shoulder is

the bag thrown? The

barn-like structure is

ambiguous too: what

colour is the barn, what

type of barn is it — just

what is a barn? Looking

more closely at the barn, it can be seen to be made from wooden planks and a curved wooden roof — but this is not the only type of barn that there is. The desert landscape is also unclear; some deserts have sand dunes while others are flat; what kind of birds fly in a desert? It seems that a more nuanced description of desert-ness seems to be required here too.

The analysis of the photograph: ‘a man in a desert, near a barn, carrying a bag’, is what I refer to as an ‘holistic analysis’, and it identifies only what Wittgenstein would call ‘complexes’ (recall that a complex is something that can be further broken down until it does not depend upon any further proposition in order to fully describe it). For Wittgenstein, because only objects have names, it seems that in order to analyse pictures it is necessary to distinguish the object from the complex. It follows, then, that the question of ‘what constitutes an object’ is an important tangent — necessary for this work — as just what constitutes an object in my Picture Theory of Disability

needs to be discussed. Before we address what constitutes an object under the Picture Theory of Disability, let us consider the Tractarian object.

### *3.4.1 The Tractarian Object*

Colin Johnston ruminates on Hide Ishiguro's suggestion that Wittgenstein was greatly influenced by Frege's work and uses the word for 'object' (*Gegenstand*) in a Fregean manner. Ishiguro's observation warrants some merit, Johnston admits, but also notes a fairly significant difference in the use of the word 'object' between Frege and Wittgenstein:

Where Fregean objects constitute only one of a variety of logical types of entity of reference, the other types being constituted by Fregean functions of differing kinds, the *Tractatus* introduces the word 'object' as synonymous with 'entity' and 'thing'.<sup>240</sup>

Though Wittgenstein was careful and comprehensive in the writing of the *Tractatus*, his logical atomism has its fair share of ambiguity. Griffin considers two possible analyses of language for Wittgenstein, first showing the 'generally agreed' Russellian analysis interpretation to be flawed (or at least that it engenders difficulties), and secondly, that Wittgenstein's later works probably show the method he himself had in mind when writing the *Tractatus*.

### *3.4.2 The Russellian Analysis of Language*

Wittgenstein was concerned that language permitted mistakes in reasoning to be made, because when we think we are referring to a certain object, we are in fact,

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<sup>240</sup> Colin Johnston, "Tractarian Objects and Logical Categories," *Synthese*, 167, no. 1 (2008): 147. Doi:10.1007/s11229-008-9307-9.

sometimes mistaken. This concern is similar to the one which prompted Russell to compose his Theory of Descriptions — indeed, Griffin argues that, “so far as there is [an analysis of language within] the *Tractatus*, [the Russellian approach] is the usual interpretation.”<sup>241</sup> A Russellian analysis of the complex statement ‘the book on the table is red’ results in the formula:

$$(\exists x) (Bx \wedge Tx \wedge \forall y [(By \wedge Ty) \supset (x=y)] \wedge Rx)$$

Where  $Bx$ : ‘ $x$  is a book’,  $Tx$ : ‘ $x$  is on the table’, and  $Rx$ : ‘ $x$  is red’. Unsure what information this *actually* gives us about Tractarian simples, Griffin searches for help from the *Tractatus*: “Every statement about complexes can be resolved into a statement about their constituents and into the propositions that describe the complexes completely.”<sup>242</sup> He goes on to show that if Wittgenstein holds that the proposition which completely describes a complex is “that proposition which is equivalent to saying the complex exists,”<sup>243</sup> then the part of the formula which says the complex exists is:

$$(\exists x) (Bx \wedge Tx \wedge \forall y [(By \wedge Ty) \supset (x=y)])$$

Such an analysis leaves only ‘ $Rx$ ’ to describe the *constituents* of the complex — which seems problematic given that  $Rx$  merely says that ‘ $x$  is red’ (which also demands that ‘ $x$ ’ is the constituent(s) of the statement).<sup>244</sup> It seems to follow, then, that any statement

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<sup>241</sup> Griffin, 1964, 42.

<sup>242</sup> 2.0201.

<sup>243</sup> Griffin, 1964, 43.

<sup>244</sup> Loc. cit.

which contains a colour predication cannot be a simple<sup>245</sup> — yet there is no further Tractarian analysis of the statement possible.<sup>246</sup>

### 3.4.3 Griffin's 'Better' Analysis

Griffin observes that a Theory of Descriptions approach “fits the *Tractatus* poorly”<sup>247</sup> and instead suggests that the clue to the analysis Wittgenstein used was indicated later in the *Philosophical Investigations*:

‘A name signifies only what is an *element* of reality. What cannot be destroyed; what remains the same in all changes.’ — but what is that? — Why it swam before our minds as we said the sentence! This was the very expression of a quite particular image: of a particular picture we want to use. For certainly experience does not show us these elements. We see *component parts* of something composite (of a chair for instance). We say that the back is part of the chair, but it is in turn itself a component part. We also see a whole which changes (is destroyed) while its component parts remain unchanged. These are the materials from which we construct that picture of reality.<sup>248</sup>

Yet this analysis is not without difficulty either, as it is not altogether clear just how ‘atomic’ objects need to be.<sup>249</sup> Griffin starts with the statement ‘the broom is in the corner’ (from the *Investigations*) and points out that a Russellian interpretation of that statement would result in:

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<sup>245</sup> 6.3751

<sup>246</sup> It might be worth noting, here, that one reason Wittgenstein abandoned such an extreme logical atomism is the difficulty it has with predicates such as colour, range, length, etc.

<sup>247</sup> Griffin, 1964, 42.

<sup>248</sup> Ludwig Wittgenstein, *Philosophical Investigations*. Translated by G. E. M. Anscombe and P. M. S. Hacker. 4th ed. (Oxford, Oxon.: Blackwell, 2009). 33<sup>c</sup>.

<sup>249</sup> Griffin’s more advanced analysis (which starts on page 52) shows that something like a ‘red ball’ would also be a complex, and that any property assigned to a thing ensures that it is a complex. Such an observation ensures that things as we know them are almost always going to be complexes (try to think of something which does not have the property of size, colour, position, volume, etc.).

$$(\exists x) (Bx \wedge Cx)^{250}$$

where  $Bx$ : ‘is a broom’, and  $Cx$ : ‘is in the corner’. However, Griffin presents

Wittgenstein’s own analysis as:

- (i) the stick is in the corner,
- (ii) the brush is in the corner,
- (iii) the stick is attached to the brush.<sup>251</sup>

It is obvious from the above that Wittgenstein’s analysis of the statement is not Russellian, and suggests that Wittgenstein believed statements could be broken up into smaller and smaller parts until each object corresponded to a certain fact. Indeed, he argued “that it must be possible to continue this kind of analysis to a point at which no more subdivision would be possible.”<sup>252</sup> His result was that only components that did not depend upon a further proposition could be named — these are the elements of reality or true Tractarian objects.

Nevertheless, this definition is still not terribly explicit. Griffin supposes that even though a book has constituent parts we still often want to name macro things rather than all of its various bits. For instance, when I described the photo above, I referred to the macro things not the more particular things. Yet macro things like books are considered Tractarian complexes and the basic elements of a book, its pages, spine, binding, dust cover, etc., would be considered Tractarian objects or

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<sup>250</sup> Griffin, 1964, 47. It should be pointed out here that this is only part of the formula which appears earlier and is incomplete. The formula appears in a fragmented form to demonstrate what this particular part of the formula says and shown as presented in Griffin.

<sup>251</sup> Griffin, 1964, 47.

<sup>252</sup> Pears, 2003, 814.

simples.<sup>253</sup> Such a view means that Tractarian objects are actually more like Russellian particulars and Griffin makes his commitment clear:

When I picture a fact, I picture a particular fact, a particular part of reality. And it would seem that any connexions I draw from the picture to the fact would have to be particulars.<sup>254</sup>

Followed by a more explicit commitment:

Objects are particulars, and analysis is analysis of statements about complexes composed of these kinds of objects into statements about these objects alone and their configuration.<sup>255</sup>

At this point, I would be remiss if I did not mention that the Delphic nature of Tractarian object has engendered significant discussion and the exegetical claims of Russellian-Particular proponents like Griffin have been hotly disputed. A contrary view to Griffin's is presented by Johnston who provides evidence to suggest that Tractarian objects also include relations and properties and opens with the observation that a state of affairs is a combination of objects (emphasis on the plural):<sup>256</sup>

An elementary proposition 'asserts the existence of a state of affairs' (Tractatus 4.21). If 'ϕ' in a subject-predicate proposition 'ϕa' is not a name, then it would seem that the state of affairs whose existence the proposition asserts could involve only one object, a. Further support for the suggestion that objects include relations may then be gathered from certain passages in non-Tractarian texts. In June 1915 Wittgenstein wrote: 'Relations and properties, etc. are objects too.'<sup>257</sup>

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<sup>253</sup> Griffin, 1964, 49. As mentioned above, a further analysis from Griffin appearing from page 52 suggests that things which contain certain properties like colour should also be considered complexes, adding to the difficulty of claiming that a page (for Wittgenstein) would be a simple.

<sup>254</sup> *Ibid.*, 60.

<sup>255</sup> *Ibid.*, 61.

<sup>256</sup> 2.01.

<sup>257</sup> Johnston, 2008, 147.

Regardless of which view of objects is right, I think from the *Tractatus* it is possible to tell you *how* an object is — though this is not much help when trying to determine *what* sort of things are objects. What I think is safe to say is that Wittgenstein believed that objects had to be simple<sup>258</sup> (elementary, indivisible things) and that a name (a sign) picks out one object only,<sup>259</sup> but any more than this *is* debatable.

### 3.5 The Consequence of Object Ambiguity

From above it is clear that there is some difficulty in what Wittgenstein actually meant by an ‘object’, but this difficulty demands that there is also some uncertainty about exactly what sort of thing can be elementary proposition. David Pears notes that Wittgenstein’s faith in the validity of his deductive reasoning meant that he was unable “to produce a single example of a logically independent elementary proposition.”<sup>260</sup> Like the Tractarian object, we may say *how* an elementary proposition could be, but not exactly *what* sort of thing is contained in one. It can be said with confidence that a certain configuration of objects corresponds to the simple signs in a propositional sign,<sup>261</sup> and most importantly that “what constitutes a propositional sign is that in it its

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<sup>258</sup> 2.02.

<sup>259</sup> 3.203, 3.221.; Russell, 2010, *xi*. It is curious to note that this extreme logical atomism — the idea that logical facts cannot be broken down any further (do not depend upon any other fact) — resulted in Wittgenstein maintaining in *The Tractatus* that nothing correct can be said in philosophy and that every philosophical proposition is bad grammar. The best that we can hope for, Wittgenstein claims, is that through philosophical discussion we can lead people to the understanding that philosophical discussion is, itself, a mistake. This extreme atomism waned in later Wittgensteinian work.

<sup>260</sup> Pears, 2003, 814.

<sup>261</sup> 3.21.

elements (the words) stand in a determinate relation to one another.” Consequently, “a propositional sign is a fact.”<sup>262</sup> So much is clear, but if we cannot determine what sort of thing might be an object then we have no way of naming it and no way of building the (or any) elementary proposition in which it is contained.

Given that an elementary proposition is a concatenation of names, one wonders if ‘the cat is in the box’ could actually constitute an elementary proposition (as such a statement would contain Tractarian complexes such as ‘the cat’ and ‘the box’). If this is the case, then how *does* one analyse the statement? I am not sure that there is, yet, a coherent answer to this question — though most authors I have read largely agree that statements like ‘the cat is in the box’ and ‘Steven is in Lethbridge’ would constitute an elementary proposition.

“A proposition is a picture of reality,”<sup>263</sup> Wittgenstein tells us, and that proposition can be shown by a propositional sign. However, and I believe this to be Griffin’s general point, if it were not possible to properly name an object in reality — that is to say that if the sign given to an object in reality were not to pick out one and only one objection that reality — then it would be impossible to build a concatenation of names in the manner needed to form an elementary proposition; consequently, it would neither possible to build a proposition nor form a propositional sign.

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<sup>262</sup> 3.14.

<sup>263</sup> 4.021

## 4. THE PICTURE THEORY OF DISABILITY

### 4.1 Exordium

As presented in the Introduction, the picture theory of disability (PTD) should be considered a relational account of disability. Relational accounts of disability have been offered since the early '90s — in Amundson's early work, for instance, he argued that "a disability results from the interaction between [an impairment] and an environment; it does not flow naturally from the [impairment] alone."<sup>264</sup> Curiously, the much rebuked 1983 UN definition of disability considers disability to be "a function of the relationship between disabled persons and their environment"<sup>265</sup> — this thesis agrees with that claim as a framework, but disagrees that it constitutes a definition of disability.

Earlier I showed how neither of the two hegemonic models — the medical model and the social model — are adequate or sufficient to properly respond to the phenomena of disability. Other models, such as the Welfarist account, appear at first to be an improvement, but on deeper analysis also seem to be problematic. The welfarist account, for example, holds that:

'Disability' should refer to any stable physical or psychological property of subject S that leads to a significant reduction of S's level of wellbeing in circumstances C, excluding the effect that this condition has on wellbeing that is due to prejudice against S by members of S's society.<sup>266</sup>

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<sup>264</sup> Amundson, 1992, 110.

<sup>265</sup> Susan Wendell, "Who Is Disabled? Defining Disability," In *The Rejected Body: Feminist Philosophical Reflections on Disability*, (New York: Routledge, 1996) 13. The original quotation uses the older (and now defunct) term 'handicap'. I have corrected it here to keep terms constant throughout.

<sup>266</sup> Julian Savulescu and Guy Kahane, "Disability: A Welfarist Approach," *Clinical Ethics* 6, no. 1 (2011): 45-51. Doi:10.1258/ce.2011.011010.

On the surface, the Welfarist account seems quite similar to the Picture Theory of Disability, however there are also many difficulties with the Welfarist account. In light of the apparent similarity of the models, and that the Welfarist account has problems where the PTD does not, I shall devote some space to discussing the Welfarist account in the conclusion.

Instead of a model or approach to disability that is concerned with naming who is or who is not disabled, the PTD is concerned with identifying how, and under what conditions, a person *experiences* disability. Savulescu and Kahane remark that their account is relative “to both persons and circumstances...”,<sup>267</sup> but seem to conflate two distinct ideas of ‘disability’: On the one hand, they maintain that if *something* leads to a reduction in someone’s wellbeing, then that *thing* is a disability;<sup>268</sup> and on the other, that disability is a property (either physical or psychological) of a *person* such that in certain circumstances that person experiences a reduction in wellbeing.<sup>269</sup> It seems to me that disability is either something someone has, or something that someone experiences; it is either nounal or adverbial, it cannot be both. Consequently, the primary objective of the PTD is to offer a mechanism by which one identifies when a person may be experiencing a disability.

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<sup>267</sup> Ibid., 46.

<sup>268</sup> Loc. cit.

<sup>269</sup> Loc. cit.

## 4.2 A Little Bit of Hume

Humean moral sentimentalism is ultimately concerned with how and why we come to moral approbation or criticism of an act. In an earlier chapter, I showed how Hume believed we were able to share the ‘passion’ or emotion of someone else, and how ‘sympathy’ is the cognitive mechanism by which one enters into the sentiment of another. In other words, by simply observing another person it is possible to understand how they feel.<sup>270</sup> A recent photograph of English teacher, Laith Majid,

(*Figure 4*) demonstrates Humean sympathy nicely — I doubt that there are many

people who are immune to the powerful emotions conveyed in the photograph. When I approached my colleagues as to what emotion they perceived from the photograph, the list was comprehensive:



**Figure 4:** Daniel Etter, “Laith Majid, a Syrian refugee, holding his son and daughter, arrives on the Greek island of Kos in August 2015”; Daniel Etter, 2015 Google Image Search, New York Times, US.

desperation, anxiousness, harassed fatigue, apprehension, sadness, despair, fear, loss, terror, impotence, exhaustion, anxiety, parental concern, worry, hatred, and more. The photograph has been shared prolifically and the impetus behind the photograph’s

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<sup>270</sup> Of satellite interest, as pointed out briefly in Chapter II, is that this Humean sympathy — what we would now refer to as ‘empathy’ — generally results in conation. However, I would be remiss if I did not also point out that this motivation to act is not always potent.

dispersal is (at least in part) testimony to the viewer's ability to interpret and empathise with Mr. Majid's emotions.<sup>271</sup>

Though Hume's notion of sympathy is not without criticism (it was largely dropped in later works), it seems that humans *are* able to share (at least to some degree) in the passions of others through looking at them — and the greater the emotion the more likely we are to sense it. The observation that humans are able to share the passions of others constitutes a major part of the structure of the PTD. The Picture Theory of Disability depends upon Naïve Sentimentalism to enable the observer to share in another persons' emotions. Neurobiological experiments demonstrate that we have a significant sympathetic response to pictures and so a picture can be used to *show* us how another person is feeling. A verbal or written description of how an individual feels is weak, that is to say that it has less of an ability to portray either the accuracy or the profundity of the emotion in question. The picture, however, is powerful; it almost forces us into a 'cognitive' form of empathy (such as vicariously identifying with someone else's perspective).<sup>272</sup> Used in this way, then, Humean sympathy shows *how a person in the picture feels*.

#### 4.3 A Little Bit of Wittgenstein

A fairly significant discussion and explication of Wittgenstein's Picture Theory proceeds this section of the thesis and little more needs to be added. However, I

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<sup>271</sup> For those who are curious, Mr Majid and his family are now (as of September 2015) living well and looking forward to a new life in Germany. Simon Carr. "Remember the Crying Syrian Refugee Dad? Now He's Smiling!" *Al Bawaba*. September 9, 2015.

<sup>272</sup> For further information, see for example Mendez 2009, 608-620, Keyzers, 2011.

should clarify what constitutes an object for the PTD. Fortunately, the theory I build here is not subject to the kind of focus on minutiae with which Wittgenstein was concerned. By which I mean to say that my theory does not fall foul of Griffin's concerns about what constitutes an object: it is sufficient for my purposes that 'objects' can be said to almost always<sup>273</sup> be macro objects — such as a person, or a staircase. Objects are things designated by nouns in the natural language sense, and no more — there is no mileage to be gained from recursive analysis to determine exactly what is meant by the nouns 'foot', 'sound', or 'wheelchair'. However, I should temper my last thought with the observation that I see no reason why macro objects could not be further analysed into component things such as a limb, hand, or single step; perhaps it is also necessary that the Picture Theory of Disability should have the capacity to pick out entities such as sight, noise, or smell. But even these sorts of thing are macro objects in the sense that they are the elements of reality which we speak about daily without any confusion.

In other words, I am satisfied that our natural language names for things at the macro level will suffice for the purposes of the PTD. I make such a claim because what the PTD cares about is the relationship between the objects and the verbs, and those adverbs which are used to describe that relationship. It is sufficient, then, that the objects in a PTD picture are macro and can be commonly named in natural languages (rather than an idealised 'logically perfect' language) and spoken about — nothing is to be gained from a careful explication of what might constitute a wheelchair (wheelchairs can be quite different from each other). It is enough that

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<sup>273</sup> That is to say that I cannot think of an exception, but do not deny the possibility.

‘wheelchairyness’ is understood, and were a picture be held up against reality like a measure, that the correspondent ‘wheelchair-like-thing’ in reality can be pointed out. Certainly, the picture might benefit from the distinction between an electric or a push wheelchair, but these adjectives add detail to the picture; they do not question what a wheelchair *is*, they give you more information about what a particular wheelchair does and how it does it.

For that matter, neither are the relations between objects in the PTD as strict as those found in the *Tractatus*: In the *Tractatus* a picture must show the form of the fact; a relation is represented in the proposition by its form: “it is obvious that a proposition of the form ‘*aRb*’ strikes us as a picture.”<sup>274</sup> Consequently, “what constitutes a propositional sign is that in its elements (the words) stand in a determinate relation to one another.”<sup>275</sup> From all of this, it is likely that a relation for Wittgenstein would be something like ‘in’ or ‘on top of’. Such relations might appear in a propositional sign as something like ‘the cat is *in* the box and the cat is dead’ or ‘the red book is *on top of* the table’. In the Picture Theory of Disability relations for the PTD could be as simple as ‘standing in front of’, ‘sitting beside’, ‘walking up’, ‘working on’, or even something like ‘it is raining’. In the PTD, the complex ‘*aRb*’ might say ‘*a* is walking up *b*’ or ‘*rain* is falling on *b*’ (it is raining on *b*). By which I mean to say that the determinate relation between objects is far looser than in the PT. Where it is unclear whether or not the statement ‘the cat is in the box and the cat is dead’ *actually* satisfies Tractarian requirements, the PTD is able to make unproblematic statements like ‘a

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<sup>274</sup> 4.012

<sup>275</sup> 3.14

girl is walking up the steps’, or ‘the wheelchair user is working at a desk’. As in the Picture Theory of Language, propositions built from objects and logical connectives do not say what is the case — they show it.

Importantly, the picture is the mechanism through which it is possible to ‘unpack’ the meaning of disability for the person experiencing it. The picture is important because it can be seen as properly and fully represents an actual state of affairs: it *shows* how a person experiences disability in the world and *says* (tells us) that they do so experience disability. Because less is demanded of the picture in the PTD it is easier to know when we have a sufficient level of objects for the picture relative to the state of affairs we are trying to picture: The final level of analysis is reached when the objects in the picture show us everything needed to identify the activity being performed and any frustration or impediments encountered; when it fully and completely shows how a person experiences disability in a state of affairs — that is, in a particular state of affairs (or a ‘situation’).

Wittgenstein’s picture theory does not fully indicate what counts as a picture (though Griffin observed that pictures might include records and musical scores — even thoughts are pictures<sup>276</sup>). However, because the PTD is adverbial, the picture is best perceived, not as a single photograph, but as more of a gif or short video clip; the picture is an *animated* picture. Imagine (as is the case) that many photographs taken over consecutive time slices show a moving picture of events. It is this conglomeration which the PTD uses to *show* where disability is being experienced. Of course, the objects in the picture and the relations between them persist throughout the moving

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<sup>276</sup> Griffin, 1964, 87.

picture as the duration is relatively short (the duration of the activity or event). This is a sufficient description of the picture mechanism and I do not wish to complicate the mechanism with discussion over ‘what time intervals are the pictures taken’, ‘on what is the picture focused’, or ‘exactly how long does the clip have to be’. In other words, all that is needed is the general idea that multiple pictures of the same event taken over a few seconds can be organised in such a way that a moving picture of events results; I am concerned with a *general* moving picture of a particular situation (or, in Tractarian terminology, ‘states of affairs’). Simply put, the picture shows *how and why a person in the picture experiences what they do*.

#### 4.4 Daily-living Tasks and Goals-like-ours

Up to now I have discussed how I intend to use elements of Wittgensteinian Picture Theory together with Naïve Sentimental Theory to development a Picture Theory of Disability. In the next section I show more clearly how the various elements go together, and construct a framework for the PTD, but before I move on I need to discuss an important constraint which must be applied to the PTD and what is the nature of that constraint.

Because the PTD is formed in a similar way to the Welfarist account, it is similarly subject to the criticism (elaborated upon in the conclusion) that what constitutes wellbeing is tied to an individual’s preferences, and preferences are adaptive. In order to ensure that the PTD is a more robust theory of disability than the Welfarist account, I need to be clear about what kinds of things I consider to be preferences and what are their limits. The PTD considers two types of preferences:

goals-like-ours and daily-living tasks (the latter being a particularly important subset of the former). Both of these types of preferences are important not just for being the things that people care about, but also for being the kinds of things which engender independence.

The PTD considers daily-living activities to be fundamental necessities such as preparing or procuring food, or using a toilet. These type of activities are of the sort conducted by each of us in the process of our daily lives and are, as such, essential to ensuring a minimum standard of living. More importantly, though, they are the kinds of activities out of which independence arises — and it is from this independence that we get a more advanced quality of life. From independence activities arises self respect as an autonomous individual — I believe that this minimum level of autonomy and self-respect to be uncontroversial. Of course, the types of activities which generate self-respect and autonomy differ from country to country,<sup>277</sup> but they *might* include things like going to work, cooking food, making a telephone call, or paying a bill at the bank. What they *must* include are things like being able to dress, maintain a good level of personal hygiene, eat, and use a toilet. In short, daily-living tasks are what they say they are: they are the kinds of chores and activities that are daily necessary for a minimum quality of life, independence, and self respect. Because ‘daily-living’ tasks permit only a basic level of existence, I think they are perhaps less controversial than ‘goals’. Daily-living tasks are only really on the border of being preferential — some rights academics might argue that the kinds of things I have included as daily-living

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<sup>277</sup> I am mindful that preferences are also socio-cultural and the kinds of things that are base essential tasks may differ cross culturally in the way that I expect more advanced preferences to be equally differing. Because the PTD generates real-world descriptions of disability, it will always depend upon cultural relativism. I engage this topic later in this chapter.

tasks are actually simply basic human rights which should be afforded to any autonomous human. However, I do not wish to engage the rights debate at this point for want of space, instead I shall move onto the question of what constitutes a goal.

Part of the issue with determining what constitutes a reasonable goal is that it is not easy to justify — there are many social and political theories or rights theories which seek to determine what are reasonable preferences and how far (or, if at all) those preferences should be permitted to constrain the preferences of others. Historically, the preferences of disabled persons — like other minorities — were, at least to some degree, discounted,<sup>278</sup> but the PTD assumes a fair and equal society and as such, it holds that disabled persons should reasonably be entitled to the same level of realistic preferences as anyone else.<sup>279</sup> Given the great skill and adaptability of persons with impairments, it is hard to place constraints upon what may or may not be a *potential* ‘goal’, but the kind of goal I had in mind was the kind of life goal that is not unrealistic — in the way it would be as unrealistic, say, to expect a quadriplegic to

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<sup>278</sup> Douglas C. Baynton, “Disability and the Justification of Inequality in American History,” in *The New Disability History: American Perspectives*, eds. Paul K. Longmore and Lauri Umansky, (New York and London: New York University Press, 2001), 52.

<sup>279</sup> The PTD must assume that disabled persons are entitled to the same level of preferences as anyone else for several reasons: The first is that Humean sympathy suggests that all human creatures are like us (which, in this case, I take to mean ‘largely equal’). Secondly, the process of determining what is or is not a disabling experience must consider all of the persons in the picture to be of equal moral worth (else the theory would then be open to accounting for any differences held). And Finally, given that the ultimate aim of this thesis is to provide a mechanism for emancipation of disabled persons, it is important to me — personally — that disabled persons share the same level of autonomy and are as equally included as any other member of society.

have the goal of becoming a Sri Lankan pearl hunter, or for me to be the president of America.<sup>280</sup>

The resultant set of goals may seem somewhat preferential, though not, I think, immodest. It seems reasonable that I should have the goal of gainful and meaningful employment — indeed, the society (of which I am a member) largely demands it. Likewise, I can think of no reason that such a goal should not be shared by some disabled person in the same society. Perhaps I have the goal of going to watch John Wort Hannam perform at The Slice (a yearly tradition of greater importance than Thanksgiving) — such a goal is also not unreasonable. Similarly, I see no reason why such a goal would not be open to a disabled person.<sup>281</sup> These realistic goals I call ‘goals-like-ours’,<sup>282</sup> because they are the same kinds of realistic goals that are open to other members of a society. Nevertheless, it should be pointed out that these goals-like-ours are culturally relative in that what seems to be an acceptable preference in the West — perhaps having a banking job in the city — may not be realistic in other cultures (for whatever reason). The ‘ours’ is meant to reflect that cultural variability.

It might be worth noting a similarity between the formulation of ‘goals-like-ours’ and the formulation of Rawls’ ‘Original Position’. The Original Position, roughly, holds that if no-one in a society is able to determine their class, social status,

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<sup>280</sup> Given that Sri Lankan pearl hunters often dive to 100ft and crack open oysters at the sea floor to find pearls. Diving to such depths requires extreme swimming skills, and quadriplegics do not often succeed in being good swimmers. This is not to suggest that no quadriplegic could dive for pearls, but that it is probably an unrealistic goal for a quadriplegic to hold.

<sup>281</sup> To the contrary — I have seen several disabled persons at the Slice sharing the John Wort Hannam love!

<sup>282</sup> I am thankful to my supervisor for this locution here. The concept of ‘goals-like-ours’ is intuitively relatable.

gender, beliefs concerning good or bad, and the like, then any principals of justice chosen from behind a ‘veil of ignorance’ that ensures that no person is either advantaged or disadvantaged by those principals of justice.<sup>283</sup> When considering what kinds of things are tasks of daily-living or goals-like-ours I encourage the reader to place themselves under a similar veil and ask themselves to think of whether or not such a task or goal would be something that they would themselves like to attain — given that they know nothing of their class, social status, gender, beliefs about good or bad, and the like. Were any sort of daily-living task or goal to be considered under this veil to be an excessive demand, then it would not — for the purposes of this thesis — constitute a proper daily-living task or goal. So defined, daily-living tasks or goals form important boundaries to the Picture Theory of Disability.

#### *4.4.1 Capacity and the Distinction between Disability and Difficulty*

The previous discussion seeks to discuss the limits to goals-like-ours. But such a discussion only discusses the *nature* of those preferences — it does not engage the distinction between ‘dis-ability’ and ‘in-ability’ which arises out of our individual capacity for a given activity, nor does it draw the distinction between a ‘difficulty’ and a ‘disability’ when performing a daily task or attempting to achieve a goal-like-ours. This brief section attempts to provide the reader with a rough understanding of these issues as they pertain to the Picture Theory of Disability.

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<sup>283</sup> Will Kymlicka, *Contemporary Political Philosophy*. 1999, Second ed. Vol. 1. (New York, New York: Oxford University Press, 2002). This is not the place for discussion of whether or not the view offered in *A Theory of Justice* is a reasonable view — I merely wish to draw an analogy.

Discussion of the nature of ‘capacity’ — the innate ability of someone to perform or achieve a certain task — is more complex of a problem than can be fully addressed here. It should, perhaps, be observed that a fuller treatment of ‘capacity’ may be necessary to determine what capacities it is reasonable to suppose that a person has, particularly with regard to their limits, and in what way capacities may be reduced through impairment. For instance, Beethoven could be said to have a great capacity for music, yet it is known that he experienced hearing loss later in life. This hearing loss did not seem to reduce his ability to compose — though his ability to conduct was compromised. In this instance, are we to say that his capacity for music was diminished? I think not — more that he experienced a difficulty in interfacing adequately with the orchestra as a result of his hearing loss. If modern technology were available in his time, and if he so desired it, Beethoven could have interfaced more effectively with the orchestra showing that his capacity remained. What, then, should be said of a human’s capacity for flight? Is our lack of ability to fly some sort of impairment which demonstrates a reduction in capacity? Again, I think not — humans are not the sort of creatures that have an innate capacity for flight; it is not *any* sort of biological ability for the species. Certainly, with squirrel flight suits, we can (under certain circumstances) glide effectively — but this is not the same sort of thing as flying properly-so-called. Clearly, then, a capacity for flight is just not something humans can claim.

It can be seen from the above flying example that we lack many capacities — but we do not consider them to be impairments in the same way as we do when we discuss disability. This lack of a certain capacity — say the capacity for flight — is not

seen as an impairment, because this sort of in-ability is a capacity we and others don't expect us to have. To further develop the PTD, a fuller treatment of 'capacity' seems to be required in order to determine what sorts of things impede a particular action resulting in disabling experiences and what sorts of things impede an action by simply being beyond the capacity of humans in general. In the interest of familiarity, I briefly raise the issue here, and offer a few paragraphs on the notion of 'capacity' for the PTD below.

In a conversation with a colleague about the PTD, I hastily observed that 'a person experienced a disability when they had difficulty performing a certain task or obtaining a certain goal.' My colleague observed that *he* had experienced great difficulty in obtaining his doctorate in philosophy and questioned whether or not his difficulty satisfied my definition of disability. Ignoring the very real disadvantage to life that a doctorate in philosophy actually carries with it, I was reminded of a more incisive problem than the issue of preferences: How does the PTD distinguish between a disabling experience and one which is simply difficult?

Without speaking about necessary and sufficient conditions for disability, what I was trying to say was 'that a person experiences a disability when they experience a personally irremediable impediment or frustration while performing a certain task or obtaining a certain goal — but that any such impediment or frustration did not arise from a lack of *capacity* to achieve that task or goal. In other words, the distinction between a task's being very difficult and a task's being disabling is that in order to be disabling, the task needs to be reasonably within the capacity (both mental and physical) of the individual as well as frustrating or impeding due to a functional

relationship between the individual and their immediate environment. This perspective is similar to the new approach by the World Health Organisation, who, according to Martiny, “[distinguishes] between a person’s capacity to perform actions and their actual performance, in order to highlight the effects the environment has on the person.”<sup>284</sup>

If what impedes an individual from a particular task (broadly speaking) is a frustration arising out of personal limitations relative to that task, then the impediment experienced is simply a difficulty; it frustrates because the task is beyond the grasp of the individual, so to speak. Whereas, if an impediment is experienced because some element of the task is made impossible due to a specific function of a person’s physiology in conjunction with some element of the environment in which that task is being conducted, then the experience is a disabling one.<sup>285</sup> *Figures 5 & 6* below show Brett Nielson rolling a cigarette with his feet — a task difficult for some handed



**Figure 5, left:** and **Figure 6, right:** Brett rolls a cigarette. Screen shots from: BBC. Brett: A Life with no Arms. 2015

persons. The task of rolling a cigarette is not outside of Brett’s capacity regardless of

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<sup>284</sup> Martiny, 2015, 554.

<sup>285</sup> Presuming the task is not itself beyond their grasp.

his physiology, and therefore, his experience of smoking is not a disabling one. Yet

*Figure 7* shows a wheelchair user sat at the foot of some stairs — the stairs in conjunction with the use of a wheelchair engenders a disabling experience in which



**Figure 7:** Plaid Zebra, ‘Stairbombing will Piss You Off to the Point where you Might Actually Care about Disability Rights’, ‘Lady at Foot of Stairs’, Dec. 9, 2014.

the lady’s goal of being at the top of the stairs is greatly impeded.

Similarly, it might be observed that a blind person’s failing a

school test because he needs to hear the questions rather than

read them is a disabling

experience, whereas a person’s difficulty obtaining their Ph.D. is just a difficult experience. Both goals-like-ours are within the capacity of the individual (let’s say), but only the blind person’s experience is a disabling experience.

It may be remarked that people who have no impairments may also display frustration and exertion in the course of, say, hauling a log up a banking to be cut and split for winter. The Picture Theory of Disability cannot hold that such people are disabled as it would trivialise the experiences of disabled people. Certainly dragging a log up a steep bank would be exhausting and vexing, and I will also admit that for many of us, it is an important summer task. However, the PTD demands that a person’s experience be *irremediable/or unremitting* in order for that difficulty to be considered a disabling experience. Now, while hauling a huge log up a slippery wet banking is, indeed, extremely difficult, it is also fairly short term (in that at the end of the morning the task will be completed). By contrast, the difficulty experienced by

persons with visual impairments crossing the road is a much more protracted and irremediable one (in that it probably happens every day). Moreover, as the PTD is geared to consider the values and expectations of any given culture, were hauling logs up banks to be common in a particular culture, and if a certain level of exertion and frustration were experienced by other people who drag logs up banks, then the act — upon reflection to the Social — would be considered to be within the acceptable level of discomfort or difficulty for that particular kind of activity.

Thus, the experience of disability is connected not only to the individual, but is also related to the nature of the goal and the nature of the impediment which



**Figure 8:** Barbro Wickström, ColourBox.com, “Young Man Working in Forest Dragging Log in Winter”.



**Figure 9:** 123TopImages: Noah Galloway, “Noah Galloway exercising with sit-ups”.

modifies the verb in the picture. The manner in which the verb is conducted must show the *impediment* — it is not enough that the conduct of an activity is shown to be *taxing*. This does not engender a bootstrapping issue arising from knowing what a given activity should look like for a disabled person, because the picture is interactive and the individual is able to report why and in what manner they find this or that task to be disabling. *Figures 8 & 9* above show individuals who seem to be experiencing a moderate level of difficulty experienced from daily-living tasks or goals-like-ours and

nothing about either photograph suggests that the task or goal is disabling one. This is because most people recognise the cross cultural difficulty in hauling a heavy log through snow and in squeezing out that last sit-up. Whereas, *Figure 10* indicates a more protracted and unremitting difficulty which presents less ‘difficulty’ but more impediment.

A further challenge to the PTD comes in the form of Rapunzel,<sup>286</sup> who experiences complete impediment in her desire to escape and marry her



**Figure 10:** Svetlana Osadchuk, *Man Stuck at the Bottom of Stairs*, *The Moscow Times*

prince through being locked in a tower by Dame Gothel. A picture analysis of Rapunzel’s impediment to marry her prince would show that the goal is within her capacity, but that she experiences maximal impediment in the conduct of her goal through coercive limitations on personal freedom. The picture would clearly show the true nature of the impediment to be a transparent abuse of social power — an entirely different order of impediment. This circumstantial impediment to Rapunzel’s goals, therefore, cannot be a disabling experience. Her adverbial difficulty in getting married is due to intentional interference in her life by someone with whom she is in an abusive power relationship.

Observing the distinction between a disabling experience and a difficult one (or one in which we are being impeded in reaching a goal because of a coercive abuse of social power) comes with an important caveat: It is improper, when attempting to

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<sup>286</sup> My thanks to David Wasserman for this objection.

determine disability, to make intuitive judgements about capacity before properly applying the Picture Theory. That is to say that if a person has no arms, it would be improper to presume that they could not play the piano before finding out whether or not they could. The medical models has a limited (if any) ability to respond to this sort of lived-experience data and, as a result, they generate inaccurate descriptions of disability. The medical model analysis would rule that a person with no arms is disabled because they have a physiological deviation from the statistical norm and that such a biological deviation precludes one from playing the piano. The social model, on the other hand, would simply observe that pianos are designed for people with arms and hands and unreasonably exclude persons whose biological distinctiveness does not include arms and hands; thus, such exclusion, constitutes social oppression.

*Figures 11 & 12* show Brett, an Australian Music Producer and entrepreneur,



*Figure 11, Above:* Brett driving his Mercedes.  
*Figure 12, Over:* A younger Brett plays the piano.  
Screen shots from: BBC. Brett: A Life with no Arms. 2015

playing the piano with his feet; the second photo shows Brett driving his Mercedes. The medical model has a natural difficulty in responding to Brett's abilities because the model seeks to appropriate disability to the impairments of the individual —

rather than to assess what experiences are *actually* disabling. The PTD would evaluate the action of playing the piano or driving the car through the use of pictures (and in this case, audible gifs or move clips) and would show no impediment in either goal or task (though he may be better at it with hands, what matters for the PTD is that he is achieving his task or goal). Brett does not consider himself ‘disabled’ with respect to playing the piano or driving the car — in fact, he daughter criticises him for parking his two door Mercedes in a disabled parking spot, teasing that: “its for people with no legs... you’re only disabled when it means [your] being able to park outside of Woolworth’s.”<sup>287</sup> The PTD would concur with her evaluation (and must concur with his) because, while playing the piano and driving a car with your feet may seem awkward to those of us who use hands to play the piano and drive, Brett experiences no disability in achieving these goals.

The goal-like-ours of playing the piano is, if anything, only difficult because it is limited by Brett’s musical talent and aptitude, not by his having no arms. As a contrast, when Brett was involved in a motor vehicle accident (which was not his fault), he received a broken leg and toe bones. He claims that he was vexed because he was unable to get up and about because he could neither push a wheelchair himself nor operate crutches, and had, therefore, to depend upon others for their help.<sup>288</sup> This reduction in independence is important because, for Brett and many others with whom I have spoken, losing independence is probably the most undesired eventuality of broad-spectrum or severely disabling experiences with respect to daily-living tasks

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<sup>287</sup> Roger Graef, “Brett: A Life with No Arms (2),” (London; UK: BBC, 2015), TV.

<sup>288</sup> Graef, 2015.

and goals. For the PTD, then, the period of time Brett was unable to get about independently would constitute a disability (in that he experienced an unremitting difficulty moving about).

#### *4.4.2 Plugging the Goals into the Picture Analysis*

To a limited extent then, a picture — at least for the PTD — depends upon knowledge which the observer does not necessarily have from the outset (although such knowledge can sometimes be self-evident in the picture). In order to evaluate whether or not disability is being experienced during a given action it is first necessary to know what goal or task is being attempted. Because some of the tasks that will be pictured are everyday tasks, it is often easy to see when they are being frustrated — it is quite clear, for example, whether or not someone is having difficulty brushing their teeth or holding something heavy. However, some things, like a difficulty in reading perhaps, are not always so transparent. Consequently, if the daily-living task or goal-like-ours is not indicated, the information must be provided to the observer by the person in the picture (perhaps by a simple question ‘are you having difficulty reading that?’<sup>289</sup>). The resultant information may then be used to determine whether or not

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<sup>289</sup> When I was 9, I distinctly recall my teacher, Mrs. Oliver, asking me whether or not I could read the black board. Reflecting upon this memory, I realise that the manner in which she was made aware of my difficulty was both in the work I produced, in the fact I appear to be squinting, or possibly through my distractedness and lack of attention. She responded by seeking more information about the problem by asking a question. Obviously, she had no access to my qualia at the time — she simply saw the signs of my disabling experience and responded to them; she saw my disabling experience by employing the Picture Theory of Disability. (Out of interest, the amelioration of that disabling experience was to have my eyes tested, and as a result, I received ‘Ronnie Barker’ NHS glasses. My minor disabling experience has been almost eliminated ever since).

the sort of activity being conducted is within the capacity of the individual<sup>290</sup> or whether or not a frustration or impediment arises as a function of the relationship between the individual and their immediate environment.

#### *4.4.1 A Note on Cultural Relativity*

The picture theory has in-built cultural relativity that arises from three elements. Firstly, the pictures themselves express cultural relativity in virtue of showing a state of affairs, and that any such state of affairs must reflect the culture in which the state of affairs holds. For instance, if a culture has no airports, then there can be no picture which shows a wheelchair user working behind an airport check-in counter. The picture shows a state of affairs and the objects in that picture stand in determinate relation to one another. Thus the picture is framed, so to speak, in the culture it represents.

Secondly, and closely linked to the first, whatever activities (around daily-living tasks and goals-like-ours) are being analysed must also incorporate cultural relativity as what constitutes daily-living tasks or goals-like-ours depends heavily on what a culture accepts as being appropriate preferences. Earlier, I noted that in the West, we — at least to a certain extent — have moved towards Rawlsian notions of fairness and justness. But this is not the case cross culturally — indeed, in the US, the paradigm of the West, Rawlsian intuitions are fairly widespread, but they are challenged by Libertarian thinking. Nevertheless, because the picture shows a state of affairs, and

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<sup>290</sup> Recall that an individual who has the capacity to perform a task experiences a disability when that task or goal is unremittingly impeded through a functional relationship between that individual uniqueness and their immediate environment.

because the picture also shows the goals and tasks being attempted, the tasks and goals will be those which are culturally appropriate ones.

Finally, because the Picture Theory of Disability includes a sort of empathetic arousal (in the form of NST) to the response to the emotion is grounded in the social and cultural background in which the observer developed their belief sets or in whatever society the action is being observed. The PTD will reflect different responses to the same sorts of pictures (not the same pictures — as a picture represents one and only one state of affairs) from one society to another. In part then, the observer brings to the picture their own social and cultural bias and expectations; and in part, the society in which the action is conducted ‘sets’ the tone for what is or is not an experience of disability. When I was in Singapore, for example, I saw live chickens being killed, plucked, and served for food in road-side food carts. I was, at first, somewhat taken-aback by this until I looked about to find that this activity was quite acceptable in that community. Having made this secondary observation, I realised that this type of activity was a social ‘norm’, and that it was my perception that was *ex loci*.<sup>291</sup>

A piercing question arises from this observed cultural relativity: is it ‘how the observer reads the pictures’, or ‘what is actually in them’, that changes from culture to culture. The Picture Theory of Disability demands, much like the Wittgensteinian PT, that the picture is a fact; it shows a state of affairs (providing, of course, that it is true

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<sup>291</sup> Of course, it is this type of issue that has been lain against cultural relativity as a criticism — and I think the criticism deserves merit, as the justification of one belief over another is not a simple matter. This, however, is discussion for another day. The PTD just happens to chew up pictures and spit out culturally relative results. I actually consider this to be one of the strengths of the theory, but perhaps the defence of that claim is also best saved for another day.

— i.e. that things are (were) as the picture depicts them). Consequently, what is *actually* in the picture is just a collection of objects which stand in determinate relation to each other — but what is in the picture will change depending upon where the state of affairs occurs that the picture shows.<sup>292</sup> Thus, it is not only the consideration over the activity of the individual in the picture, but also how the observer reads that activity, how the individual reports on that activity, what tasks or goals are being elected, and



**Figure 13:** Sculpting Girl. Google Image Search. Unknown Author.

what kind of environment the picture represents which changes from culture to culture. The PTD recognises that what is or is not a disabling experience differs, because what constitutes an acceptable goal, a reasonable amount of effort, and a suitable environments also differs from place to

place and culture to culture. Likewise, the experiences of disability will be shown to differ from picture to picture, because the picture just shows the way things are in a specific state of affairs.

Thus it is the *experience* of disability which is culturally relative. It is not expected for impaired persons to make a living in the West by sculpting in the way the girl in the *Figure 13* does,<sup>293</sup> and so there exists a fundamental difference in what kinds of activities impaired people in the West might expect. Likewise, it might be surprising if

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<sup>292</sup> The picture, then, must (and would) include enough of the social context to reflect such variations from one culture to another.

<sup>293</sup> That is not to say that they could not.

the girl in the photo were to expect some Western-type occupation;<sup>294</sup> and so, whilst it might be progressive to think that, perhaps, there should be a certain set of rights offered to persons with disabilities, it is clear that many states in the world neither have systems to distribute justice in that manner nor the financial ability to finance welfare systems like other states.<sup>295</sup>

Moreover, persons with disabilities experience a different set of opportunities in one state than they might in another. It would be folly to assume that a wheelchair user in Tanzania (for example) *would* have the same work opportunities as a wheelchair user in the United Kingdom. That is *not* the same as claiming that a wheelchair user in Tanzania *ought* not have the same work opportunities — just that the types of opportunities will be different in virtue of the types of work that are offered there. The picture theory of disability does not pretend to provide a set of cross-cultural ‘rights’ for persons experiencing disability (though it is intended to provide a more accurate description of disability such that a re-evaluation of our current responses to people who experience disability may engender a change in their social status — and with it, generate greater inclusion).

The notion that the experience of disability is culturally relative may not sit well — especially with persons from the DRM who believe that there should be a

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<sup>294</sup> I am being cautious here as I have been unable to determine in which country the photograph was taken.

<sup>295</sup> Again, I make no claim as to whether or not this is the way things ought to be — I merely observe this is how things seem to be.

fundamental set of rights and opportunities for disabled persons<sup>296</sup> — but let me elaborate on why the experience of disability **is** culturally relative. Firstly, if we feed pictures into the PTD it just produces out different results if the pictures are set in vastly different<sup>297</sup> cultures and locations. A picture showing a deaf person buying a coffee in a Deaf culture, for example, will show no disability, but if we show that same deaf person buying a coffee in a hearing culture, then the PTD is likely to show that disability is being experienced. The girl *Figure 13* appears to be a gifted sculptor. No element of her environment in combination with her unique individuality creates an unremitting and disabling experience with respect to her sculpting (that is not to say that she may not experience disability in other things, but that she does not experience disability in relation to sculpting) — but I am uncertain whether or not the same could be said for a person born with similar differences in the West.

It is in this way that the Picture Theory of Disability agrees (at least to some degree) with the social model of disability which holds that: (1) society and culture are responsible for setting limits on what goals might be realistic, and (2) would hold that an observer's analysis of the picture would be heavily biased by whatever ideologies are held by the Social of which they are a part. An objection can be formulated here: 'The PTD is compromised because it suggests that disability is culturally relative, and

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<sup>296</sup> The PTD makes no claims about what ought to be the case, but I feel that I can reasonably argue that if there are no office work opportunities for any person in a culture, then mandating that disabled persons should have access to office jobs seems to be irrelevant. This is not to say that I believe that disabled persons should not aspire to obtain white-collar jobs, but that they should be offered equal opportunities within a society.

<sup>297</sup> I say vastly because the difference between the sorts of disabling experiences in the US, the UK, and Germany, for example, are likely as not to be slight. Whereas greater differences may exist between other states.

the observer carries with him the burden of Social bias — moreover, the idea that disability is culturally relative and informed by the Social is just what it is to have a social model of disability. It follows, then, that responses which are generated by the PTD must be the same as those generated by the SM.’

In response to this objection, it should be remarked that the PTD differs from the social model in important and non-trivial ways, and consequently, this criticism can be dismissed on a number of fronts: Firstly, the objection is precariously close to being a fallacy of comparison — just because one model shares some similarities with another does not mean that it is essentially the same model and that it will generate the same sorts of results. Secondly, the social model *states* when a person *is* disabled, whereas the PTD *shows* when, where, and how a person *experiences* disability.

Thirdly, the social model observes that a lower limb impaired person becomes disabled by stairs on every occasion (because stairs are designed to reflect the abilities of ‘species-typical’ individuals), whereas the PTD holds that such an individual would experience disability climbing stairs if they themselves agree that they experienced such a disability and that their efforts to climb the stairs shows that they do. For example, according to the SM, Chris Koch should be disabled by stairs, but Chris (seen in *Figures 14 & 15*) has said that “. . . stairs are not really a problem.”<sup>298</sup> It therefore, seems somewhat odd to me that a model of disability should report that he is disabled by stairs when he, himself, says that he isn't.

Fourthly, the SM is also unable to respond to the magnitude of a disability, as such disability is a sort of all-or-nothing event — a person is either oppressed by

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<sup>298</sup> Google, September 3, 2015.

society or they aren't.<sup>299</sup> In reality, disabling experiences are intermittent, differ from



**Figures 14 & 15:** Chris Koch climbing stairs, Google, “Chris Koch: ‘If I Can...’ | Talks at Google.” *YouTube*. September 3, 2015.

person to person, and often short in duration. My colleague, Chip, who is a wheelchair user, remarks that his main experience of disability is in getting in and out of bed. Because of his individual traits in relation to sleeping in a bed, getting in and out of bed can take upwards of 45 minutes. The PTD would respond that he experiences disability in the action of getting in and out of bed, but that the rest of his day might be largely without other disabling experiences. Perhaps it is unfair to presume the SM to consider Chip disabled throughout the day, but it would be obligated to report the social and cultural causes of each individual difficulty or claim that all of Chip’s disabilities are related to various improper beliefs held by a society which have resulted in his experiencing social disabilities as well as physical ones. A description of disability which is not particularly helpful.

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<sup>299</sup> I do accept that this is a bit too quick and unfair to the SM — however, discussion of why moves us away from the issue.

A fifth distinction between the SM and the PTD with relation to social beliefs is to be found in the PTD's treatment of persons with mental illness. I elaborate further on the issue of mental illnesses and the PTD in a later section of this chapter, but it is appropriate here to note that researchers working with the SM "have rarely included psychiatric disability in their work."<sup>300</sup> In part, this is because a foundational tenet of the SM believes disability to be:

... the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of *people who have physical impairments* and thus excludes them from the mainstream of social activities.<sup>301</sup>

As many people with mental illness do not have a 'physical impairments' per se, the model has difficulty responding to such persons. Mulvany observes in a footnote that authors such as Shakespeare and Watson<sup>302</sup> ignore mental illness altogether. So despite claiming that disability is a function of social oppression, discrimination, and exclusion, it offers little in the way of discussion of *how* persons with mental illness are oppressed, discriminated against, or excluded from society. The PTD, however, would respond clearly that such persons experience disability — and it is also capable of showing how such oppression and discrimination is the result of the Social.<sup>303</sup>

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<sup>300</sup> Julie Mulvany, "Disability, Impairment or Illness? The Relevance of the Social Model of Disability to the Study of Mental Disorder," In *Social Health & Illness Sociology of Health and Illness* Vol. 22, no. 5 (2000): 582-601.

<sup>301</sup> Michael Oliver, *The Politics of Disablement*, (London: Macmillan, 1990), 11. Emphasis mine.

<sup>302</sup> Tom Shakespeare and N. Watson, "Defending the Social Model", *Disability and Society*, 12, 2, (1997), 293-300.

<sup>303</sup> It could do this were a picture to show that an individual with learning difficulties, say, were subject to some sort of social exclusion of the type regularly seen in public places. An example might be the pointing and ridicule of persons with severe impairments that are occasionally taken by their carers to shopping centres or parks.

Finally, it might be fair to say that the SM and the PTD are influenced by similar sorts of concerns, but where the SM observes that the Social (and the type of built environment which arises out of it) is the *cause* of disability, the PTD claims that disabling experiences can be *understood* in relation to the Social — not because of it. The PTD observes that considering the daily-living tasks and goals-like-ours in relation to the social environment provides a better kind of response as to when an individual encounters disabling experiences. Of course, it might be possible to simply ask the individual which experiences disable and which do not — but then (amongst other issues) we incur the bootstrapping problem of how do we know who to ask? Some people's experience of disability is self-evident — but there are many who suffer profoundly, but not obviously. It follows that a good model of disability must be able to equally and accurately identify the disability experienced by all persons experiencing disability.

As mentioned above, the PTD incorporates a daily-living task and goal metric into its calculus. Consequently, what may or may not be considered a realistic goal is heavily influenced by both the capacity of the individual and the culture of which they are a part. Chris Koch, as a farmer in the Southern Alberta, Canada, had the realistic goal of becoming a farmer and machine operator, and Nick Vjicic, who was born in Australia, had the realistic goal of becoming a Christian evangelist and motivational speaker. These goals were realistic, in part only, through being born in a developed Western country. Such opportunities may have been possible were they to have been born in a more developing country (say, one of the African countries) but success in achieving such goals might have been less likely — and as such, may have constituted

an unrealistic goal under the PTD in that country.<sup>304</sup> In this respect, then, the calculus of the PTD is both culturally relative and grounded in the Social.

By focussing on those situations which create a disabling experience, the PTD opens up the potential to improve that situation in order to ameliorate that disabling experience. Likewise, distributive justice in one country is likely to be different from that in another country and, as such, will alter the expectations of the person with disability. It is important to realise that I make no normative claims about this differing distributive justice — I merely lay it before the reader as a fact and note the influence which the political state has upon the expectations and opportunities of all those individuals (not just those who experience disability) who dwell there.

#### 4.5 The Synthesis — Pictures 1 and 2

Putting the framework together is not a complex operation. However, because the Picture Theory of Disability is (largely) a visual construction, it might be necessary to revisit the *gedankenexperiment* in Chapter 2 where a spectator is observing an individual walking up some steps. I shall build the picture using Naïve Sentimental Theory and the elements from the Wittgensteinian Picture theory I relied on earlier. I shall also stipulate a goal or task which is a crucial part of the picture. The Picture Theory of Disability cares about the lived experience of the individuals in the picture, so the picture can be interactive to the extent that the observer may ask questions of the individual in the picture or the individual can intimate what and how they are feeling

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<sup>304</sup> I qualify this statement with the knowledge that the human spirit is indomitable and I admit that it is possible for people to transgress their origins to become hugely successful. However, I would remind the reader that such aspirations are far more rarely satisfied than commonly satisfied.

about their current situation — this lived experience of the individual is a significant part of the PTD's calculus.

Imagining the thought experiment as a moving picture — perhaps a gif or short video clip, a simple PTD analysis of the picture shows that it comprises several objects, two relations, and one goal:

**Picture 1:**

- Object 1)* an individual,
- Object 2)* some steps,
- Object 3)* an umbrella,
- Relation 1)* the individual is walking swiftly up the steps,
- Relation 2)* it is raining,
- Goal 1)* to attend a job interview.

Now, let us consider a second picture:

**Picture 2:**

- Object 1)* an individual,
- Object 2)* some steps,
- Object 3)* a wheelchair,
- Relation 1)* the individual is sitting in the chair looking at the steps,
- Relation 2)* it is raining,
- Goal 1)* to attend a job interview.

I shall add some colour to complete both pictures: the steps are the only access to a place of work where the individual is going to attend a job interview; the steps are exposed to the elements; and there are people hastily making their way up and down them to get out of the rain.

**Interpretation 1)** In picture 1, we see a man holding an umbrella walking swiftly up the stairs where he opens the door and escapes the rain. During this picture, his face has expressed a modicum of displeasure due to the rain, but he is, nevertheless, keen, excited — if not perhaps a little apprehensive of the job interview. He reports that he is excited about the interview and in a hurry to get out of the rain

**Interpretation 2)** In picture 2, a wheelchair user is dressed in job-interview-suitable clothing, but has no umbrella (it is hard to push a chair and hold an umbrella at the same time); she is becoming wetter as time progresses, and after

pushing herself around the bottom of the building to look for other entrances and finding none, she appears at the bottom of the steps amongst the bustling people wet in despair and vexation. She reports that she was excited for this opportunity, as it is the first real job offer she has had in some time, and adds that she worries that even if they make the interview (which she is now late for) she will not look her best through being wet through.

As Naïve Sentimental Theory suggests, we are brought to feel the vexation, sadness, and futility of the increasingly dampened wheelchair user as well as, perhaps, the trepidation and enthusiasm of the umbrella man.<sup>305</sup> The impression received by observing and interacting with the wheelchair user at the foot of the stairs highlights — quite potently — the *disability* which is being experienced by the individual.

The linguistic analysis of the picture is more complex than the intuitions which Naïve Sentimental Theory presents. The level of vexation or difficulty has to be analysed through the verbs (and the modifiers which add to the description of the activity being undertaken) used in the picture. Wittgenstein mentions verbs in the *Tractatus* only 4 times because he was much more concerned about objects and relations. However, in the Picture Theory of Disability, there is a greater concern about what the verbs show us about a picture. Through the analysis of the relationships between objects and other objects and between actions and verbs, the picture theory of disability *shows* us the experience of disability. It is in this way I say that the Picture Theory of Disability is adverbial: it seeks to show us facts about the *way* in which a certain action is being conducted.

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<sup>305</sup> I say ‘perhaps’ here because, as Hume noted, the extent and vivacity of the passion is influential as to how observable the passion is. Slight trepidation and excitement would not be as easily noticeable as extreme vexation.

In the same way that, for Wittgenstein, “a proposition shows how things stand if it is true,”<sup>306</sup> and that objects stand in determinate relations to each other, propositions in a Picture Theory of Disability analysis of a picture show the verbal relationship between objects. For Wittgenstein, relations between objects took on a sort of positional manner: ‘the broom is **attached** to the handle’, ‘the cat is **in** the box’, ‘the broom is **in** the corner’. In the PTD it is best to conceive of relations as verbal as well as positional: ‘the man is **walking up** the stairs’, ‘the girl is **listening at** the pedestrian crossing’, ‘the wheelchair user is **talking at** the lectern’. Indeed, it is a careful selection of modifiers and verbs which properly present the relationship between an individual, their environment and their task or goal. It is not enough to say ‘the man is walking up the stairs’, it necessary to show *in what manner* the man is walking up the stairs. The key to the PTD is being able to link the observer’s emotional responses to the proper source of that response; to generate an accurate analysis of what is actually going on in the picture. If an improper or hasty analysis of the picture is made, an improper conclusion will result. Above all, the PTD seeks to determine when a person has a disabling experience, and it does so by evaluating the response of an individual to any given environmental or psychological strain.

Returning to the above thought experiment, the important verbal phrase is ‘getting to a job interview’. In one case, the subject's ability to realise this action is neither impeded nor limited in anyway, but in the other picture the verbal phrase is not just impeded but damply negated! The PTD is an adverbial description of disability because the picture shows *how* the action is characterised by the verbal

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<sup>306</sup> 4.022

phrase is being conducted (if at all). A linguistic analysis presents words which modify the verbal phrase: In the first case, we note the man is walking ‘swiftly’ and that words like ‘excitedly’, and ‘apprehensively’, can be used in relation to the picture. However, in the second, we have few adverbs available to describe her movement — perhaps ‘frantically’ or ‘dejectedly’, and that words like ‘sadly’, and ‘disappointedly’ can be used in relation to the general picture. We might say that the PTD’s adverbial evaluation of the picture seeks to highlight the manner of the impediment to an action. Any adverbial impediment to that action can be understood through the use of negative adjectives to describe the emotion of the individual in question. If the action is not impeded and the adjectives used to describe the individual’s emotional state are positive, then there is likely to be no disability being experienced. Contrarily, if the action is severely impeded, and the adjectives used to describe the individual’s emotional state are negative, then there is likely a disability being experienced. The Picture Theory assists with the analysis of the adverbial nature of the actions, and Naïve Sentimental Theory assists with analysis of the individual. Together they form a cohesive and coherent analysis of disability.

Now, although I have stated that the PTD requires that we pay close attention to verb use in descriptions of the pictures it is not the case that we need to be over analytic. It is enough that a fairly clear picture is presented of who and what is in the picture, what and how significant is their action, and what is the relation between the individual and the object upon which they are acting. Again, because the PTD seeks to know about the nature of an individual’s experience it is necessary to pay closer attention to the verbs used to describe that action and the adverbs which modify them.

It is not the case (even though I have mentioned that the elements of the picture of interest to the PTD are verbal) that there should be *no* attention paid to the nouns (the objects) in the picture; the individuals and the object with which they may be interacting are important — indeed, the adjectives used to describe their emotional states are very important (as are the adjectives we might use to describe their expression). However, where the PTD differs from medical and social models is that it looks *beyond* the individual to the frustration of the action arising as a function of the relationship between the individual and the environment.

By comparison, the MM locates disability *in* physical deviation from norm; in a person's impairment. This approach results in a model for which disability becomes a property of the individual: 'the *wheelchair* user is disabled because *he has* lower limb impairments.' Of course, the social model fares equally poorly as they modify the environment, objects, or ideologies surrounding the individual: 'the *flight of stairs* is the disabling factor because *it is* not respectful of his biological individuality.'

*Seeing* the growing frustration and distress of the wheelchair user (as linked to the verbal element of the picture) is how the Picture Theory of Disability *shows* that the individual is experiencing a disability. It shows it because the picture together with the knowledge that the activity being attempted is an important daily-living task or goal (to which access is impeded) engenders in the observer a similar feeling of frustration and despair to the original. The Disability Rights Movement hold that persons with disabilities do not want pity (which is where a strict Humean interpretation would, perhaps, lead) — because the 'disability' is neither theirs, nor in them. Instead the movement would prefer the experience to not have existed in the

first place. For this reason, the DRM is a strong proponent of the social model of disability and reject the medical model.

Yet the DRM can also support the PTD: For the PTD disability is an experience tied to the verb in the picture (and in the verb used to report the fact), not a noun or adjective which can be applied to the individual themselves (not, that is, independently of the circumstances in which they find themselves and the goals they are pursuing); ‘disability’ is located in the irremediable and impeded nature of the action — where the attempted action is specified by the verb and the impediment is shown through the adverb. For the PTD, a difficulty, frustration, or vexation (holistically, an impediment) of the daily-living task or goal-like-ours is where disability lies — it does not reside in the individual. Where the PTD differs from the social model, here, is that the PTD describes disability in terms of the verb, not in terms of the Social (which, again, would make disability nounal). It is by *showing* the difficulty experienced by a person with disability that the Picture Theory of Disability is able to identify the imbalance that exists between those who experience a difficulty and those who do not.

#### *4.5.1 A Very Brief Note on Normativity*

As mentioned several times above, the PTD *makes no normative claims*, but to satisfy the curiosity of the reader, I wish to show how a normative evaluation *might* proceed through a PTD analysis of the above pictures. As an observer in Canada, it seems perfectly reasonable that the wheelchair user should have the same access to a job interview for which they are as qualified as the man with the umbrella. It also seems

somehow ‘unfair’ that they should be getting wet because there is no other access to the building, when at the same time, the guy with the umbrella is bounding up the stairs and out of the rain.

The normative claims that ‘not getting into the building is unfair’, and that ‘stairs unfairly impede the wheelchair user’ which may arise from the picture analysis, are informed by the Social in which I, as the observer interpreting the pictures, am positioned. I do not suggest that there is a cross-cultural de-facto response to this particular image, but I do suggest that given my position in Canada and my expectations of fairness and equality which are a function of the social and cultural construct in which I live, the pictures seem (to me) to be unequal in an unfair way.

This sort of normative evaluation arises because the goal-like-ours of attending a job interview (for which they are skilled) is a realistic one — and realistically expected to be open to all as part of equality of opportunity.<sup>307</sup> What engenders the notion of unfairness in the above picture, is that for the wheelchair user, access to this goal is impeded. The social model of disability claims that the disability in the picture is in the stairs, and the medical model holds that the disability is in the individual. Yet it is in the manner in which the task is personally irremediably impeded that the disability lies.

The ‘fairness’ informing the observer’s evaluation of the picture is just part of the reasonable expectations relative to that goal: the person is qualified and the job is open to all, but this person’s ability (in the verbal sense —rather than in the sense of

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<sup>307</sup> Much needs to be said about how it would be possible to ensure equal opportunities to disabled persons. I am fairly sure that the PTD (together with some normative principles) would support a greater inclusion for disabled persons — however, this again, is subject for future research and development.

capacity) to access the interview is impeded or frustrated. Thus, and here all three models agree, when the resulting a lack of welfare originates from this source it is tied to a disability. It is the sympathetic evaluation of the picture which permits one to consider how we would feel if we were struggling to get to a job interview, and to understand how we would feel if we could not get to a building and were becoming more and more wet and tired. The PTD itself makes no normative claim here: the PTD simply locates where in the picture disability occurs. What it is for the interview goal to be a realistic one, is that it should be available to all people in the society in question. So to this, and only this degree, norms enter into the PTD: they enter into the observation and help inform the observer of the ‘unfairness’ of an action. Where one person holds a realistic goal and experiences unremitting frustration (in the sense that it happens every time they attempt to realise such a goal) in the pursuit of that goal, then they experience disability. What the PTD does not engage, is what we rectify the unfairness. The PTD is able to inform this decision, but that is the purview of a further set of research.

#### 4.6 The Synthesis — Pictures 3 and 4

Let us consider another *gedankenexperiment* in which a person seated at a computer in an office is typing away gets up and goes for a beverage. An analysis of the picture reveals objects, relations, and a goal:

**Picture 3:**

- Object 1)* an individual,
- Object 2)* a desk,
- Object 3)* a computer,
- Object 4)* a chair,
- Relation 1)* the individual is sitting in the chair,

- Relation 2)* the individual is typing,
- Relation 3)* the individual walks through the office to the coffee room,
- Goal 1)* to get a drink.

As before, I shall provide a second picture:

**Picture 4:**

- Object 1)* an individual,
- Object 2)* a desk,
- Object 3)* a computer,
- Object 4)* a wheelchair,
- Relation 1)* the individual is sitting in a wheelchair,
- Relation 2)* the individual is typing,
- Relation 3)* the individual goes through the office to the coffee room,
- Goal 1)* to get a drink.

In a similar manner to the previous set of pictures I shall bring some colour to the pictures: the office is bright and well lit, and the desks are replete with drawers, a phone, in and out trays, and paperwork — the humdrum office space. The offices in the buildings have wide door frames and each office is next to other offices similarly laid out. One of the office spaces is a coffee or break room and access to this room is wide and easily navigable by a double door-width archway. There are people walking in and out of offices in the manner found at any regular office building.

**Interpretation 1)** In picture 3, we see the individual sitting at her desk typing and composing a spreadsheet. Feeling the need for a drink, the individual gets up from her desk and proceeds to the coffee room where they open the fridge and get out a drink. During this picture, her face has expressed no distress other than to express a fleeting greeting to some work colleague. When engaged, she comments that she is thirsty and the spreadsheet is more problematic than she expected.

**Interpretation 2)** In picture 4, the wheelchair user is seen at their desk typing at the computer working on a spreadsheet. Needing some other document, she spins her wheelchair around to reach the required document from a filing cabinet behind her, and placing it on the desk, she proceeds to leave the office to obtain a drink. She pilots the chair down the corridor and into the coffee room where she vends a (probably quite nasty) beverage from the vending machine. A modicum of grouchiness flashes across her face as some hot liquid splashes onto her finger, but otherwise she appears contented.

She remarks that the coffee in the machine is awful, and complains about the cups being over full.

That neither of the individuals shows any kind of discomfort, frustration, despair, or anguish in pictures 3 and 4 is how the Picture Theory of Disability *shows* that neither individual experiences a disability. It shows it because an analysis of the verbs and adverbs we use to describe the picture, together with the knowledge that the activity being attempted is an important daily-living task or goal-like-ours is not being frustrated or impeded, engenders in the observer no feelings of frustration, discomfort, etc.

Pictures 3 and 4 show that the wheelchair user experiences no more vexation or difficulty in her job than the non-wheelchair user — they do so by showing that neither individual seems to experience any ‘impediment’ in conducting a particular action. The adverbs modifying the verbs in the pictures generate no negative descriptors other than ‘disgruntled’ in response to the coffee. There is no protracted or unremitting impediment to any of the work tasks (similar to daily-living tasks and associated with goals-like-ours), and as such there is no adverbial evidence to suppose disability is being experienced. In short the *PTD claims that persons who experience little-to-no difficulty performing a daily-living task or achieving a goal-like-ours **do not** experience disability.*

In some cases, it is possible that the adverbs used to modify the activities described by the picture cannot be properly and fully linguistically defined or analysed. But here we find another strength of the PTD. Where the linguistic analysis can be taxing and incomplete, the picture (and the emotional analysis developed through Naïve Sentimental Theory) are much more complete. Recall the photograph presented earlier of Mr. Majid and his family — though I never shared the entire list,

the list of interpretations of his expression and body language in the picture offered by my colleagues included 43 different words — some adverbs, some verbs, some nouns, and some adjectives. However, all of them were variations on a theme and were they put together, perhaps, we might have a fuller idea of the emotion were we unable to view the picture itself. Indeed, the more describing words we use (either of a verbal or nounal nature) in a description the more full the picture which results. Nevertheless, no literary analysis (however well written) is able to totally grasp the picture to its fullest degree whereas the picture *shows* its meaning directly.<sup>308</sup>

I mentioned earlier that it is the picture together with Naïve Sentimental Theory which provides a fuller interpretation of the fact. I claim this because sociopaths are less responsive to emotions expressed in the conduct of an action — this phenomenon is known as ‘decreased sympathetic arousal.’<sup>309</sup> So it is possible that the extent to which someone is able to ‘see’ what is expressed in a picture may be different from one person to another. For instance, someone with decreased sympathetic arousal (not necessarily a sociopath) may get more information from the linguistic analysis, whereas someone with a greater sympathetic arousal might find the picture itself to be more evocative. Consequently, a Humean subject is required to operate the NST element of the theory. For this reason, I feel that Naïve Sentimental

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<sup>308</sup> Here, think how many people have tried to write about ‘love’ and have found their work wanting. We certainly cannot say that Shakespeare’s attempts failed, but they are found wanting. By comparison, someone shown a photograph or short film presenting ‘love’ can rarely be unclear about what is being presented.

<sup>309</sup> A. Raine, J. R. Meloy, S. Bihrl, J. Stoddard, L. LaCasse, and M. S. Buchsbaum, “Reduced prefrontal and increased subcortical brain functioning assessed using positron emission tomography in predatory and affective murderers,” *Behav. Sci. Law.* (1998);16:319–332.; Mendez, 2009, 608-620.

Theory *on its own*, is insufficient to provide the observer with the correct interpretation of a picture. It falls upon the picture to provide background, setting, and adverbial information about the objects and the relation of one object to another. The interactive nature of the picture enables the observer to inquire as to the lived experience of the individuals in a picture and completes the image. In these examples the interactivity is hypothetical (as is the picture itself), however, they are to be largely based on real-world situations.

Thus when seeking to know whether or not a certain individual experiences disability in life, one must ask about multiple situations before it is possible to determine an answer. Chris Koch explains that he can operate a tractor, JCB, and skateboard as well as any other individual — but that he is not good at swimming: he sinks like a stone “nine times out of, nine”.<sup>310</sup> Consequently, were Chris to be analysed under the PTD about his disabling experiences, the picture of him operating a JCB or skateboarding shows that he experiences no disability — despite his outward appearance. However, the picture of him trying to swim would clearly present a great difficulty and thus a disability. The linguistic analysis of the picture (including interaction), knowledge of the goal, and Naïve Sentimentalism together build a full and complete picture of ‘fact’ or state of affairs which clearly identifies disability when it is experienced. It is for this reason that the theory is named the Picture Theory of Disability, and is not some species of Naïve Sentimentalism.

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<sup>310</sup> Fortney, 2014.

#### 4.7 Mental Illnesses and the PTD

With the mechanism and operation of the PTD fully presented, I can now proceed to demonstrate a very important advantage of the PTD over the other theories and models of disability: The PTD is fully able to encompass mental impairments.<sup>311</sup>

Mental impairments have been extremely tricky for the medical model because it is only able to demonstrate the functional reduction in performance of certain tasks when compared to other people. That is to say that the medical profession are often still unsure exactly *what* (exactly) causes certain mental impairments such as Asperger's, Dyslexia, OCD, etc. The fact that doctors and specialists cannot always show a *physical* difference between persons with Asperger's and persons without demands that in order to affirm the diagnosis a batch of psychological exams as well as functionality tests are required — from these a 'diagnosis' is then inferred.<sup>312</sup> This diagnosis is to be contrasted with the diagnosis of 'disability' which comes out of comparing (say) the prevalence of one legged women to the prevalence of two legged women, and then concluding that women with one leg are a deviance from statistical norm and are, therefore, disabled in virtue of the difficulties experienced due to that deviance.

Of course, the above is much too quick of an appraisal of the medical determination of disability — but it does capture the essence of the procedure and on

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<sup>311</sup> There is an important medical and functional distinction to be made between mental impairments and illnesses. However, I cannot engage this distinction here. I mean only to reference those types of reduced mental function which might engender either a social or physical impediment to a goal or task. Here I shall call them impairments recognising the lack of accuracy this term engenders.

<sup>312</sup> This is just one reason why it is very difficult to 'diagnose' a mental impairment.

what criteria they base their conclusion. Under the medical model, mental impairments cannot be identified in the same *physical* way — often,<sup>313</sup> there is no discernible physical difference in the neurological structure and diagnosis can only be made through the evaluation of performance.<sup>314</sup> Nevertheless, the individual often claims a great difficulty in the conducting of daily-living tasks or goals. That persons with mental illnesses claim difficulties in achieving certain tasks of daily-living is equivalent to the claim of the PTD — that persons with mental impairment experience disability.

But the dysfunction arising from mental impairment sometimes engenders a different kind of difficulty: Because persons with Asperger's tend to be outwardly 'species typical', people assume that they do not experience disability — but this is not the case. Many persons with Asperger's are profoundly disabled with respect to social interactions and conventions such as shaking hands. This level of social awkwardness can result in diminished social circles and opportunities including a lack of job opportunities. The PTD is able to consider the interactions and lived experience of such individuals and determine whether or not a social disability is being experienced. No other model<sup>315</sup> is able to evaluate this sort of disabling — and very real — experience as effectively as the PTD. That said, I should observe that the social model

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<sup>313</sup> That is to admit that occasionally a physical difference is easily determinable.

<sup>314</sup> This evaluative method is equally problematic to disabled persons as they often feel as though their experiences are de-valued.

<sup>315</sup> Martiny (2015) discusses limitations of Phenomenological approaches to disability. He observes that, roughly speaking, current Phenomenological approaches are only speak to acquired disabilities (as they require a personal evaluation of 'I cannot', where congenitally impaired persons only have a perspective of 'I can'). It is for this reason that I discount current Phenomenological approaches here, as they don't reflect the entire continuum of disability.

has attempted to speak to what they call ‘social disability’ and observes that bullying and shunning which can often arise from mental illness is an example of such disability. The PTD, on the other hand, is not only able to identify where, how, and to whom such social experiences occur — but also to what level such experiences are disabling.

For example, a recent television police drama from the US, *Monk*, was set around an unusually gifted detective named Adrian Monk who, due to the murder of his young wife, developed OCD as well as other neurological issues. For those who have watched a few episodes, it is clear that Monk regularly experiences a profound disability in the manner mentioned above. Indeed, much of the series is framed about how he manages this disability and creates work-arounds in order to achieve his daily-living tasks and goals. The television program reflects the reality of the current Western response to persons with mental impairments and demonstrates the social discomfort to himself and others that arises out of his compulsions. In the series, Monk has been diagnosed with a number of mental impairments and does appear to ‘get better’ over time, but the medication (which he elects to not take) prescribed has its own downsides and is of little help to him — given the types of activities that give his life meaning and of which he enjoys. It is never admitted in the program, that Monk has any ‘disability’, but the viewer is brought — quite potently — to the real difficulties and impediments of Monk’s life. As many of Monk’s fundamental daily-living tasks are regularly frustrated, the PTD would determine that he, absolutely, experiences disability.

The program does a reasonable job of presenting the real-world difficulties of persons who experience issues similar to those of Monk, and the viewer is brought to empathise with the lead character because of these persistent difficulties. When looking at the character analysis and an understanding about the experiences of Monk, what the viewer of the program is doing is actually applying the Picture Theory of Disability: The viewer is aware of the difficulties which arise for Monk in the conduct of daily-living tasks or goals, and the dialogue and moments with his psychiatrist permit an ‘inside view’ of the lived experience of Monk himself.

The Social model is challenged when it comes to persons with disabilities because it is committed to observing that any disability arises out of socially constructed barriers and oppression. Importantly though, most of Monk’s frustrations are not caused by social barriers or oppression, but by the internal *inability* to conduct a task of daily-living — such as eating outside, or walking about a town without feeling compelled to touch each post or parking meter.<sup>316</sup> Certainly we can be sure that in the West, at least, many persons with mental impairments experience oppression and exclusion, but are we really able to suggest that this disables in the same way that having no legs disables? To do so would be to claim that the experience of disability

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<sup>316</sup> To be fair to the social model, it would claim that society judges Monk for feeling compelled to touch each post and that he should not feel subjugated because of this compulsion. Moreover, they would claim that the awkwardness that Monk feels in touching these posts is a function of him knowing that such behaviour is criticised by society. However, that is a misunderstanding of the exactly what is going on. The disability, that Monk has to touch each post, does not arise because society judge him unfairly and is not welcoming of such difference, but out of a mental compulsion to touch each post. Were it that society did not consider Monk’s behaviour odd, it would not alter the compulsion — nor would it remove the disability he experiences (given that the disability experienced is, say, being slowed in walking, or feeling compelled to back-track if he missed a post, or being unable to hold a conversation properly by being distracted by the counting and touching).

for one individual is the same as the other. While this may occasionally be the case (perhaps in someone who is unable though a psychological fear to enter a rotating door and someone who is physically unable to get their wheelchair into the rotating door), the types of disabilities experienced by the mentally impaired and the physically impaired are, almost always, different.

When talking of social oppression and barriers, there is an important difference between the sorts of barriers which the mentally impaired and the physically impaired experience. I am happy to agree that they may be very distantly related (often in a very tentative manner) to society, its expectations, and beliefs, I am even happy to accept that the barriers result in the same kind of functional difference — but I am uncomfortable with the two types of impairment being simply lumped together in the same way because they are things which are subject to oppression from societal ‘norms’. Being committed to this belief demands that Trekkies and Whovians would also experience disability because they do not fit well with the Social and are oppressed by it. Certainly, we may say that they may experience bullying — perhaps even ridicule — but do we want to suggest that they are disabled? I think not — it is a different order of experience more akin to the type experienced by Rapunzel.

Because the PTD is entrenched in a lived-experience version of disability, any amelioration would start with the individual and is tailor made to them — it considers the adverbial nature of their specific experiences of daily-living tasks and goals-like-ours. As a result, it is the real difficulties (the impediments to those daily-living tasks or goals-like-ours denoted by the verbs in the picture) which are reported by the individual and must be reduced — not whatever *hypothetical* or *intuitive* social oppression

or barrier is presumed. For instance, the *Figure 16* below is of Chris Koch driving a



**Figure 16:** Chris Koch rotor tilling, Google, “Chris Koch: “If I Can...” | Talks at Google.” *YouTube*. September 3, 2015.

tractor and operating a rotor tiller. Our intuitional observation, looking at Chris, is that he could not operate such a complex piece of equipment. However, it is these intuitions which

inappropriately inform our ideas of disability — not Chris’s lived experience of disability.

In other words, a person experiencing mental or physical impairments in one country may not experience difficulties experienced by some other person with similar impairments in another country due to differing expectations, goals, and daily-living tasks. The PTD observes that, since the verbs in each picture are different, the adverbial analysis of those verbs in each picture will be different — and thus, the level of experienced disability (if there is any at all) will be different. Let me be more explicit: The television character, Monk, has severe OCD (amongst other mental issues). However, Monk is a detective who advises the San Francisco police department. The difficulties and frustrations he experiences often impede his daily-living tasks (and a major plot of the program is that they frustrate his goals about returning to the force — a goal-like-ours). The PTD would demonstrate that Monk is disabled with respect to certain activities (though not disabled at all in respect to other activities, such as showering). However, some other individual, say in Indonesia, is

unlikely to be able to acquire such a position as Monk in the first place, and is therefore, unlikely to experience the frustration of not being able to return. This is not the same as claiming that the individual in Indonesia is not likely to experience frustrations in some other respect — nor that such a person ought not to have that opportunity — but that their experience of disability will be different from those of Monk, and therefore the picture arising out of their experiences is likely to be different.

People with Body Integrity Identity Disorder (BIID or ‘transability’) are people who identify as being able-bodied but who have a very strong desire to become physically impaired. Such individuals feel as though a certain limb does not belong, never ‘feels like their own’,<sup>317</sup> or consider their limb to be a birth defect.<sup>318</sup> However, their beliefs are not only limited to disassociation with a limb, but also include the wish to become blind or deaf — some even express a desire to become incontinent. These feelings are so pronounced that transabled people occasionally resort to acquiring their desire by self-removing a limb or causing such ‘accidental’ damage that medical intervention (and sometimes amputation) results.<sup>319</sup> Successful amputation of a limb or

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<sup>317</sup> Sarah Boesveld, “Becoming Disabled by Choice, Not Chance: ‘Transabled’ People Feel like Impostors in Their Fully Working Bodies,” *National Post Canada*, June 4, (2015). Accessed July 1, 2015.

<sup>318</sup> Shannon Larratt, “One Hand Jason: BIID Interview in BME/News [Publisher's Ring],” *BME Tattoo Piercing and Body Modification News*, February 19, (2008), Accessed October 12, 2015. An odd perspective given that we usually consider birth defect to be negative not positive — in that we usually consider a birth defect to result in the lack of something rather than something ‘normal’ that shouldn’t be.

<sup>319</sup> Boesveld, 2015.; BBC, “Surgeon Defends Amputations,” BBC News. January 31, 2000. Accessed October 12, 2015.

appendage that was never felt to belong usually results in a drastic improvement in the quality of life.

Transability has struggled to gain any kind of momentum as a serious issue and continues to be plagued by vehement and striking opposition.<sup>320</sup> Perhaps this opposition is not surprising given that a transable<sup>321</sup> individual seeks to be in an ‘unhealthy state’ — importantly different from other trans-identities where individuals seek to be in another — but healthy — state. Consequently, the desire to be medically assisted to become incontinent, to have a limb removed, or some similar medical intervention seems by many to be an irrational decision. It is unclear as to whether or not this condition should constitute a disability or not and the social and medical models do seem to struggle with these outlying cases. The social model fares somewhat better here than the medical model because it is sensitive to the social disability which might be experienced by being outcast, for instance. However the medical model can offer no such recognition of BIID as a disability. Shannon Lariat observes of her friend ‘Jason’ (not his real name) that:

Years ago, after a lifetime of anguish due to having an extra hand — essentially a birth defect in his opinion — he took the radical step of amputating this hand just above the wrist. He’s never regretted his action, and feels that now his body is ‘right’.<sup>322</sup>

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<sup>320</sup> Baril, 2014, 36-7.

<sup>321</sup> The author of a very interesting paper on the subject, Alexandre Baril, suggest that the terms ‘transable’ and ‘transability’ should be used as it falls in line with other current ‘trans’ terminology; I concur. Baril suggests: “In trans communities, the desire to develop terms allowing transpeople to reclaim their experiences has long been expressed.” Alexandre Baril, “Needing to Acquire a Physical Impairment/Disability: (Re)Thinking the Connection between Trans and Disability Studies through Transability,” *Hypatia* 30, no. 1 (2014), 32.

<sup>322</sup> Larratt, 2008.

There has been doubt from many quarters — including the medical fraternity and the Disability Rights Movement — that such beliefs are improper and not at all well considered. However, this does not seem to be the case according to transabled individuals' themselves, who often report a considerable amount of thought and effort involved in their self medication. Jason recalls that:

I did experiments with animal legs I got from a butcher. It's lucky I thought of that, because some of my early attempts were total fuck ups and would have ended up with a damaged hand which might have had to undergo years of painful reconstruction, and worse yet, no amputation.<sup>323</sup>

Because of their counterintuitive and seemingly irrational beliefs, transabled individuals have found it difficult for their desires and feelings to be taken seriously. This often leaves transabled people to go through life in sometimes significant discomfort, agitation, and anxiety. Because the medical fraternity are skeptical that the wishes of transabled people are properly founded, transabled people find it very difficult to approach or attain the body that they desire. In 1990 and again in 1999, a Scottish doctor completed the amputation of healthy limbs and received attention for being the first medical surgeon who admitted to performing amputations of healthy limbs. These operations did succeed in raising awareness of BIID as a condition and researchers — at least in Canada — are now trying to better understand how transabled people think and feel.<sup>324</sup>

Transablism generates a healthy level of criticism and skepticism from not only medical professionals but also the disability rights community. In part, discussion of

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<sup>323</sup> Ibid.

<sup>324</sup> Boesveld, 2015.

transabilism is hampered by the lack of uptake within disability studies.<sup>325</sup> Part of the reason that disability studies has difficulty dealing with the issue of transabilism is because they often assume a sort of ‘involuntariness’ in the concept of disability. Of course, such models which hold this functionally render discussion of transabled realities impossible. Baril observes that, “disability studies have demonstrated little interest in the decision-making process involved in modifying the body’s health and abilities to *acquire* a physical impairment.”<sup>326</sup> Even the disability activist community<sup>327</sup> view the phenomena with caution considering “transabled people [to be] dishonest people, people who try to steal resources from the community, people who would be disrespectful by denying or fetishising or romanticising disability reality.”<sup>328</sup>

Sometimes, transabled people self-report as experiencing a disability prior to any surgeries or ‘accidents’ — in other words, while they can be identified as being in a healthy state. The case of transabled persons permits an interesting test case for the PTD as the theory is charged with identifying disability whenever and wherever it is experienced. Without data on the type of impediments that persons with BIID experienced to their daily-living tasks or goals, it is difficult to forecast how the PTD would fair.

The PTD is, of course, not in the business of making normative statements about being dispossessed of some function of your body due to an intense feeling that it is improper. What it must do is provide information on whether or not a transabled

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<sup>325</sup> Perhaps the one field that should be open minded towards difference...

<sup>326</sup> Baril, 2014, 37. (Emphasis mine)

<sup>327</sup> I take Baril to mean the DRM, here.

<sup>328</sup> Boesveld, 2015.

person who has not yet achieved the desired state experiences disability.<sup>329</sup> Such a situation may be assessed in the same way that the PTD approaches any disability. Were a difficulty experienced in a daily-living task or goal — as a function of some specific relation of the individual to the environment — then such a state would be considered sufficient to say that the individual is experiencing a disability. Now, as to what type of difficulty a pre-operation transabled individual might experience, I could not say. What is important for the PTD is that the transabled person's lived experience is taken into consideration along with the PTD picture analysis. I have a feeling that what ever difficulty might present would be along similar lines to the difficulty experienced by some persons with mental illnesses. This is not to say that transability is a mental illness — maybe it is, I am not an expert in this area — but it is to say that the kinds of discomfort or difficulty that may arise as a function of feeling that your body is not quite right in its current state is a similar type or sort of discomfort or difficulty that may be felt by persons with OCD, Dyslexia, or ADHD. It is clear, I think, that the PTD would maintain that a post-operative transabled individual would experience the same sort of difficulty realising a daily-living task or goal that any other similarly impaired individual might also feel.

As the PTD considers that the frustration of daily-living tasks or goals is what it is to experience disability, it is easily able to handle both common and uncommon occasions of mental impairment as well as more common and less common occasions of physical impairment. The fact that the PTD considers the perspective of those who experience disability over and above whether or not the impairment is measurable (or

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<sup>329</sup> The PTD would likely show that person post-amputation would experience disability wherever a picture would show such an experience of disability.

how measurable it is), or whether or not the disability arises of some mental issue or physical issue, it is stronger and more durable than either of the two currently hegemonic models.

#### 4.8 Objections To The Theory

In this section I need to consider several immediate objections to the Picture Theory of Disability. Throughout this next section I shall consider the objections to the theory which have been raised, then repudiate or refute the criticisms. My thanks go to all those with whom I've talked about this new approach to disability and to their insightful thought and responses.

##### *4.8.1 Bias*

It is possible to criticise the PTD by observing that the perception of the event by the observer is subject to a certain amount of interpretation or bias. To this objection I respond that a picture is a fact — in the same way as it is for Wittgenstein. A fact is the “existence of states of affairs.”<sup>330</sup> Where the potential for misinterpretation exists is in the interpretation of the demeanour of the individual in the picture — *not* of the picture itself. A fuller response to this concern was presented toward the end of Chapter 2 and is entitled ‘The Potential For Incorrect Synthesis’.

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<sup>330</sup> Wittgenstein, *Tractatus*, 2010, Proposition: 2

#### *4.8.2 Temporary Disability*

‘Some persons, it has been argued, are temporarily disabled. For instance someone usually unimpaired but who has broken their leg. Given that the PTD holds that disability is not something a person has, to a certain extent, the duration is somewhat irrelevant. The PTD requires that the difficulties befalling a person who experiences disability must be severe and unremitting. In the case of a person with a broken leg the difficulties experienced are severe, but not irremediable. However, the short term nature of the illness is overcome by the severity of a break, and as such the PTD would show the broken leg to be a short-term impediment to a person’s daily-living tasks and goals-like-ours. Furthermore, while a broken leg may take weeks or months to repair itself, that shortish duration may be considered to be sufficiently unremitting in the sense that the symptoms do not come and go from day to day. In this sense, were a person to receive an operation which affected their eyesight for several months, then that person might also experience disability in the sense of a short-lived inability to see.

To investigate a related case, persons with Chronic Fatigue Syndrome (also known as ME) may have periods of poor health in which they experience quite profound disability, however, they may also experience periods of good health. Whether or not they experience any difficulty on a given day, the fact that their condition is protracted and will influence their experiences for years ensures that the PTD evaluates such persons as experiencing disability — even when they are experiencing less immediate disability than usual. This differs from the current medical model which has difficulty in recognising a lack of evidence with the lived

experience reports of the individual given the illnesses intermittent, recurring, but debilitating nature.

Yet a further related situation might be a person who has chronic and severe migraines. Such a person may only experience a migraine for a matter of hours — a few days at the longest — before the symptoms may cease. If, when the symptoms are present, the individual is sufficiently incapacitated that it affects their ability to get out of bed, work, or conduct other basic daily tasks, then despite the relatively short duration of the symptoms, the PTD would consider such a person to be disabled because the condition is, in medical terms ‘chronic’ (but which I prefer to call unremitting to avoid unnecessary medical connotations). In the case of the individual with migraines and the person with ME, the PTD would simply remark that the disability which they experience would be staccato and of varying length, but that their conditions were sufficiently unremitting (in the sense of long-term) that they may be considered ‘disabled’.<sup>331</sup>

#### *4.8.3 Sociopathy as Disability*

Over dinner one evening, I was asked: ‘whether or not a sociopathic person would be disabled. Their actions both cause other people to experience difficulties arising from social incompatibility, and, thus, are they themselves disabled by the lack of social community that they occasion?’ I confess to having given quite some thought to this complex issue. On the one hand, the PTD does not wish to wave its metaphorical hand at such psychological cases — denying that such persons with such conditions

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<sup>331</sup> When I mean to say that a person is ‘disabled’ I do not wish to say that they are a ‘disabled thing’, but that they are ‘disabled by...’ This is an important distinction I wish to make.

experience disabilities. On the other hand, though, I am sympathetic to the idea that they may be considered by others to have some sort of ‘mental illness’.

In order to respond to this query, I am required to accept that social disability is a similar sort of thing as a physical difficulty or disability. Because the question of whether or not people ought have this or that opportunity, or ought be treated in this or that way, demands a normative response, the PTD is unable to offer a response. It is not the purpose of the PTD to make claims about what should or should not be; that discussion is reserved for those who take the theory-so-offered and apply it to normative questions about disability. In order to comment on whether or not a sociopath experiences social disability I would need to know what sort of thing constitutes a ‘social disability’.

Upon the more descriptive issue — whether or not a sociopath under the PTD could be considered to experience disability — I can comment. Under the Picture Theory of Disability, a sociopath would have to be irremediably frustrated, placed in discomfort, or otherwise disadvantaged by some relation between themselves and their environment. From what little I know of sociopaths,<sup>332</sup> they tend to be emotionally unaffected by social interactions but extremely vexed when they are unable to reach their goals. This frustration is not really engendered by some aspect of themselves in relation to their environment (though it is, perhaps, occasioned by some relation between themselves and others). I therefore, do not believe it the case that they would experience disability due to there being a lack of relationship between themselves and

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<sup>332</sup> I confess that what I know about sociopaths is very little, and the position represented here is based upon that which I recall from my few years of Psychology classes during my early academic studies.

their environment. Nor do I believe that they would report experiencing disability through a general disinterest in how other people affect and influence their lives. I think that it is the case that sociopaths have a psychological condition which borders on mental impairment — but that is not the same as the experience of disability proper. In short, the PTD would be unable to discern any kind of unremitting impediment or frustration of either daily-living tasks or goals-like-ours (at least none that are not experienced by other people in similar situations).

#### *4.8.4 Dyslexia as Disability*

‘Dyslexia is irremediable and causes difficulty in reading and expressing ideas — often in the most formative years of a person’s life. But we can’t seriously suggest that difficulty in reading and writing is a disability, can we? Some people in the world can’t read and write, but that doesn't make them disabled!’ Absolutely we can hold that Dyslexia is a disabling experience. The PTD is clear that any relationship between an individual and their environment which engenders an impediment to the conduct of a daily-living task or goal is one from which a disabling experience is generated. It might be the case that, in some countries, some people are unable to read and write at all (and, as such, they would experience difficulty in performing such actions as were demanded of them). However, the in-built cultural relativity that the PTD respects that, in the West (where reading and writing are considered fundamental skills), the inability or difficulty to develop reading and writing skills would impose a severe and unremitting disadvantage or limitation in the conduct of daily-living tasks or goals —

in this case, reading *The Lord of the Rings*, or the more long term goal of becoming educated; and, as such, suggests that a person with dyslexia does experience disability.

Another analysis of dyslexia might be that, in itself, it represents only a difficulty to the individual, and a dyslexic person may have adapted to other ways of doing things which do not require reading, *per se* (an example of achieving the goal of knowing *The Lord of the Rings* books without reading might be to hear the audiobook versions). In which case, maybe what is being impeded for that individual is the goal of getting, or advancing in, an education.

What the PTD would show in these cases would depend upon the whatever the picture presented: if an individual experienced a profound impediment to his or her reading to the extent that it interfered with their daily-living tasks or goals then, for that individual, dyslexia would be a disability. Yet, if some other dyslexic person experienced an impediment in gaining the kind of employment they desired, then, for them, not being able to read *The Lord of The Rings* might just contribute a difficulty. So, for each individual, what matters seems to be their goal, how they have adapted to achieve their goals, and the nature and frustration of them. The PTD, which focusses on the whole picture as well as the lived experience, would be able to distinguish between these two cases and a proper account of disability would be reported.

#### *4.8.5 Are Babies Disabled?*

While on the subject of younger children and developmental difficulties, one of my interlocutors queried what the Picture Theory of Disability would have to say about very young children — babies — who were ‘diagnosed’ as disabled by the medical

model. I feel that the treatment of such children or babies by the PTD is quite clear, and would depend upon the type and manner in which the impediments were being experienced. At an extremely young age — younger than 18 months old — it is difficult to know or see what types of things children struggle with. Dyslexia, for instance, does not appear until reading skills begin to be taught, yet deafness can often be determined at a much earlier age.<sup>333</sup> The PTD would observe, simply speaking, that were the relationship between a baby/child and their environment to profoundly impede some daily-living task or goal (perhaps eating, sleeping, learning, or conducting an activity that the child enjoyed) then that baby/child would experience a disability.

Chris Koch and Brett Nielson both argue that their abilities and successes in life have arisen from the tone of their upbringing.<sup>334</sup> Because of the nature of their physiological differences, it was obvious from birth that they would likely experience certain disabilities in life. However, a newly born baby is largely unable to do *anything* other than signal that it wants something — nor is that signal able to express what it wants or needs. Consequently, at this stage a child born without differences experiences the same sorts of difficulty in life as a child who is born differently (mostly because *everything* requires external assistance at that age). Certain differences that require immediate medical intervention are (at least in the West) relatively quickly

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<sup>333</sup> The PTD, curiously, has much to offer on deafness. It permits a deaf individual to experience little-to-no disability if that person is to be brought up in the Capital ‘D’ Deaf culture, but in the rest of Western culture, deafness would be considered to bring about hearing related disabilities.

<sup>334</sup> Google, 2015.

identified and can be addressed appropriately.<sup>335</sup> This leaves the child in a state in which they are able to progress through life and discover the kinds of experiences (if any) which will, for them, be disabling.

The kind of care that babies receive by caring parents is the kind of care that Chris and Brett experienced, and they both claim that being treated much like other children probably contributes to their experiencing less actual disability as they grew up. Under the PTD, what it is to experience disability is for some daily-living task or goal to be frustrated in an unremitting kind of way. Consequently, before the PTD can make claims about who does or does not experience disability, this sort of frustration of tasks and goals needs to be evident. People born differently, like Chris, often remark that their childhood was “pretty easy, actually.”<sup>336</sup> This is the case because all human children tend to be naturally adaptive — whether or not they are born differently — and they tend to perform desired tasks in a way which best suits them and in which they experience the least difficulty.<sup>337</sup>

In short, then, the PTD shows when an experience is a disabling experience one. Life for very young babies is almost completely disabling — but this is brought about by their innate capacity for life: their limited abilities are due to their limited capacity for elevated activities. Consequently, babies are not disabled because they

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<sup>335</sup> This claim is not without its criticisms. Persons born intersex are often unreasonably operated on to force gender prescription, certain physical deviations are also attended to when, perhaps, the child would have been better without intervention. This is not the place for that complex and difficult conversation. I merely wish to show that blocked urethras, heart defects, and other such similar bodily issues which require immediate attention to maintain the health of the individual, tend, in the West, to be responded to quickly and without too much concern.

<sup>336</sup> Google, 2015.

<sup>337</sup> Think of how some children are able to figure out ways to climb out of their crib, or get candy when unsupervised.

have not yet developed the capacities with which to achieve their goals. Perhaps we might say that their crying arises because they want to be fed, cuddled, cleaned, etc., and are frustrated by not having these things done and by being unable to do them themselves.

This leads on to the very interesting question as to whether or not the PTD would endorse medical intervention in order to rectify certain childhood disadvantages. This question is a normative one, and leads into a much bigger task than this thesis has space to discuss. Many normative questions naturally arise out of the Picture Theory of Disability, and all are very interesting. However, they must be handled with care in this thesis, as the PTD makes no normative claims at all. Questions arising about what *ought* to be the case given this or that scenario is clearly a topic of further and more advanced research (which I feel would be of great value to applied philosophy). What I think can be observed is that, if some wheelchair user can trick-hop his chair up stairs, then he may not experience disability from the relationship between himself and that specific environment.

I feel it important to point out here that normalisation of the individual is a knee-jerk reaction to persons who are not born like us (what the medical profession term ‘not species typical’). In my personal experience of persons with significant impairments, they claim that they often did much better in their natural condition than they ever did with ‘the best that medicine could provide’. This experiential position is backed up through a significant body of data, and first person perspectives in concurrence have been presented by Chris Koch, Brett Nielson, et al.<sup>338</sup> Chris

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<sup>338</sup> Google, 2015.; Graef, 2015.; Watson, N., 2002, 509-527.; Fortney, 2014.

Koch, for example, observes that prosthetics were never his thing;<sup>339</sup> that he could get by better without any additional encumbrance. This sheds (at least some) doubt upon the claims that children are better ‘fixed’. What the PTD would commit to, is that a certain child may experience disability in certain actions of daily life; what I caution, is that those disabilities may not be where you might expect them to be.

#### *4.8.6 Why a Picture Theory at All?*

The question as to whether or not the Picture Theory of Disability is needed at all — given that the pictures we use to determine whether or not disability is being experienced are often going to be hypothetical — is a good one. The point of the Picture Theory of Disability is to provide a metric by which disability can be properly identified. Its implementation requires that the pictures are properly formed and, in general, accurately represent the real situation in the way that Wittgenstein’s pictures can be ‘laid against the real world like a measure’. Current models of disability are rather crude in that they blame either the individual or the Social — but never look properly and fully at the lived experiences of those experiencing a disability. The PTD seeks to return the power of *showing* what and what is not disabling to those who actually experience disability. Moreover, the PTD offers a full and careful theory of the phenomenon of disability itself — it does not confuse the desire to ameliorate normative problems with describing what disability is. The PTD is a sort of ‘ground-up’ approach — whereas other models are largely ‘top-down’ approaches.

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<sup>339</sup> Fortney, 2014.

#### 4.8.7 Humean Subjects

An instrumental element of the Picture Theory of Disability is Naïve Sentimentalism. However, applying Naïve Sentimentalism requires a ‘Humean subject’, as distinct from the kind of simple ‘metaphysical subject’ which could interpret Wittgenstein’s Picture Theory.<sup>340</sup> This requirement means that only Humean subjects — only people who are able to respond emotionally to a picture — are able to apply a Picture Theory of Disability analysis.

The metaphysical subject who appears in the introduction to the *Tractatus* has no attributes (since no propositions can be about the subject itself). This subject holds up propositions to the world to see if they are true and thus, cannot be a part of the world. They are more like Zen perspectives on the entire world, and as such are unknowable. In contrast, the Humean subject is just a disinterested (one might say, fully impartial) version of us. This impartiality is bounded in so much as the Humean subject is able to sympathise with the situation of the Other.<sup>341</sup>

Certainly, this is a limiting factor to the theory, but I believe that it is trivially limiting in the respect that only a few members of society would not be able to employ the theory to its fullest — sociopaths, for example, might not get the same kind of results that would be seen by a Humean subject. I cannot give ground on the necessity for a Humean subject, because if the individual in the picture was not frustrated (or, perhaps, wasn't showing signs of vexation), but still had a disabling experience, a

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<sup>340</sup> Russell, 2010, *xxii*.

<sup>341</sup> In sociology (and literary criticism), ‘Other’ is a status which results from a process of ‘othering’ -- a process in which an individual or group is made subject to an external relation; not ‘the same’. Once again, my thanks go to Dr. William Ramp for his helpful definition here.

Humean subject could still perceive the *frustrating nature* of the situation and identify that a disabling experience is occurring. This is to say that for a person to experience a disability, there does not necessarily have to be an effect on that person's wellbeing — either short or long term. Such an individual may have adapted to their situation and have become pretty tough to 'frustrate'.<sup>342</sup> Nevertheless, they may still have disabling experiences.

Thus I am comfortable biting the bullet on this objection, given that at the results of employing a Humean subject together with the picture theory seem to vastly outperform other models. Moreover, without some sort of experiment, it is difficult to know what results might be obtained were a sociopath to apply the Picture Theory of disability anyway. It is possible that a Picture Theory analysis on its own would provide a reasonable interpretation of most experiences of disability, and that Naïve Sentimentalism would refine and hone those analyses plus give us information on disabling experiences which are not immediately apparent from a Picture analysis alone. It is for this reason that I believe that Naïve Sentimentalism needs to work together with the Picture Theory analysis to present a full and proper account of disability.

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<sup>342</sup> The idea that a person may experience disability, but are tough to frustrate is a difficult one. What I mean to say by this, is that were a person a life long user of a wheelchair, then they become accustomed to a certain level of frustration and are less likely to present that frustration visibly. However, a Humean subject who would observe that person trying to attend a job interview would be able to perceive an almost hidden frustration — even if the person were not obviously vexed. That Humean subject would then be able to identify that experience as being a disabling one.

#### *4.8.8 A Cumbersome Theory*

Finally, I have been asked whether the Picture Theory of Disability is not somewhat cumbersome when all the other theories seem to be so simple: ‘disability is caused by the environment’, ‘disability is a function of deviance from species typical normality’ etc. I believe that it doesn’t really matter how simple a theory is if it doesn’t work — simplicity is only a preferential quality; it is not a maxim. That there are 6 quarks and not 2 is not a failure of physics to find the truth; there just happen to be 6 types of quarks. It might be argued that my model is slightly more challenging than other models which seek to do the same work (the Welfarist account, for instance, can be consolidated into a 6 page document), but I believe that my theory is more pragmatic, more comprehensive, more indicative, more realistic, and more insightful — and, most of all, because my model respects the lived experience of the individual, it is also the model which interprets disability through the eyes of those people who experience it.

Moreover, the nature of sharing pictures and gifs to analyse disability makes the theory less complex than many others. The ability to easily show where disabling experiences are, or are not, occurring makes the theory significant in important ways. Unlike other theories which rely upon blanket statements of disability, the PTD is able to simply share a picture, news article, or gif to demonstrate how and for whom an impediment is affecting a goal. For instance, in a recent e-mail with a disability rights colleague in the UK, I received:

Struggling to see disability here, eh?

<http://www.bbc.com/news/disability-34539992><sup>343</sup>

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<sup>343</sup> Kate Monaghan. “No Fear: Double Back Flip in a Wheelchair - BBC News,” (London; UK: BBC News), October 23, 2015. Accessed October 29, 2015.

The link was to a news article from the BBC showing a WMX (Wheelchair motocross) 'Life Rolls On' event at the Venice Beach Skate Park, California which was shared instantly over e-mail. Pictures easily and simply show where disability is being experienced and these results can be easily shared: the ease by which the news reel was shared, and the clarity with which the video showed no impediment to the goals of the people at the event, shows that the PTD's mechanism of evaluating disabling experiences is an improvement on the other models. As such, I suggest that the Picture theory of disability provides a more pragmatic and valuable approach to disability.

## 5. THE ADVANTAGES OF THE PICTURE THEORY OF DISABILITY

The scope of this thesis must be somewhat constrained and, therefore, it cannot not investigate all avenues of interest. At first, it may appear that the Picture Theory of Disability is overly broad in its characterisation of disability, making, for example, impediments due to racism or sexism into disabilities. But a strength of the PTD is that it is used to distinguish the *kind* of impediment involved (whatever kind that may be); and consequently, it should be noted that the construction of the PTD naturally lends itself to be employed in order to identify other forms of disadvantage and loss of opportunity through gender inequality, racial prejudice, ageism, (and possibly many other-isms) wherever they occur. NST together with a picture theory analysis of, say, an experience of gender inequality, would show where, when, and to whom, a difficulty or reduction in opportunity occurred. Slight augmentation of the theory would easily be possible to demonstrate not an irremediable impediment to daily-living-tasks and goals-like-ours resulting in the experience of disability, but an irremediable impediment to daily-living-tasks and goals-like-ours resulting in the experience of sexism/racism/ageism/etc.

The Picture Theory of Disability is a relational theory and some final space should, thus, be provided for a comparison with another relational account in order to demonstrate the benefits of the PTD over a close and interesting competing theory of disability.

The ‘strong’ social model presented by the UPIAS in 1975 holds that it is society which disables impaired people,<sup>344</sup> but by 1980, Finkelstein had softened (though only fractionally) the definition to claim that disability is a result of “the outcome of an oppressive *relationship* between people with... impairments and the rest of society.”<sup>345</sup> The Disability Rights Movement staunchly held on to the UPIAS definition of disability and this persistence must have had some affect on the development of the work in academia. Nevertheless, relational models have also been influential and work by people such as Amundson,<sup>346</sup> Terzi,<sup>347</sup> Shakespeare,<sup>348</sup> Anastasiou & Kaffman,<sup>349</sup> Tremain,<sup>350</sup> Savulescu & Kahane,<sup>351</sup> et al., developed relational accounts with varying emphases. Of these, the Welfarist account offers the most competition to the Picture Theory of Disability. It is prudent, therefore, to offer here a discussion of the Welfarist Account and why the Picture Theory of Disability is importantly different.

The Welfarist account as presented in *Disability and Disadvantage* briefly investigates what Kahane and Savulescu call the ‘everyday concept’ of disability. They

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<sup>344</sup> UPIAS, 1997, 14.

<sup>345</sup> V. Finkelstein, *Attitudes and Disabled People: Issues for discussion*, (New York, New York: World Rehabilitation Fund), 1980, 47. Emphasis mine.

<sup>346</sup> Amundson, 2000, 33-53.

<sup>347</sup> Terzi, Lorella “The Social Model of Disability: A Philosophical Critique”, *Journal of Applied Philosophy*, 21(2) (2004: 141-157.

<sup>348</sup> Shakespeare, 2014.

<sup>349</sup> Anastasiou, Dimitis and James Kauffman, “The Social Model of Disability: Dichotomy between Impairment and Disability,” *Journal of Medicine and Philosophy* 38 (2013): 441-459.

<sup>350</sup> Shelly Tremain, “On the Government of Disability,” *Social Theory and Practice*, 2001

<sup>351</sup> Savulescu & Kahane, 2011, 45-51.

suggest that we all possess an everyday concept of disability — the sort of concept that permits us to discern disabled persons from non-disabled persons.<sup>352</sup> They then go on to observe that the ‘everyday concept’ has both *descriptive* and *evaluative* components — the descriptive component helps us describe and define disability and the evaluative dimension seeks to determine what it is about disability that makes life worse.<sup>353</sup> In this respect, Kahane and Savulescu consider disability to be a *thick evaluative concept* which “has specific descriptive content and commits speakers to certain valuations,”<sup>354</sup> and it becomes clear that they are interested in determining what it is about disability that makes life worse.

The PTD might be said to be similar to the Welfarist account, as they both are interested in what makes make a person’s life poorer. However, this is too quick: Though the PTD pays attention to the manner in which an activity is being conducted, it is not always the case that there needs to be a reduction in wellbeing. For the PTD, if a daily-living task or goal-like-ours is being seriously impeded as a function of a relationship between the individual and the environment, then a disability is being experienced — even if no reduction wellbeing is identified. The individual is still faced with an adverbial impediment or frustration leading to the experience of disability. For instance, the wheelchair user from our earlier thought experiments, who may be used to the types of disability she experiences might, when

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<sup>352</sup> Kahane & Savulescu, 2009, 17. Note that such a concept is flawed as it is often ineffective at identifying persons with mental impairments, and often sees ‘disability’ where there is none.

<sup>353</sup> Loc. cit.

<sup>354</sup> Loc. cit.

faced with missing her job interview, simply flick up the collar on her jacket and push herself back to her car muttering grumpy expletives about non-accessible buildings.

Certainly, it might be responded that her not getting the job would be a reduction in wellbeing — but I am not so sure: she might be used to this sort of occurrence, and may be fully able to get the sort of job that makes her happy in a fully accessible (though in our case, it was stated that this was her first job opportunity for a while<sup>355</sup>). Consequently, the effect on her wellbeing may be zero — or at least small. When she discovers the building to be inaccessible, she might have reflected that she ventured off into the rain for no good reason, instead of staying home to watch Dr. Who. Such an experience cannot be disabling in and of itself; this sort of experience happens to all of us. However, the point is that the picture does not necessarily *show* that reduction in wellbeing. What the picture does show, is the manner of the impediment; and the Humean element of the picture theory would provide the observer with an emotional response to the stimulus.

The Welfarist account tracks the loss of wellbeing, which it sees as harmful to an individual. Thus it defines disability as:

Disability<sub>w</sub>

Any stable physical or psychological property of subject S that leads to a reduction of S's level of wellbeing in circumstances C.<sup>356</sup>

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<sup>355</sup> I offer only samples — in reality, it is entirely possible that a wheelchair user would check the accessibility of a potential workplace before turning up for the interview, or maybe they wouldn't. What is important is that this is the sort of activity from which a disabling experience may occur, but that a loss in wellbeing is not clearly indicated.

<sup>356</sup> Ibid., 25. Though it might be worth noting that they drop the qualifier “excluding the effect that this condition has on wellbeing that is due to prejudice against S by members of S's society,” which occurs in Savulescu, J., and G. Kahane. (2011). Instead, they develop various potential modifications to their definition to suit different objections. Such augmentation with ad hoc modifications suggests a weakness of their account.

Kahane and Savulescu point out that their account is not an analysis of the everyday concept — instead it preserves the evaluative dimension and drops the descriptive element.<sup>357</sup> They are firm that a ‘stable physical or psychological property’ should not to be taken to mean ‘impairment.’ They argue instead that they refer to “any intrinsic property of the agent (qualified only in the sense explained above, that leaves out the contents of mental states)”<sup>358</sup> — where ‘above’ refers to the “*abiding physical and psychological traits of a person* — features of her body and broader cognitive, sensory, and affective dispositions — and excludes the content of their mental states. . .”<sup>359</sup> They do, however, state that the Welfarist account makes no reference to biological or statistical normality.<sup>360</sup>

The important distinction to be made between the models is that the Picture Theory of Disability considers that disability just **is** what it is to experience an impediment to a task or goal: it is **not** a property of an individual nor of the oppression imposed by the Social, but the experiencing of a frustration or impediment in the conduct of a daily-living task or goal. This subtle distinction liberates the society as well as the disabled person as neither are immediately responsible for that frustration or impediment. In short, there is no such thing as *being disabled*, there are simply *people who have disabling experiences*.

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<sup>357</sup> Kahane & Savulescu, (2009), 31.

<sup>358</sup> Ibid., 25-6. A definition that I think I agree with — providing that I am correct in taking Kahane and Savulescu to mean an enduring trait or element of a persons physical or psychological being.

<sup>359</sup> Loc. cit.

<sup>360</sup> Ibid., 26.

The most important consequence of this position is that although a person's impairment or **difference** (broadly speaking) is connected to welfare, that connexion is not necessary — *natural*, but not *necessary*. Consequently, the PTD, like the Welfarist account, need make no reference to biological or statistical normality. For example, we earlier showed a picture of a young girl (*Figure 13*) who had adapted to use her innate abilities in order to model clay and showed how Brett Nielson has adapted to become a skilful pianist and excavator driver — neither of these individuals experience disability in achieving their goals. This position seems to imply that though physiological difference *may* be linked to a reduction in wellbeing, the connexion is not categorical — such difference *may not* affect their wellbeing, arising as a disability only in certain circumstances.

The Welfarist account contains a built in normativity which arises from their notion that disability is the loss of wellbeing due to intrinsic properties of the individual. These properties are considered harmful traits in that they lead to a reduction in wellbeing in certain circumstances,<sup>361</sup> and in a footnote, Kahane and Savulescu clarify that the harmful is a comparative notion and that “it refers to what makes life worse.”<sup>362</sup> This leads them to claim that if something engenders a reduction in wellbeing, then that thing is bad — though only instrumentally bad. Thus, they claim, though this would imply that a need to correct the ‘bad’ by removing the harm, it also means that they can correct the bad by changing the circumstances; there is no intrinsic reason to correct a condition that counts as a disability under their model.<sup>363</sup>

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<sup>361</sup> Ibid., 24.

<sup>362</sup> Loc. cit.

<sup>363</sup> Ibid., 26.

In contrast the PTD is *not* normative. Though it pays attention to the manner in which activities are frustrated or impeded, it does not make any claim about harm arising out of the impediment. Instead, it shows the manner in which the activity is being frustrated and details the effects of that frustration on the individual. The PTD can offer information about that where, when, why, and how that disabling experience occurs, but any normative claims must be constructed out of an evaluation of the impediment to the activity. Whatever normative resolution to the problem arises out of that evaluation does not involve the PTD — other than to re-assess how things might go were this or that altered to reduce the impediment. Further research is necessary in this area to investigate what normative claims naturally arise from a different perspective on disability.

Kahane and Savulescu claim that their Welfarist account is relational whereas the ‘everyday account’ is not and observe that the formulation of the Welfarist account may vary in its specificity. For example, in relation to issues of political or legal contexts they suggest that the formulation may alter to something like:

A stable physical or psychological property that leads to a reduction of level of wellbeing for *most people from category Y* in circumstances C.<sup>364</sup>

but observe that such a formulation may be an obstacle when an answer to a normative question about a particular person in a particular circumstance is sought. Again, here the PTD cannot comment, as it is concerned with observing disabling experiences at the individual level.

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<sup>364</sup> Ibid., 28.

In summary, then, there are two main areas of concern with the Welfarist model: Firstly, the format of their definition rests heavily upon what ‘wellbeing’ is defined as. Kahane and Savulescu remark that “the extension of disability<sub>w</sub> is determined by the empirical facts *plus whatever is the true account of wellbeing*”.<sup>365</sup> The obvious objection to be presented here is that ‘whatever is the true account of wellbeing’ is still a matter of significant debate. Ethical theories which seek to define wellbeing range from ‘somewhat similar’ to ‘diametrically opposed’. As evidence, I offer the fact that this philosophical concern has been the subject of continual and deep philosophical investigation since Socrates and Plato<sup>366</sup> 2500 years ago. That the definition of disability rests upon resolving the issue of ‘what is the good’ is likely to be of little reassurance to the members of the disabled community. Kahane and Savulescu address this objection, and by way of a defence observe that “to some extent this fear is exaggerated.”<sup>367</sup> As support, they observe that the main competing theories of wellbeing largely agree on the things that make life go better or worse. I remain unconvinced by their defence.

Secondly, the Welfarist model presents only a normative explanation of disability. The account seeks to find the answer to the question ‘in what way is disability ethically interesting’ — and in that sense, it succeeds well. However, this

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<sup>365</sup> Ibid., 43. ‘Disability<sub>w</sub>’ is their notion for the Welfarist account of disability. Emphasis mine.

<sup>366</sup> Eudaemonia: ancient Greek roughly meaning ‘happiness’ (but more carefully, ‘living well’) was considered a goal to which everyone should work towards (though this is a bit of a simple interpretation). Understanding Eudaemonia was a significant topic of discussion for Parmenides, Socrates, Plato, and Aristotle. Various ideas about ‘the good’ have been discussed ever since.

<sup>367</sup> Ibid., 43.

account cannot be considered to offer a deep philosophical investigation into the phenomena of disability itself. Kahane and Savulescu sought to put their finger on *what* is important in disability, but instead identified what is *normatively* important about disability. As a result, they have they have created a normative account of disability — they have not analysed the *phenomenon* itself.

In contrast, the Picture Theory of Disability intends to show what ‘disability’ *is*. For the PTD, diminishment of wellbeing is just not a necessary condition of disability — often that reduction in wellbeing will be in the picture, but *it does not have to be*. In short, the reduction in wellbeing is neither necessary nor a sufficient condition for there being disability.<sup>368</sup> The PTD is charged only with showing out ‘where the disability is’; it permits us to properly identify where a problem occurs in an individual’s pursuit of a task or goal. The normative question about how do we best fix the problem identified by the picture (and why) therefore arises naturally from the identification of disability. But here I leave the field open to various theories of normative ethics and their application to individual or socially recurring problems of disability.

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<sup>368</sup> It is easy to see that a loss of wellbeing does not guarantee that a disabling experience occurs, as my getting fired from a job would constitute a significant reduction in wellbeing without my experiencing a disability. However, having a disabling experience does not necessarily imply a reduction in wellbeing: Imagine you are to catch the bus: there is no room and you consequently have to wait till the next one. Such a difficulty would hardly constitute a reduction in wellbeing — more an annoyance. Similarly, a wheelchair user might be unable to get on the bus because it is not a kneeling bus and they too will have to wait for the next tube. This annoyance and frustration would constitute a disabling experience — but similarly, not a reduction in wellbeing.

Moreover, even *if* having a disabling experience generated a reduction in wellbeing, it does not tell us what is ‘disability’, it merely tells us that there is a strong connection between disability and normativity. Something I think no-one would deny.

The Welfarist account, then, offers a great deal in terms of a normative evaluation of disability — but its similarity to the PTD is, perhaps, less pronounced than it first appears. Most importantly, their most significant difference is that they, like all other accounts of disability, present a nounal interpretation of disability. The purpose of a model of disability is to accurately and fully define the phenomena of disability, and over the last 50 years or so, these models have largely perceived ‘disability’ as a noun which denotes a property possessed by a person, the person’s environment, or some combination of the two; they promoted a *nounal* description. In contrast, the Picture Theory of Disability offers a description of disability that focusses on the manner in which daily-living tasks and goals-like-ours are impeded or frustrated — it promotes an *adverbial* account of disability. The Picture Theory of Disability shows — in an adverbial way — the manner in which impairments get turned into disabling experiences.

An adverbial account of disability has many benefits over a nounal account: It offers a pragmatic description of the experience of disability; it is liberating to the disabled person as it does not hold the cause of disability to be the fault of the individual; it shows clearly the functional issues behind the experience of disability — the frustration of daily-living tasks and goals; it is able to encompass both socially and physically disabling experiences; it can account for disability if experienced by ‘super-functioning’ persons; and it accounts for the disabling experiences of the mentally impaired as well as those with physical impairments. It is important for a model of disability to describe and demonstrate *when, where, why, how* and *to whom* disability is being experienced because ‘who is disabled’ is much less important than ‘how their

experience of disability affects their life'. Such a model or theory should be able to properly report disabling experiences for all of those who experience them (which is why it is important that a theory of disability should be able to embrace mental impairments).

The PTD incorporates Humean sympathy (in the form of Naïve Sentimentalism) to yield a shared emotional response to observing the frustration or impediment to the conduct of an activity. The sympathetic element permits a more holistic interpretation of the picture. In cases where there is no great reduction in wellbeing, or where the reduction in wellbeing is not immediately apparent, sympathy permits a fuller explication of the impediment and what effect that impediment might have on the individual. The built environment, on its own, is not immediately the cause: it is only in relation to an individual in pursuit of a task or goal that we perceive how the environment does or does not suit the individual. Were we to see a young child playing on a high swing in a tar macadam playground littered with broken glass bottles, it is *sympathy* which brings us to feel concern for the child and the potential fall from that high swing. This sentimental element provides the PTD with a robust mechanism to evaluate the lived experience of the individual's relationship to the environment. Indeed, Naïve Sentimentalism, as presented here, may also provide the first step out of the descriptive nature of this model into a normative realm. An observer of a picture might feel a strong desire — a conation — to ameliorate the state of affairs as represented by the picture as it is shown, and it is this conation that provides the pathway to discussion of how the problem presented by the picture can be addressed.

Therefore, Naïve Sentimentalism is an instrumental element of the Picture Theory of Disability. However, applying Naïve Sentimentalism requires a ‘Humean subject’, as distinct from the kind of simple ‘metaphysical subject’ which could interpret Wittgenstein’s Picture Theory.<sup>369</sup> This requirement means that only Humean subjects — only people who are able to respond emotionally to a picture — are able to apply a Picture Theory of Disability analysis.

In closing, then, the PTD is naturally limited to being a descriptive theory. I believe that investigating the normative elements of disability before properly isolating and describing the phenomena itself is somewhat akin to searching for The Titanic without knowing that The Titanic is a ship which sank over 100 years ago. In this respect, the Picture Theory of Disability not only offers the best platform from which to investigate normative questions arising from the phenomena of disability, but it also identifies the true nature of disability itself demonstrating that disabling experiences arise as a function of impediment to goals-like-ours. What normative responses to the phenomena of disability in light of this alternative perspective on disability may present is an open question — one which further research in the area should help satisfy.

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<sup>369</sup> Russell, 2010, *xxii*.

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## 7. APPENDIX

The content of this thesis is designed to be accessible across disciplines and to the lay-reader. However, as is the nature of all academic documents, there may be terms that have been employed but are unfamiliar to the reader. This appendix is provided for the reader's benefit and contains elaboration on terms and names used in this thesis. It is important to note that some words have been used in a way specific to this work. If such a word is intended to be used differently from the original, steps have been taken to state the original definition alongside the manner which they are used here.

**Atomic:** Simple or elementary — in the same way that an atom was once considered indivisible. For Wittgenstein, atomic meant something which did not depend on any other proposition. Griffin observes that a broom was, for Wittgenstein, a complex (being that it was made up of a stale and a brush). However, it is unclear whether or not a brush or a stale can — in their simplest forms — actually be considered a simple or indivisible object. C.f. 'Object'.

**Body Integrity Identity Disorder (BIID):** A rare and complex condition in which an individual has the profound feeling that some element of their body is functional when they feel it should not be. The condition most often concerns the having of a limb that the individual feels is not theirs — but may also include a disconnect with bodily functions such as continence or hearing. The feeling of disconnect or dis-ownership can be so strong that certain individuals forego the use of the faculty often employing un-needed aids such as braces or wheelchairs. However, the desire to be dispossessed of a certain functionality can occasionally result in home-performed amputations or other personal interventions.

**Complex:** An entity or thing which depends upon another thing; one which must be further described by another proposition. An example for Wittgenstein might be a broom — which consists of a stale and a brush. However, it should be pointed out that because what constitutes an 'object' is debatable, what constitutes a complex is equally uncertain.

**Conation:** The compelling feeling which a person experiences when they are brought to act; the motivation to act. This feeling is the feeling that encourages people to catch falling children or help those in pain. The orientation or urge to act often characteristic of emotion. Hume maintains that the motivation to act (conation) is, in part, engendered through sympathy.

**Cultural Relativity; Relativism:** The principle that a person's individual beliefs, activities, and judgements should be understood in terms of that

individual's own culture. First presented by Franz Boas in 1887 and then popularised by the development of sociology and anthropology. A difficult challenge to theories of morality is the problem of how to account for the fact that some basic moral beliefs do not seem to be shared across cultures.

**Daily-living Task:** These tasks differ for one individual to another (and possibly from one country to another), but they are the sorts of tasks that it would be reasonable to assume would be desired by most humans: the ability to go to the toilet or brush teeth without assistance. However, in certain states, it may include the desire to go to work, or to be able to get to work using a vehicle or public transport. It may not include something like 'drive a Ferrari' unless it is reasonable for the individual in question to have a Ferrari.

**Descriptive:** Statements present an account of how the world is. The word is connected to 'description' of a given thing. Contrasts with '**normative**'.

**Difference:** In terms of disability studies, difference most often means 'a difference from bio-statistical norm' or 'atypically embodied'. I prefer 'different' as it makes no claim of biological reference (it does not refer to a level of 'normality'). The point being that the difference could be from you or me, or from other disabled persons. I use the term to suggest that difference is natural — perhaps not statistically dominant — but a common and repeated diversity of the species. I think it improper to hold up a certain Platonic ideal of human form and compare all other humans to it. Better to suggest that there is just internal diversity of the species and 'difference', as doing so, implies no pejorative connotation.

**Disability, a:** There are as many different definitions of 'disability' as there are models which describe the phenomenon. One mid-ground definition might be something like: Disability is the resultant impact on the life of a person caused by the physical or mental barriers that person experiences. In colloquial terms, 'disability' is a term often used improperly to describe the 'thing' that a disabled person is said to have which engenders their not being able to do a certain activity. The term is often confused with 'impairment' (which, according to the medical model, is the thing which causes a disabled person to be disabled). This treatise sees 'a disability' to be the act or experience which engenders frustration in an individual and makes a given task of daily-living or goal-like-ours to be difficult, frustrating, or vexing. The thesis offers no necessary or sufficient conditions for disability.

**Disability, The Experience of:** The functional irremediable impediment in performing a daily-living task or goal-like-ours which arises out of a specific relationship between an individual and their environment.

**Disability Rights Movement (DRM):** A generally consolidated activist movement of disabled persons and allies who seek the emancipation of disabled people. The movement's beliefs largely arise as an emergent property of smaller disability organisations. The movement appears holistic and well organised; they have amongst their number many academics who offer insights into disability from across the disciplines. The movement originated with the Disability Alliance in late 1975, but took years to evolve to hold the holistic beliefs that they currently purport. There is no 'official' movement, instead the movement is more organic, being composed of many smaller cells and registered organisations. However, those smaller units largely proffer beliefs which are said to be those of the movement (or vice versa). Because the smaller organisations are made up of disabled persons, the view held by 'the movement' tends to be the aggregate view of the members of the organisations.

**Evaluative/Normative:** Contrast with '**descriptive**'. Normative statements present an account of how the world should be. The process of assessing a thing for its normative or moral content. More judgment based than the process of description.

**Elementary:** see Atomic.

**Elementary Proposition:** A simple kind of proposition; asserts the existence of a 'state of affairs'; a concatenation — a linking together to make one — of names. Depending upon whether or not 'objects' are like 'Russellian Particulars', an elementary proposition may be something like 'the cat is in the box'. An elementary proposition must contain only one name and says that that thing has a property. However, an elementary proposition may say of two names that they have some sort of relation. In general, any proposition expressed by an atomic sentence of first order logic. Expressed by combining an ordered n-tuple of names and a predicate symbol.

**Environment:** The environment is all of that which is external to the individual and includes: the built environment, the particular and immediate environment in a picture, the beliefs of the Social, and the infrastructure brought about in view of those beliefs. It includes the social and political expectations, beliefs, and systems of a state, as well as the distributive justice which that state provides. Such 'environments' are very different from one location to another and I imagine that there are few (if any) absolutes.

**Epistemology; Epistemic:** The study of or relating to knowledge or those conditions under which we acquire knowledge. Occasionally considered to refer to that which we know about the world through perceiving it through the senses (though this is only part of total epistemic knowledge).

**Eudaemonia:** An ancient Greek concept roughly analogous to the idea of ‘living well’, but more loosely translated and understood as ‘happiness’. Happiness was an ideal goal to work towards in ancient Greece and underpinned almost every belief structure to one level or another. It should be pointed out that the concept was importantly different from the sort of hedonistic notion of happiness that we, today, understand from a life spent chasing possessions and experiences.

**Empiricism:** The ideology that our concepts and knowledge only comes from our experiencing the world.

**Frege, Gottlob:** German mathematician, logician, and Philosopher; 8 November 1848 – 26 July 1925; Often considered to be the father of analytic philosophy. Famous for his work in the philosophy of language and mathematics; also considered to be a leading light in mathematics and logic. Probably his most famous and influential work is the *Begriffsschrift*.

**Gedankenexperiment:** German for ‘a thought experiment’. A thought experiment may be used in many disciplines and is a mechanism used to imagine a particular scenario in order to consider a given issue more effectively and without expensive or impossible experimentation. They are often helpful in many fields of study, for instance, Einstein’s theory of relativity is presented using thought experiments such as moving trains and elevators. Thought experiments, though, may take many forms. Occasionally, the thought experiment can be amplified to be considered a framing of a particular work, as in Daniel Dennett’s paper “Where am I?”

**Goal; Goals-Like-Ours:** These should be considered to be the same sorts of goals that anyone can hold. They do not include things which would be impossible, for example, a ‘goal’ for me could not include becoming President of the USA. Goals-like-ours should be more long term desires than daily-living tasks, are perhaps less privileged than daily-living tasks (in that they can be more easily given up or lost), and are culturally relative: certain goals, such as having a better-than-minimum-wage job are acceptable in some Western states, but perhaps too unrealistic in others. A goal to run a marathon as a blind person is reasonable in some states that have marathons, but perhaps not in states that have no marathons.

**Hume, David:** Scottish Philosopher, writer, and historian; 1711 – 1776. Wrote a number of well respected works — though most of his contributions were considered unimpressive during his time. His philosophical contributions are now considered of the highest order and Bertrand Russell said of him that ‘to a certain degree, he represents a dead end: in his direction, it is impossible to go further’ (*A History of Western Philosophy*). Hume is famous for his skepticism, empiricism, and naturalism. One of his most influential works includes *A Treatise on Human Nature* which fell ‘dead-born’ (“My Own Life” by David Hume 1776) from the press when written, but which is now considered one of his greatest contributions to philosophy.

**Hume’s Fork:** A name given in later days to Hume’s notion that there are only two types of human study: ‘relations of ideas’ and ‘matters of fact and real existence. Of the first kind are geometry, algebra, and maths, and the second includes everything else. The former can be considered statements about ideas: *a Priori*, and the latter statements about the world: *a Posteriori*. This division is important as another postulate of Hume’s, the problem of induction, suggests that we cannot be sure in our knowledge of anything understood through the senses — more explicitly, that we cannot be sure in any ‘matters of fact’. Hume was thus considered a skeptic (though, also an empiricist — despite his problem of induction).

**Impairment:** Most often defined as ‘the loss or lack of physical or mental function’. However, I prefer to use the term in the broader sense meaning: a physical or psychological difference (different in a similar way to which a yellow nib (a kind of the marble toys) is ‘different’ from a blue nib, or a green nib, or a ‘dobber’, or a ‘crystal’) in anatomical structure or function which may or may not contribute towards a person’s experiencing a disability. I would largely agree with Wasserman that “impairments are generally seen as traits of the individual that he or she cannot readily alter.”<sup>370</sup>

**Libertarian:** A political philosophy whose mandate holds that liberty is its principal objective. Libertarians seek to maximise autonomy and freedom of choice. This political view arises out of the moral belief that agents have full autonomy and have certain moral right to acquire property rights in external things. From a hard Libertarian position, taxation is improper as individuals are entitled to all their money, and consequently, that the welfare state is unacceptable. In short, an advocate or defender of personal liberty.

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<sup>370</sup> Wasserman, Asch, Blustein, and Putnam, Fall 2013 Edition.

**Logical Atomism:** The idea that the world consists of ultimate logical ‘facts’ or simples (hence the ‘atom’) that are unable to be broken down any further; a thing which depends upon no other proposition. This theory was proffered by Russell, Carnap, and Wittgenstein. These facts contain objects or ‘particulars’ and these objects can be named.

**Macro Object:** Larger object; the sort of everyday object which Wittgenstein might have considered a ‘complex’. Something like a broom, a cat, a car, or a wheelchair.

**Meaning:** See ‘Sense’.

**Medical Model (MM):** Occasionally known as the Bio-Statistical theory. This model holds that persons are disabled due to deviation from species-typical norm.

**Mental Impairment; Illness; Disorder:** An ‘impairment’ is traditionally defined as a loss or lack of function — what is or is not considered to be a mental impairment is, thus, quite unclear. As functionality is relative and subjective, what constitutes a loss or lack of function is difficult to exactly determine. It is, in part, this issue that has made mental impairments so difficult for other models to embrace. For the purpose of this thesis, I consider mental illness and mental disorder to be the same as mental impairment, and I use the terms interchangeably. However, it should be noted that there *are* important distinctions between them (though this distinction is a medical one which I cannot engage here). The Diagnostic and Statistical Manual of Mental Disorders (DSM) is on its 5th edition, and some of its content is considered controversial. Boorse appealed to a similar sort of book to determine what was or what was not an unhealthy state. I have no intention of making such an egregious error. We might suggest that the DSM presents what is largely considered to be the full spectrum of mental disorders — and such disorders may be more or less debilitating. Some mental disorders do not disable or disadvantage the individual in question, whereas some are profoundly disadvantaging. A mental impairment, at least as far as the PTD is concerned, is a mental disorder (that may or may not be mentioned in the DSM) that is sufficiently problematic as to cause the individual to experience difficulty in certain areas — especially those that affect the achieving of daily-living tasks or goals. As such, may include things like Dyslexia, OCD, ADHD, Asperger’s etc., but is unlikely to include something like Sociopathy or Narcissistic Personality Disorder.

**Moral Sentimentalism:** Largely, the idea that our desires and emotions play a leading role in the anatomy of morality. There are many species of moral sentimentalism, such as epistemological sentimentalism and

metaphysical sentimentalism. Hume's model arose from the development of a theory presented by the 7th Earl of Shaftesbury, whose moral sentimentalism holds that the main object of moral evaluation is the motivation (he called it 'affection') behind that action. It is a sort of judgement or reflection upon this action and how the action makes the observer feel, that is the source of approbation or condemnation of that act — and by extension, the person acting.

**Myalgic Encephalomyelitis (ME):** Also: systemic exertion intolerance disease (SEID), post-viral fatigue syndrome (PVFS), chronic fatigue immune dysfunction syndrome (CFIDS), and many others. A long term chronic condition characterised by periods of extreme tiredness and general fatigue. The conditions are often so severe that they limit a person's ability to carry out ordinary daily activities. Many medical causes have been hypothesised, but the condition remains enigmatic and difficult (and occasionally, impossible) to treat. ME is currently diagnosed based entirely on a patient's lived-experience, and as such, the medical model has a great deal of difficulty responding to it.

**Naïve Sentimental Theory (NST):** In the Humean chapter, a response to the current models of disability were presented — these included a syncretism of the social and medical models by virtue of Humean sympathy as well as a second tool in the Usefulness Clause. The limitations, criticisms, and unifications together with sympathy, conation, and the Usefulness clause, are to be considered the Naïve Sentimental Theory and offer a naïve view of the phenomena of disability. The PTD incorporates NST in conjunction with the picture theory to permit the observer to make an evaluation of the picture and determine whether or not a disabling experience is present.

**Normalise:** The process of augmenting an impaired person in a manner that 'fixes' their impairment or helps to make them more 'normal'. Such a modification may include the use of prosthetics, or cochlear implants, or be as invasive as surgery. Curiously, individuals born differently formed rarely desire prosthetics, but people who acquire impairments often prefer them.

**Normalisation:** The process of augmenting a physiology in order to assume a more regular appearance, gait, ability. The medical fraternity, who assume that species typical norms are desirable, are often responsible for encouraging, from an early age, the adoption of certain prosthetics or aids. This technique has been heavily criticised and its success is debatable. The term derives from the suggestion that providing a prosthetic or enabling a certain sense returns the individual to 'normal'. The social model believes that the desires of society to have

members largely similar in physiology is, instead, the motive behind the action and criticises the practice.

**Normative/Evaluative:** Contrasts with ‘**descriptive**’. In its simplest form, ‘normative’ relates to evaluative statements about how a thing *ought* to be. Importantly different from statements that contain the words ‘could’, ‘ought’, or ‘would’. Makes moral claims; this thing is good, that thing is bad.

**Object:** Complicated and contentious. An atomistic entity which has no subordinate attributes; a simple — some ‘thing’ (entity) which does not depend upon any other proposition for its explanation. Depending upon the preferred interpretation of a Tractarian object, it may be something like a stick, or a cat. However, other interpretations will force the Tractarian object to be something like an atom — or at least force the object to be the sort of thing that does not contain parts. Objects are things, not properties (close sometimes to bare particulars — certainly as treated in First Order Logic).

**Person with Disability; Disabled Person:** Largely depends upon the model used to define disability. The social model describes disabled people as those who experience repression, oppression, and disadvantage because of society’s expectations. The medical model defines disability as functional deviance from bio-statistical norm. The welfarist account defines persons with disability as those persons whose well being is reduced as a function of their physiology. The Picture Theory of Disability holds that there are no such things as disabled people: there are, instead, persons who experience functional difficulty, vexation, or frustration in the conduct of a specific daily-living task or goal as a result of some special and unique connexion between themselves and their environment.

**Picture:** In the sense used for this thesis, a picture could be a gif or short video — it could also be an imagined picture (mind image of reality) or a simple photograph. The most powerful and useful could be something like a short animated gif of a particular event. A picture contains multiple macro objects, imparts the knowledge that a certain task or goal is being attempted, and is discursive in that the observer may question persons in the picture for more information on their experience of that picture. It is designed to be both being interpreted as a thought experiment, or being an actual replication of reality. The objects in the picture *must* reach out to real objects, though; and they must stand in the same relation as the objects in real life. The picture — even if a thought experiment — must be something that is (or could be) real.

**Picture Theory of Disability (PTD):** A theory of disability which seeks to define the phenomena of disability as adverbial rather than nounal. In short, it is a mechanism to determine when disability is or is not being experienced. A person experiences disability when they experience a functional relationship engendering an unremitting or irremediable difficulty, frustration, or vexation in the conduction of daily-living tasks or goals as a result of a specific relationship between a person and their immediate environment.

**Pity:** Noun: the feeling for others — mostly feelings of sorrow or sadness. Usually evoked by someone or something that is suffering, in pain, or in distress. Verb (with or without object): to feel or be compassionate to; to have or to feel pity. The potential for condescension and superiority has been pointed out by the DRM who vehemently disapprove of pity as an appropriate sentiment; one of the slogans used in the '90s was 'Piss on Pity' — it is still employed in activist demonstrations. Pity is heavily used by Hume in the *Treatise*. However, it should be noted that the 'pity' to which Hume was referring was unlikely to carry the same emotional baggage as it does now.

**Predicate:** The part of a sentence which tells you more about the subject — what they have, are doing, have been etc. In the sentence 'Mum is weeding the garden', 'Mum' is the subject, and 'is weeding the garden' is the predicate. The predicate is everything in the sentence which relates to the subject.

**Proposition:** In logic, a proposition is simply something which is either true or false — Both atomic propositions (propositions that contain only one name) and molecular ones (those that contain multiple names) count. That which contains more than one elementary proposition linked together with a logical connective like 'and' or 'or'; a description of a state of affairs might be considered to be complex propositions. Where an elementary proposition might be something like 'the cat is in the box', depending upon whether or not objects are like Russellian Particulars, a proposition may be something like 'the cat is in the box and the cat is dead'.

**QALY:** The Quality Adjusted Life Year; an evaluative metric to determine the cost efficiency of a particular medical intervention. The QALY seeks to estimate the increase in quality of life from any given medical procedure. It then evaluates that increase against the cost of the intervention. The QALY is a Utilitarian response to the problem of health care efficiency. However, a number of papers (including one by myself) have criticised the idea that the QALY is a proper Utilitarian response. This metric is employed, in one form or another, in most of the Western health care systems.

**Quadriplegic:** Similar to ‘paraplegic’ but with anatomical differences which also involve the arms. A quadriplegic individual may have both arms and legs but be unable to use them (as in paralysis), or an individual born with anatomical differences in the limbs. Thomas Inglefield was a quadriplegic. Paraplegia is a term used to describe people with anatomical differences in the lower limbs or people who are unable to operate their lower limbs.

**Qualia:** From Latin, *quālis*; meaning ‘of what sort’ or ‘of what kind’. A Philosophical term referencing individual instances of subjective, conscious experience — an individual’s own sense perceptions. The notion behind your enjoyment of peanut butter, and my hatred of it. Your sense perception is your own, and so are everyone else’s.

**Rawls, John:** American moral and political philosopher; 1921 - 2002. He wrote a profound work of moral and political philosophy called *A Theory of Justice* which was called by Gordon Davis “the most important work in moral philosophy since the end of World War II.” The work has been heavily influential in philosophy and Political Science. The work’s mantra holds that: “the most reasonable principles of justice are those everyone would accept and agree to from a fair position” (*A Theory of Justice*. p. 774-5).

**Relation:** The specific correspondence in which one object stands to another. For Wittgenstein, relations need to be logical — we can say that the woman is sitting in the chair, or that the computer is on the desk, but we cannot say that the tank hovers in mid air (because tanks are not the sorts of things that hover in mid air). For the PTD, macro objects can have roughly descriptive relations — but they must also have accurate and real relations. If, in a picture a man is running up some stairs, it cannot be that the real world shows the man sat in a wheelchair running up the stairs.

**Russell, Bertrand:** A British logician, philosopher, mathematician, historian, political activist, and social critic; 1872 – 1970. Alongside other philosophers of significant repute (such as Frege, and Wittgenstein), he is also considered a father of analytic philosophy. He is considered one of the most approachable writers of philosophy with his papers being clear and easy to read yet profound and rigorous. His paper “On Denoting” has been referred to as a ‘paradigm of philosophy’. He is also considered a logical atomist. One of his great works, *Principia Mathematica* was written with friend and colleague A. N. Whitehead.

**Russellian Particular:** Loosely speaking, a ‘particular’ is that to which a predicate can apply. The Russellian particular had a bundle like nature in that

there is no such thing as a 'bowl', but that bowls were the sorts of things that had bowl-like properties: that they are curved to retain fluids, that they are somewhat solid, that they have weight, and a certain form etc. A name can pick out a certain bowl, the concept of bowl belongs to no such particular object, and in that respect is rather Humean — that is, there is no underlying 'particular' beyond the collection of properties that particular has.

- Sense:** Used by Wittgenstein and Frege to refer to the meaning or idea behind a proposition. Any proposition whose names did not pick out actual Tractarian objects would be, for Wittgenstein, nonsense — literally, no sense. Think of the statement 'Steven drew a square circle', though the statement can be said (is a propositional sign) there is a disconnect between the statement and the objects in the proposition; the statement can have no sense because no such object as a square circle can exist in the real world (and so the proposition cannot pick out a name (square circle), as there is no object to match that name. Wittgenstein's point was that we often use such statements in natural language and *think* that they do some work when in essence, they are saying nothing.
- Simple:** An entity or thing which does not depend upon any other proposition. See 'Object'.
- Skepticism:** A philosophical school of thought, epitomised by Hume and others but, which originated in Ancient Greeks and was taken to its extremities by the Pyrrhonists. The school holds that knowledge requires a rigorous justification for the reason for that belief.
- Social, The:** A sociological term used as an objectless noun to refer to aspects of human life which involve interaction, social institutions, collective beliefs, solidarity, etc., but that do not restrict that referent to a specific social body, which 'society' would imply.
- Social Model (SM):** Often known as the British Social Model. The model of disability that holds that disabled persons are disadvantaged by the expectations of a society and by the way in which society is constructed. Various 'weak' versions of the social model have been postulated which syncretise elements of the medical models or other beliefs to soften the strict interpretation of the social models. These weaker social models are sometimes considered 'relational models'.
- Social Disability:** The concept of Social Disability is largely unclear and has not been well defined. It is generally regarded as relating to a person's lack of inclusion, equality, or opportunity in a certain society. Such disability does not have to be a function of any given impairment — it is possible that a well rounded, capable, intellectual person may

experience social disability for their interest in a certain science fiction world, for example. These experiences may also be presented in terms of social shunning, few friends, bullying, belittlement, and might result in the generation of profound mental insecurities which may compound the situation. Social disability is related to disability (in general) and may be considered a sub-set of disability — but because it may engender an unremitting frustration, difficulty, or vexation in the conduction of daily-living tasks or goals, the PTD considers Social Disability to be ontologically equal with general disability.

**Ontology; Ontological:** A branch of philosophy that deals with the manner or nature of being. Often used to describe the hierarchy of things on a given scale, or to reference things that are of equal status given a certain type.

**Sociopath:** Often considered to be identical to Psychopathy — though sometimes considered by others to be importantly different. The difference suggested is that sociopaths are created as a function of their social environment during their formative years, and that psychopaths are generally born with the characteristics. Sociopathy is mostly described as a personality disorder which is characterised by generally antisocial behaviour, disinhibited or bold behaviour, and diminished empathy and remorse.

**State of Affairs:** A combination of objects which when they exist is a fact or ‘what is the case’. In a state of affairs, objects stand in determinate relation to each other. Logical propositions may be used to indicate a state of affairs.

**Sympathy:** In the sense used in this thesis, it relates to Hume’s moral sentimentalism and portrays the notion that we are able to feel another persons passions when we look at them because they are much like us (as humans). The word used today would be ‘empathy’ — though there may be important nuances that make it importantly different. These nuances have not been engaged in this thesis.

**Syncretism:** The combining of different (sometimes contradictory) beliefs or ideologies, whilst blending practices of various schools of thought. Discrete traditions are amalgamated or merged in the process permitting an underlying unity and inclusive approach.

**Tractatus, The:** *Tractatus Logico-Philosophicus*, by Ludwig Wittgenstein. First published in 1921. A short book written by Ludwig Wittgenstein which sought to detail a logical language in which all of the elements of the world could be properly named and spoken about. The book has both

received critical acclaim and significant criticism. It is considered a significant work in Logical atomism.

**Tractarian:** Of or relating to the *Tractatus*.

**Unremitting:** Something that is protracted in that it occurs over a relatively long period of time; importantly distinct from ‘continuous’. The effects from a broken knee can be disabling — and they are certainly unremitting for a certain period of time. However, having only one arm is also unremitting — but for a much greater length of time. A person with ME may experience fairly lengthy periods of good health — but their condition is un-remitting in the sense that it will not go away. All of these examples are satisfactorily ‘unremitting’.

**War Doctor:** Either the 12th or the 8th incarnation (depending upon your perspective of timelines) of the titular character from the long running British television show *Doctor Who*. The program features a long-lived alien who has a self professed soft spot for humans and is often found saving the universe. The 12th (or 8th) incarnation ‘was the Doctor when it was not possible to be the Doctor’. Given the epithet ‘War Doctor’ for his experiences during the great time war. Much of his timeline remains a mystery.

**Welfarist Account:** A theory of disability presented by Savulescu and Kahane which suggests that disability should refer to any stable physical or psychological property of an individual that engenders a significant reduction of that person’s level of wellbeing in a given circumstance. They caution that such a property should exclude the effect that this condition has on wellbeing due to prejudice against that person by members of their society.

**Wheelchair User:** A person who uses a wheelchair as an aid. Such an individual may or may not be able to walk. A wheelchair should be considered an aid in the same way that glasses are an aid to myopic individuals. It is improper to suggest that all wheelchair uses are ‘bound’ to their chairs (for several reasons — apart from the fact that most wheelchair users are not tied into their chairs at all).

**Wittgenstein, Ludwig:** A German born engineer, philosopher, logician, and mathematician; 1889 — 1951. Wittgenstein wrote only a few books of interest — though these books have remained very influential. One of the logical atomists (along with Russell and Carnap) and much of his early and later work was involved in the area. His most famous work, the *Tractatus* was sufficient in itself to earn him his Ph.D., and its content has become much discussed and critiqued.