

Nasty, Brutish, and Short? On the Predicament of Disability and Embodiment

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INTRODUCTION

According to the World Health Organization, there are 1 billion disabled people in the world, of whom somewhere between 110 million and 190 million are adults with very significant difficulties in functioning (WHO 2011). This prevalence estimate begs the question of what counts as disability. WHO's answer to that question is found in the *International Classification of Functioning, Disability and Health* (WHO 2001), from which voluminous catalog we learn that *disability* refers to the negative aspects of the interaction of a person with a health condition and that individual's contextual factors – environmental and personal. Perhaps surprising from a disability activist perspective, we are not far from the UN Convention on the Rights of Persons with Disabilities, which states that “disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others.”

The Convention on the Rights of Persons with Disabilities (CRPD), which came into force in 2008, marks an important stage in the growth and globalization of the disability rights movement and in the changing societal responses to disability. At the time of writing, 101 states had ratified the CRPD, meaning that they were bound by international law to uphold and implement the fifty articles, and by so doing remove

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those attitudinal and environmental barriers that hinder persons with disabilities from full and effective participation. Because it is a treaty that focuses on participation of existing persons with disabilities, the CRPD barely discusses prevention of health conditions or impairments associated with disability. The sole exceptions are Article 25, Health, and Article 26, Rehabilitation. According to the CRPD, and in line with previous human rights statutes, persons with existing impairments have the right to access the health and rehabilitation services they need. They should be protected from the secondary conditions that are a consequence and complication of their primary condition, and they should be protected from co-morbidities that would also reduce their state of health or functioning. However, the CRPD does not address the issue of nondisabled people's right to be protected from acquiring impairments and becoming disabled people.

The emphasis on barriers in the CRPD is congruent with the social model of disability, about which I have written at some length elsewhere (Shakespeare 2006). For the global social movement of people with disabilities who campaigned for the CRPD, and whose leaders were part of the process of drafting it, the CRPD is the best global mechanism available for equalizing opportunities and reducing disadvantage by eliminating social barriers and unfair treatment. For many in the international disability rights movement, impairments are not the problem: society is the problem, as the social model highlights (Oliver 1990). On this account, if social and environmental barriers are removed, impairment is no longer a disadvantage. It becomes a neutral characteristic. By way of evidence, disability advocates can point to the full and rich lives led by many people with a diverse range of health conditions and impairments, at least in high-income countries. They can also draw on the testimonies of disabled people about their quality of life.

I want to start this chapter by accepting and providing evidence for this disability rights argument, namely that life with what I would prefer to refer to as the "predicament" of impairment (Shakespeare 2006)

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can be a good form of life. Next, I argue that, notwithstanding this possibility of a good life with impairment, preventing health conditions and impairments remains desirable. Third, I explore the implicit contradiction this entails: If life as a disabled person is so good, why would anyone want to avoid it? In conclusion, I make some broader points about human existence and suggest that our ideas about disability would be richer and more balanced if we adopted a pessimistic materialism about existence in general.

LIFE WITH IMPAIRMENT CAN BE GOOD

Impairment seems, on the face of it, a very unpleasant phenomenon, which most people in their right mind would prefer to avoid. Philosopher John Harris reflects this intuition when he offers a definition of disability as “a negative state which people have a reasonable preference not to be in” (2000). The popular idea that it would be better to be dead than to be disabled is only a more extreme version of this attitude. In general, disability is a very negatively valued condition, which is one reason many people with impairments are very reluctant to identify as disabled (Shakespeare, Thompson, and Wright 2010). Disability, in everyday thought and language, is associated with failure, with dependency, with not being able to do things.

Stepping back from these surely distorted judgments, what is wrong with having an impairment? According to the *International Classification of Functioning* (WHO 2001), disability entails decrements in functioning: disabled people cannot do everything the average human being can do. Often, health conditions leading to disability involve some degree of pain and suffering and indignity. Sometimes, these health conditions result in a shortened lifespan. On top of this, as disability advocates themselves report, disabled people face widespread discrimination and prejudice. As the *World Report on Disability* (WHO 2011) proves, they are excluded from education and employment,

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receive worse health care, and are denied the rehabilitation and assistive devices they need. Disabled people are disproportionately vulnerable to violence and abuse.

However, these agreed facts do not have to lead to the extreme conclusions cited earlier. The standard disability rights argument is that much of the disadvantage associated with disability stems from social arrangements, environmental barriers, and social oppression. Even pain and suffering arising from a health condition can be mitigated if the individual gets access to appropriate health care. That is to say, the disadvantage is not a necessary consequence of the underlying health condition or impairment. The thrust of the *World Report on Disability* (WHO 2011), the Convention on the Rights of Persons with Disabilities (UN 2006), and many other national and international initiatives is to make it easier for disabled people to live full lives of high quality. It seems plausible that life for disabled people will indeed improve in the future, in the same way that it is hoped that the situation will improve for the world's women and children and indigenous people and so on.

Notwithstanding the impact of a health condition, and even in a world that is not designed to facilitate well-being, let alone full participation, of people with disabilities, the empirical evidence and anecdotal testimony shows that for many people with disabilities, life is surprisingly good. In a now classic paper on what they call "the disability paradox," Gary Albrecht and Patrick Devlieger (1999) marshal the evidence that reveals that people with disabilities consistently report a quality of life as good as, or sometimes even better than, that of nondisabled people.

What reasons can be found to explain the disability paradox? Some would cast doubt on the reports of good quality of life. Bioethicists sometimes describe these self-reports in terms of the "happy slave" idea: people think they are happy because they do not know any better. People with disabilities are simply not telling the truth, it could be claimed. Perhaps these cheerful people with disabilities are deluding

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themselves and others. It may be just too humiliating to think of oneself as inferior and suffering, or it may be impossible to incorporate the damage into a positive sense of self. Therefore people are in denial. Or perhaps people with disabilities secretly really do feel that disability is awful, but they are not prepared to admit that to others. They do not want to be thought of as inferior or to be pitied, and therefore they dissimulate about their own lives. Perhaps in private they admit to misery, while in public they put on a brave face. These explanations do not seem fair or reasonable. They seem extremely patronizing, not to say insulting. Psychological research has supported disabled people's self-reports of good quality of life, rejecting the skepticism of, for example, bioethicists (Amundson 2010). So we need to find better ways of understanding what is going on.

First, it appears that human beings are capable of adapting to almost any situation, finding satisfaction in the smaller things they can achieve, and deriving happiness from their relationships with family and friends, even in the absence of more worldly success. This account offers a less demeaning explanation of the psychological processes that go on in the mind of a person with disability. Christopher Murray (1996) distinguishes three related processes of adaptation, coping, and adjustment. *Adaptation* means finding another way to do something: for example, the paralyzed person might wheel places rather than walk places. *Coping* is when people redefine their expectations about functioning over time. They decide that a stroll of a half a mile is fine, whereas previously they would have only been content with a ramble of ten miles. *Accommodation* is when someone learns to value other things: they decide that rather than going for walks in the country with friends, the really important thing in life is being able to go to great restaurants with them. Note, however, that none of these explanations implies that being paralyzed, for example, is not a negative experience: adaptation, coping, and accommodation merely explain how someone may come to terms with their limitation over time. For a notion like Disability Adjusted Life Years to work, Christopher Murray and his

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cohorts have to believe that impairment is always and consistently a burden: they also have to ask their panel to focus on the impairment and estimate its impact on life, rather than asking panel members to think of people with impairments whom they know, and ask about their quality of life, which would produce very different results (Amundson 2010).

Second, it appears to be the case that our appraisal of life with impairment may have less to do with actuality than with fear, ignorance, and prejudice, all of which make the experience appear worse than it actually is. That is to say, we have a distorted view of disability, one made more graphic by the ways cultural representations of disability play on our fears of impotence, incapacity, and dependency (Shakespeare 1994). Catriona Mackenzie and Jackie Leach Scully (2008) warn us of the dangers of relying on our imagination when it comes to disability: we tend to exaggerate, project, and mistake what life is really like for people with disabilities. We wrongly assume that difficulties for people result in misery for people (Amundson 2010).

Third, even to the extent that health conditions and impairments do entail suffering and limitation, other factors in life can more than compensate for them: for example, an individual with access to resources, such as Philippe, the protagonist of the recent French box office sensation *Les Intouchables* (directed by Olivier Nakache and Eric Toledano 2011), can have an extremely good quality of life notwithstanding his tetraplegia. Even someone who is not lucky enough to be a wealthy Parisian aristocrat can enjoy the benefits of friendship, culture, or other interests, notwithstanding the restrictions that impairment places on him or her. By contrast, it is plain to see that someone can have a fully functioning body or mind and yet lack the social networks or the personality necessary for living a happy and fulfilled existence.

Fourth, most disabled people have the potential to enjoy much of what gives life meaning. For example, if modern humans might sum up their life goals in terms of “job, partner, family,” there is every possibility of most disabled people experiencing those achievements.

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Empirically, it is clear that many disabled people have sexual partners, become parents, and earn a living. It is certainly the case that they are less likely to achieve these goals, but it would be wrong to conclude these goals are impossible for them. The notion of disabled people being asexual and incompetent is certainly a myth.

People born with an impairment have nothing to which they can compare their current existence. Someone lacking a major sense has never experienced music or birdsong, visual art, or a sublime landscape. Someone born with restricted growth has always been that way: even if life is sometimes hard, they are used to being how they are. Somebody with intellectual disability may not consider themselves different at all, and may resist attempts to label them stupid or a second-class citizen. For people with congenital impairment, disability is part of their sense of self and becomes identity constituting (Edwards 2005). Only in rare cases, for example when a person has a degenerative disease, does an individual regret his or her form of embodiment. To want to be nondisabled is, essentially, to want to be a different person, which is a psychological and cognitive dissonance few human beings seem able to enter into. The weight of evidence from quality of life studies and from case studies and other autobiographical reports suggests that human flourishing is possible without a major sense, without legs, without average intelligence.

People who become disabled tend to go through a similar trajectory. Immediately after injury or disease has rendered them disabled, they may feel profoundly depressed, to regard their life as over, and even to contemplate suicide. Yet after a period of time, they adapt to their situation, reevaluate their negative attitude to the disability, and start making the most of their situation. Often they are driven to greater achievements than before. Usually, their quality of life returns to approximately what it was before the trauma struck. This phenomenon, which also explains why lottery winners revert to their previous state of happiness after the thrill of riches has worn off, is known as *hedonic adaptation* (Amundson 2010). For disabled people,

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impairment usually makes little difference to their quality of life. The research shows, for example, that overall levels of life satisfaction for people with spinal cord injury are not affected by their physical ability or limitations (Kennedy et al. 2010). Furthermore, the clinical fact of whether the spinal lesion is high or low, complete or incomplete – all aspects that affect functioning – has a weak and nonsignificant relationship with quality of life (Kreuter et al. 1998).

It seems reasonable to conclude that on balance of evidence, disability usually does not have to equate to exclusion from most of what makes life good. I can perhaps agree with Michael Oliver (1990) and other authors in the disability rights tradition when they reject the “disability as tragedy” assumption. I do not thereby feel compelled to accept the “disability as difference” or even the “disability as positive variation” argument. Most of the time, “disability as predicament” seems to me (Shakespeare 2006) a workable and balanced judgment. Life with impairment can be good, and certainly far less bad than ill-informed observers perceive. Ron Amundson’s wonderful discussion of hedonic psychology highlights how human beings’ attitudes to events or experiences, not the events or experiences themselves, result in happiness or misery (2010).

PREVENTING IMPAIRMENT IS GOOD

If life with impairment is so much better than our initial assumptions suggest, why then should we put any effort into avoiding it? Could governments reduce their public health budgets without denting gross domestic happiness? In this section, I offer arguments in favor of preventing impairment, using a range of arguments from different perspectives on the good human life.

One rejoinder is to say that disability is very diverse in ways that suggest that we have to qualify the claim that “disability is no tragedy.” Not all, but some, health conditions and impairments undoubtedly

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involve greater degrees of misery and suffering than the average human should have to endure. We might think here of depression, which Lewis Wolpert (2001) labeled “malignant sadness.” Being unable to feel happy or optimistic for long periods of time may undoubtedly render one’s life bad, and may make one wish one had never been born. Here we see a reversal of Mackenzie and Scully’s point about the outsider’s moral imagination: an outsider might perceive a person with depression to have a good life, but the individual considers himself or herself to have a poor quality of life (Papakostas et al. 2004). Or consider a condition like epidermolysis bullosa (EB), a painful inherited disease in which skin blisters develop in response to minor injury, and which is associated with pain, suffering, and early mortality. People who experience depression or EB will certainly have periods of happiness and fulfillment. They can enjoy many aspects of life. But overall, it is much harder to be sanguine about these forms of life than it is about impairments such as deafness. So the “disability paradox” might not apply to all disability. Indeed, discussions of the “disability paradox” are often qualified with the observation that impairments that involve considerable pain, whether physical or mental, are less compatible with a good quality of life (Albrecht and Devlieger 1999; Amundson 2010). We are reminded that disability is extremely diverse and heterogeneous and that generalizations – “disability is tragic” or “disability is just another form of difference” – are usually misleading.

A second point is that while many limitations experienced by disabled people are externally imposed restrictions arising from inaccessible environments and social discrimination, there are also often intrinsic limitations to individual functioning that can only be overcome through the assistance of others, and not always even then. This form of life may not mean suffering, may not be incompatible with a good life, but might entail not being able to do everything that a person might want or hope to do. If we want to maximize freedom and increase possibilities, then we might think it better to enable more people to enjoy more of what life has to offer: listening to music, seeing

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great art, playing sport, enjoying nature. Preventing people being impaired will help ensure that more people can enjoy these diverse experiences that give life meaning. Impairments are relevant factors affecting well-being and human flourishing.

More generally, disabled people usually have fewer choices than nondisabled people. Because of the limitations in functioning associated with impairment, and the less-than-perfect accessibility of most societies, the disabled person is likely unable to have a full choice of jobs to perform, cars to drive, places to stay, tourist attractions to visit. Additionally, the disabled person is more likely to rely on mechanical devices – elevators, wheelchairs, communication devices – that periodically malfunction, rendering the individual excluded or dependent. Most disabled people become inured to the frustrations of inaccessibility or breakdown, but it certainly makes life less predictable, more complicated, and less free than nondisabled people take for granted. When disaster or emergency strikes, and normal systems of distribution, support, and protection break down, the greater needs of the person with disability can expose them to additional risks and even increased mortality.

Moreover, the processes of adaptation, coping, and accommodation described by Christopher Murray take time. For example, even if a person who has a spinal cord injury eventually comes to terms with the situation, he or she is still likely to have a few years of misery immediately after the trauma. He or she will have to go through rehabilitation and learn to function as a paraplegic. The patient will have to adapt his or her house and car, and possibly find a new occupation. Evidence suggests such individuals have a higher likelihood of divorce, even though the prospects for a new relationship post injury are quite positive. Life may be enjoyable after paraplegia, but it is more complicated in some respects, and more limited in others. Therefore overall we might think it would be better for them if they did not have the struggle-followed-by-happiness trajectory, together with the complications of adaptation, coping, and accommodation.

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For reasons like these, we can accept that disability is not always bad, may not be the worst thing, may even be completely compatible with a good life, but still do our best to avoid becoming disabled or having disabled children. Is this the contradiction that it at first appears? I have argued that on one hand, disability is not the bad thing many people fear. But on the other hand, health conditions leading to impairment are best prevented where possible. Why prevent a phenomenon that is not incompatible with a good life? In particular, is not prevention of impairment similar to preventing the birth of girls or efforts to eliminate homosexuality? Disability activists might claim that a social difference is being medicalized and pathologized, when it should rather be accepted, supported, and included.

One solution would be to try and prevent some forms of impairment, but not others. This demands that we refine our notion of disability and differentiate between conditions for which the response is prevention, and conditions where the response is barrier removal and antidiscrimination initiatives. We might examine all the different types of impairment and agree to concentrate on preventing and treating the really problematic forms of embodiment: conditions like depression and epidermolysis bullosa, for example, which most people might agree are incompatible with a good quality of life. One imagines that this radical abbreviation of the public health mission might make the job of the World Health Organization considerably easier.

But we could also see that by creating a hierarchy of impairment this approach would alienate many people who live with these conditions, who feel a judgment is being made on their right to exist. Moreover, it would be very difficult to agree to any list of “really problematic forms of embodiment.” Different people value different aspects of life. Some people would prefer to avoid physical pain at all costs. Other people would wish to avoid any form of mental limitation. For some, a short happy life would be acceptable, but others would be unwilling to accept any curtailment of an average lifespan.

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Tackling the contradiction head on, another possible approach is to argue that even though a situation such as disability may not have a bad outcome for some people, that does not imply that it is not worth avoiding it, if possible. Another relevant example is teenage motherhood. There are many examples of young women who have babies at the age of fourteen, fifteen, sixteen, or seventeen who give birth to healthy children, who continue to study for the qualifications they need, who turn out to be good mothers, and both mother and offspring go on to have happy and successful lives. But the success of individual cases of teenage parenthood does not mean that young people should not be advised to wait a few years to reproduce, given access to contraception, or discouraged from reckless sexual activity. Being a teen-aged mother is more difficult, on average, and outcomes are worse, on average, and therefore it would be better to avoid that route in life, if possible, even if many teenage pregnancies turn out well.

Another approach is to look again at some of the reasons for the resistance to preventing disability. The disability studies literature often makes an analogy between impairment, on one hand, and gender, ethnicity, and sexuality, on the other. All right-thinking people would object to measures that prevent the birth of people who are female, gay, or black. In the same way, some disability scholars and activists say, we should not try to prevent the birth of people with disabilities, and we should be concerned about measures to try and cure impairments. However – and here the difference from other disadvantaged groups like women, minority ethnic communities, and lesbian and gay people becomes clear – disabled people would still experience disadvantage after the social world was made inclusive. For example, equal opportunities in employment notwithstanding, many disabled people cannot work full time, and some disabled people cannot attain the literacy and numeracy most modern jobs require. As a result, after barrier removal, additional social protection is required. But even with these interventions, in this best of all enlightened, accepting, and supportive worlds, people with certain impairments are likely to remain

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significantly restricted. That is, there is an inextricable disadvantage consequent on having many forms of impairment that is far more profound from any minor diswelfares associated with membership in the other subaltern categories listed. The gender, ethnicity, and sexuality comparison is a false analogy.

The major challenge to this argument – and the case most frequently adduced against disability prevention – is Deafness. People who are born Deaf and who are part of the sign language-using community argue that Deafness does not entail suffering or health problems, should not even be defined as an impairment, but is simply a case of linguistic difference. Deaf people are thus a minority community who use a different language. The strengths of this argument are outside the scope of this chapter, but suffice it to point out that Deafness is unique in this respect, as a disability where the barriers are almost all social and cultural. Most other impairments are not like Deafness.

If the disability/gender/race/sexuality analogy is weaker than first appears, for most instances of impairment, then what might be a better comparison? Poverty springs to mind. Most people would seek to prevent poverty while not demeaning individual poor people. Poverty makes life harder, even though it can also generate solidarity and community. Many people from poor backgrounds have achieved great things, but we do not thereby think it is acceptable if people grow up in poverty and deprived of material goods. We can celebrate the lives of poor people, and enjoy their distinctive cuisine, music, or cultural achievements, while still wishing that they had not been poor in the first place. Life in poverty – or with impairment – can be good, but on average, life is more likely to be good in different circumstances.

The conclusion of hedonic psychologists appears to be that people's quality of life reverts to the mean, soon after what appears to be a very good event (winning the lottery) or a very bad event (becoming tetraplegic) (Amundson 2010). This is good news for disabled people, just as it is bad news for gamblers. But we surely cannot draw the wider conclusion that it therefore does not matter if people's lives are full of

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good things or bad things. Poverty is bad, even if poor people can lead happy lives. Impairment is worth preventing, even if disabled people often lead wonderful lives. Shortly before he died of AIDS-related disease in 1992, actor Anthony Perkins said that HIV had taught him about love, selflessness, and human understanding (Weinraub 1992). I would hope that nobody concluded from this positive spin on a dreadful disease that they should therefore stop researching cures and vaccines for HIV. The proven adaptability and stoicism of the average human being surely cannot lead to the implication that it does not matter what happens to people, because it will all be okay once they have come to terms with it and reverted to their underlying state of happiness.

Much of human progress has been driven by the effort to make life a bit easier, to make disease a little less common, and to enable people to avoid and overcome difficulties. While those individuals who would have been affected may be no more happy than they would otherwise have been, it is plausible to think that people's well-being would be improved if more cases of paraplegia could be prevented, if fewer people developed multiple sclerosis, maybe even if fewer babies were born with achondroplasia. This is the thrust of progressive politics in general, and public health in particular: to reduce the hazards and minimize the struggles human beings have to endure, but always tempered by respect for human rights and values such as informed consent. Creating situations that increase the possibility of a good life, or that offer the opportunity for flourishing, seems to me to be a more plausible aim of government than "life, liberty and the pursuit of happiness."

Is it contradictory to respect people with disabilities and promote their inclusion while trying to prevent the incidence of impairments leading to disability? Evidence is weak. It may be that the latter effort leads to disabled people being regarded as "failures of screening" and they or their parents are blamed for failing to follow public health advice. Despite experimental evidence (Marteau and Drake 1995)

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and stigmatization of, for example, obese people or others whose lifestyle causes their health problems, in general it seems plausible to conclude that prevention campaigns such as preconception care, immunization, and road safety do not contribute to negative thinking about disability.

Contradictions do arise when methods to reduce disability denigrate people with disabilities. For example, health promotion campaigns or campaigns against drunk driving may utilize the threat of becoming disabled to shock viewers into changing their behavior. In defense of the strategy, one could argue that this merely reflects the widespread public belief that “it is better to be dead than disabled.” Young men, who are most likely to be injured, may not fear death and may believe themselves to be invulnerable. But they are likely to think twice at the prospect of being in a wheelchair for the rest of their lives. The QuadPara Association of South Africa, a disabled persons’ organization, even runs a road safety campaign with the slogan “Buckle up! We don’t want new members.” However, the danger is that some of these public health strategies risk reinforcing the idea of disability as a tragedy and disabled people as useless, and thus go against efforts to promote positive attitudes toward disabled people. Great care with imagery and slogans is needed to avoid fueling prejudice.

For those who fear that it is in practice incompatible both to support people with disabilities and to try and reduce the incidence of disability, China is an example of a country that very actively adopts both strategies. Emma Stone (1996) has argued that Western criticisms of eugenic practices overlooked the progress made in supporting people with disabilities. China Disabled People’s Federation, founded by the paraplegic son of Deng Xiaoping, is a quasi-governmental organization that promotes employment and participation in society with some success. While not endorsing the lack of informed consent and democracy in Chinese approaches, the example does demonstrate how policies of impairment prevention and disability rights can coexist.

CONCLUSION

In this chapter, I have deliberately not adopted a specific account of the good life. In some part of the argument, I have focused on the happy life, in the sense of people's reports of their own quality of life. This blurs the "hedonist" and "preference satisfaction" approaches to the good life. It is very clear from the empirical evidence that disability usually does not prevent a happy life. Even when difficult things occur to people, they still have resilience and adaptation and can be content. But I think it is also possible to defend the stronger claim, that disability need not always be an obstacle to the good life, defined in terms of "objective goods" (Edwards 2005). However, on average, and even with enlightened social policies and implementation of human rights, I think impairment can make it harder to have a good life, and in some cases impossible.

Because, on balance, disability makes it harder to have a good life, I have argued that measures to reduce the incidence of disability remain desirable and do not have to entail a contradiction (Durkin and Gottlieb 2009). We are compelled to do everything in our power to remove the barriers that prevent people with disabilities having good and happy lives (UN 2006). To the extent that my conclusions echo, for example, Dan Brock (2005), the originality of this chapter may lie less in what I have said and more in that a disability studies scholar has accepted arguments from mainstream bioethics; but therein may also lie its nuance. Balanced accounts of disability are required that avoid either the "disability as tragedy" danger or the other extreme, which is a Pollyanna-ish optimism about the lives of people with disabilities. Disability is rarely "just a difference," nor is it solely and simply a "social construction": it is real and material, and it often limits people's lives and choices. Removing social and physical barriers makes it much easier to live with disability, but disadvantages usually remain.

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However, I would like to conclude by making the wider point that life for everyone involves disadvantages. Hamlet, listing reasons why death is to be preferred, highlights “the thousand Natural shocks ... That Flesh is heir to.”

The human condition, as Hobbes said, is “nasty, brutish and short.” To be born is to be vulnerable, to fall prey to disease and pain and suffering, and ultimately to die. Although life chances have greatly improved for most people in Denmark and England since the sixteenth century, one wonders whether Hamlet or Hobbes would revise their opinions were they to return half a millennium later. Moreover, everyone experiences limited choices and restricted talents. The formal equality and freedom that liberal theory celebrates in practice conceals limitations that all, not just disabled people, endure. It is certainly true that there is on average physical and mental restrictions in the lives of many disabled people, but nondisabled people are neither invulnerable nor omnipotent, however much they might wish and think and pretend that they are.

This line of argument has long lineage: Lucretius in classical times, perhaps Sophocles too; Leopardi in the nineteenth century, particularly in his late poem “La Ginestra” (Timpanaro 1979); twentieth-century Marxist Sebastiano Timpanaro (1975); and indeed Friedrich Engels himself. Pessimistic materialism is by no means a miserable outlook, merely a realistic one. It achieves a balanced perspective on the frailty and brevity and precariousness of human existence, much as the Stoics did, not taking anything for granted, and not expecting good things to last. It also takes much more seriously the constraints of the natural environment.

The “disability as predicament” approach that I have espoused (Shakespeare 2006) counters the “disability as tragedy” tradition while not fully accepting the relativist “disability as difference” approach from radical disability studies. The point is that disability may make life more difficult – like poverty and teenage pregnancy – but it is in the nature of life to have difficulties. Even the good life contains

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difficulties. It would be fantastical to imagine a person whose life was free of any hardship. Sometimes, the part of life that is difficult brings other benefits, such as a sense of perspective or true value that people who lead easier lives miss out on. But we can at the same time seek to minimize those difficulties wherever possible.

When Timpanaro writes “‘Physical ill’ ... cannot be ascribed solely to bad social arrangements; it has its zone of autonomous and invincible reality” (1975: 19), it seems like a rejoinder to the social model approach in disability studies. Rather than the usual disability studies strategies of revalorizing disability, or trying to break the connection between disability and disadvantage, or being relativist about disability, the pessimistic materialist would instead point to the commonalities between disabled and nondisabled people. Disability is not defined by frailty and vulnerability, because life itself is about frailty and vulnerability. It is not necessary, perhaps, to redeem disability, merely to be realistic about ability.

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