

The Glossary is a work in progress and might have to be extended in the future or changed depending on science and technology and societal developments Version February 2009

Glossary for the 21 <sup>st</sup> Century a starting point by Dr. Gregor Wolbring	
Term	Definition
<b>Disability</b>	
<p>If one hears the term disability or disabled person or people with a disability... often two different aspects are covered by the term disability a) its used to used to label the body and its functioning as deficient as impaired as non normative as sub normative based on species typical expectations and b) its used to describe the social environmental parameter a person with a certain body functioning faces. I do believe it is better to use different terms for the two areas of body image and social reality. This is reflected in the definitions below. Also as disability is used in these two orders 'disabled person' or 'person with a disability' within the context of this glossary the order is irrelevant as both orders have the same interpretation of the term disability they use. So I do not adhere here to one or the other order.</p>	
Medical model of Disability	People disabled by their body-structure related <b>sub species-typical</b> functioning
Social model of disability	People disabled by the attitudinal and environmental barriers they experience due to their body-structure related <b>sub species-typical</b> functioning that hinder their full and effective participation in society on an equal basis with others
Transhumanized medical model of disability	People disabled by their body structure related -'as impaired labelled'- <b>sub species-typical and species-typical</b> functioning (everyone not performing beyond species-typical functioning).
Transhumanized social model of disability	People disabled by the attitudinal and environmental barriers they experience due to their body-structure related <b>sub species-typical and species-typical</b> functioning that hinder their full and effective participation in society on an equal basis with others
<b>The body image</b>	
Impairment/medical deficiency model of the body/body image	A body that is labelled to function <b>sub species-typical</b>
Transhumanized version	A body that is labelled to function <b>sub species-</b>

of Impairment/medical deficiency model of the body/body image	<b>typical and species-typical</b>
Vari-ability/ non medical/non deficiency model of the body/body image	A vari-ability in bodily functioning that <b>differs from the species-typical</b> norm but <b>does not exceed the species-typical norm</b> and is seen as a variation and not a deviation
Transhumanized understanding of Variability/ non medical/non deficiency model of the body/body image	A vari-ability in bodily functioning <b>that exceed the species-typical norm</b> and is seen as a variation and not a deviation
<b>The person (the definitions here take into account that there are two discourses around the person namely the labelling of the body and the treatment of the person)</b>	
Disabled person	Everyone who encounters body structure/function related attitudinal and environmental barriers that hinders one's full and effective participation in society on an equal basis with others,
Person with a Disability	Everyone who encounters body structure/function related attitudinal and environmental barriers that hinders one's full and effective participation in society on an equal basis with others,
Impaired person/Person with an Impairment	Everyone who identifies oneself as having a subnormative functioning, deficient body based on a species-typical norm.
Vari-abled person/ Person with a vari-abled Body	Everyone who identifies oneself as having a vari-ability in bodily functioning that differs from the species-typical norm but does not exceed the species typical norm.
Vari-abled and disabled person	Everyone who identifies oneself as having a vari-ability in bodily functioning that differs from the species typical norm and who encounters body structure/function related, ableism related attitudinal and environmental barriers that hinder one's full and effective participation in society on an equal basis with others.
Impaired and disabled person	Everyone who identifies oneself as having subnormative, deficient bodily functioning based on a species-typical norm and who encounters body

	structure/function related, ableism related attitudinal and environmental barriers that hinder one's full and effective participation in society on an equal basis with others.
Transhumanized impaired person (techno poor impaired person)	Everyone who identifies oneself as being deficient because one is not able to improve oneself beyond Homo sapiens normative functioning whether through a) external means by shaping the environment, or b) internal means by modifying ones bodily structures.
Transhumanized disabled person	Everyone who is not enhanced beyond Homo sapiens normative functioning whether through a) external means by shaping the environment, or b) internal means by modifying ones bodily structures and who encounters body structure/function related attitudinal and environmental barriers mostly justified by a transhumanized version of ableism that hinder one's full and effective participation in society on an equal basis with others.
Transhumanized impaired and disabled person (techno poor impaired and disabled person)	Everyone who identifies oneself as being deficient because one is not able to improve oneself beyond Homo sapiens normative functioning whether through a) external means by shaping the environment, or b) internal means by modifying ones bodily structures and who encounters attitudinal and environmental barriers mostly justified by a transhumanized version of ableism that hinder one's full and effective participation in society on an equal basis with others,
Transhumanized vari-abled person	Everyone who identifies oneself as having a beyond species-typical functioning variability in bodily functioning that differs from the species-typical norm. This could be achieved by a) external means by shaping the environment, or b) internal means by modifying ones bodily structures
Transhumanized vari-abled and disabled person	Everyone who identifies oneself as having a beyond species-typical functioning variability in bodily functioning that differs from the species-typical norm and was achieved through a) external means by shaping the environment, or b) internal means by modifying ones bodily structures and who therefore encounters attitudinal and environmental barriers mostly justified by an Anti-transhumanized version of ableism that hinder

	one's full and effective participation in society on an equal basis with others.
<b>Examples of different combination of body image/image of the person and concept of disability</b>	
Social model of disability, medical model of the person; impaired disabled person	disability results from the interaction between persons with impairments ( <b>sub-species typical functioning</b> ) and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others,
Social model of disability, neutral model of the person	results from the interaction between a person with a given body structure related functioning and attitudinal and environmental barriers persons face due to their body structure related functioning that hinder their full and effective participation in society on an equal basis with others,
Social model of disability, social model of the person; varied disabled person	results from the interaction between a person with a variation in body structure related functioning and attitudinal and environmental barriers persons face due to their variation in body structure related functioning that hinder their full and effective participation in society on an equal basis with others,
Social model of disability, transhumanist model of the person; transhuman impaired person	disability results from the interaction between persons with impairments ( <b>species-typical and sub species-typical</b> functioning) and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others,
<b>Ableism</b>	
Ableism	A set of beliefs, processes and practices that produce based on ones abilities a particular kind of understanding of oneself, one's body and one's relationship with others of one's species, other species and one's environment and includes one being judged by others. Ableism exhibits a favouritism for certain abilities that are projected as essential while at the same time labelling real or perceived deviation from or lack of these essential abilities as a diminished state of being leading or contributing to the justification of a variety of other isms such as sexism, racism, castism, GDP-ism, consumerism, Age-ism and so forth (1-3).

	<p>There are two main versions (3)</p> <p>Version One Ableism privileges 'species-typical abilities' while labelling 'sub species-typical abilities' as deficient, as impaired and undesirable (6-8) often with the accompanying disablism (9) the discriminatory, oppressive, or abusive behaviour arising from the belief that sub species-typical people are inferior to the species-typical</p> <p>In Version Two the claim is not about species-typical versus sub species-typical, but that one has - as a species or a social group- superior abilities compared to other species or other segments in ones species. others. (3)</p>
<p>Transhumanized Form of Ableism(1-3) (generic)</p>	<p>A set of beliefs, processes and practices that perceive the improvement of functioning of biological structures beyond typical boundaries as essential. The transhumanized version of ableism, sees all species typical biological structures as limited, defective and in need of constant improvement beyond biological structure typical boundaries. The transhumanized version of ableism exhibits the favouritism of beyond biological structure typical abilities and perceived biological structures as deficient as being in a diminished state of being if they are not enhanced beyond biological structure typical abilities. (1-3)</p>
<p>Transhumanized Form of Ableism (1-3) (human related)</p>	<p>A set of beliefs, processes and practices that perceive the improvement of human body abilities beyond homo sapiens typical boundaries as essential. This transhumanized version of ableism, sees all human bodies as limited, defective and in need of constant improvement of their abilities beyond homo sapiens -typical boundaries.</p> <p>This transhumanized version of ableism exhibits the</p>

	<p>favouritism of beyond homo sapiens typical abilities and perceived humans as deficient as being in a diminished state of being human if they are not enhanced beyond homo sapiens typical abilities. (1-3). The transhumanist body ability enhancement can be of three types a) external by shaping the environment, b) internal reversal by modifying bodily structures in an reversible fashion and c) internal non-reversal by modifying bodily structures in a non-reversible fashion</p>
Transhumanized Form of Ableism(1-3) (animal related)	A set of beliefs, processes and practices which champions the especially cognitive enhancement of animal species beyond species typical boundaries leading to cognitive or otherwise 'enabled species'.
Transhumanized Form of Ableism (1-2) (environment related)	A set of beliefs, processes and practices which champions the a) enhancement of especially the Homo sapiens beyond species typical boundaries to cope with the environmental challenges to come b) shaping the environment (geo-engineering, gated biospheres...)
Ability Studies (1-2)	<p>is the study of the usage of the term ability. It investigates a) the social, cultural, legal, political, ethical and other angles which influence the judgment of any given ability and which leads to the favouritism of one ability over another b) the impact and consequence of the favouritism of certain abilities and rejection of others c) the consequences of ableism in its different forms and its relationship and impact on other isms d) the impact of new and emerging technologies on ableism and the favouritism towards certain abilities and rejection of other abilities e) what abilities would lead to the most beneficial scenario for the maximum amount of people in the world (1-2)</p> <p>Ability studies includes among others</p> <ul style="list-style-type: none"> <li>• the traditional disabled people,</li> <li>• the techno poor disabled,</li> <li>• the people who gain enhancements,</li> </ul>

	<ul style="list-style-type: none"> <li>• other non human targets for ability modifications,</li> <li>• new life forms,</li> </ul> <p>and looks among others at areas such as</p> <ul style="list-style-type: none"> <li>• ableism supported prejudism's</li> <li>• ableism differences between cultures</li> <li>• ableism driven judgement of countries</li> <li>• ableism and development</li> <li>• influence of ableism on numerous concepts such as biological diversity, cultural diversity and culture of peace and interpretation of documents treaties and laws</li> </ul>
<p>Ableism and Favouritism for Abilities Ethics</p>	<p>Ethics of Ableism/Ableism Ethics is a framework of standards and values that (a) guide beliefs, processes and practices that produces based on ones abilities a particular kind of understanding of oneself, one's body and one's relationship with others of one's species, other species and one's environment and includes one being judged by others; (b) guide the favouritism for certain abilities and how one decide which abilities to favour over others; (c) guide the reactions towards humans and other biological entities that are seen - real or perceived- to lack these essential abilities. The study of the Ethics of Ableism/Ableism Ethics, also includes (a) the study of those standards and values, incorporating the perspectives of many different groups especially of the people labelled as lacking certain 'essential' abilities or labelled as exhibiting 'as negative seen abilities'; (b) the impact assessment of different forms of ableism onto different ethics theories and ethical principles including health ethics theories and their use to govern science and technology and health research, care and policy and (c) identification of ethical actions that flow from a favouritism for certain abilities. <a href="http://ableism.wordpress.com/ableism-glossary/">http://ableism.wordpress.com/ableism-glossary/</a></p>

Ableism and Favouritism for Abilities Governance	Governance of Ableism/Ableism Governance is about how we govern ableism, the favouritism for certain abilities and the reaction towards non favoured abilities. This field is seen as an essential tool to help address existing and future challenges in the governance of science and technology and many other fields such as health policy. <a href="http://ableism.wordpress.com/ableism-glossary/">http://ableism.wordpress.com/ableism-glossary/</a>
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Ability security	that one is accepted, and is able to live one's life with whatever set of abilities one has, and that one will not be forced to have a prescribed set of abilities to live a secure life. (5)
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**Models (identity) and determinants (interventions) of Health**

If one deals with models and determinants of health one in the end deals with two issues. The models of health define the client (animal human) and the cause whereby the determinants define the intervention

Medical model (identity, bodily reality part) of a person	<p>The person's bodily reality is viewed as defective directly caused by disease, trauma or other 'medical health conditions' leading to a body structure, function that deviates from certain norms. The person obtains the identity label of being an impaired person/person with an impairment, a 'patient' with ill medical health, with subnormative functioning. <b>(4)</b></p> <p>Within the medical model of health, health is limited to cover "medical health" and is characterized as the normative functioning of biological systems (e.g. in humans or animals) whereas disease/ illness is defined as the sub-normative functioning of biological systems. It excludes interventions in regards to social and spiritual well being which can not directly be linked to a medical problem. <b>(4)</b> The 'patient' is the target of its intervention whether through cure or the prevention of the appearance.</p>
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Medical determinants of medical health of a patient	place the cause of sub-normative functioning within the individual patient's biological system leading to medical interventions towards the species typical norm on the level of the individual focusing on medical cure, medical individualistic care and individualistic normative rehabilitation as the primary endpoint and at the political level the principal response is to make curative medicine more efficient <b>(4)</b>
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<p>Social determinants/ interventions of medical health of a patient</p>	<p>identify external factors as the cause for the “ill medical health” the sub-normative functioning of the individual, the patient and tries to fix the external factors to prevent medical ill health. This includes, for example, the elimination of contaminated water that leads to bacterial or parasitic infections, or job insecurity that contributes to stress and heart disease. <b>(4)</b> Although some social determinants interventions such as decreasing job insecurity also increase social well being, the performance indicator is a positive change in a medical parameter.</p>
<p>Medical Health/Social determinants/ social well-being intervention of a patient</p>	<p>Improve the social well-being of the patient through social determinant interventions<b>(4)</b></p>
<p>Social Health(4)</p>	<p>social determinants intervention towards the social well being of a person not labeled as being in ill medical health or in danger of being medical ill<b>(4)</b></p>
<p>Transhumanized health</p> <p>Transhumanized medical determinant intervention</p>	<p>all Homo sapiens bodies – no matter how conventionally “medically healthy” – are defined as limited and defective as in ill health in need of constant improvement made possible by new technologies appearing on the horizon (a little bit like the constant software upgrades we do on our computers). Health in this model is the concept of having obtained maximum (at any given time) enhancement (improvement) of one’s abilities, functioning and body structure. <b>(4)</b></p> <p>These interventions see enhancement beyond species-typical body structures and functioning as a therapeutic intervention (transhumanization of medicalization)(4). Enhancement medicine is the new field providing the remedy and maintenance through surgery, pharmaceuticals, implants and other intervention on the level of the body. (4)</p>

Existing understanding  
of Rehabilitation

Rehabilitation is a treatment or treatments designed to facilitate the process of recovery from injury, illness, or disease **to as normal a** condition as possible.

The purpose of rehabilitation is **to restore some or all of the patient's physical, sensory, and mental capabilities** that were lost due to injury, illness, or disease. Rehabilitation includes assisting the patient **to compensate for deficits** that cannot be reversed medically.

The aim of rehabilitation, "to restore an individual **to his/her former functional and environmental status**, or alternatively, to **maintain or maximize remaining function**" (Williams, 1984, p. xiii),

<http://medical-dictionary.thefreedictionary.com/Rehabilitation>

Transhumanized  
understanding of  
Rehabilitation

Rehabilitation is a treatment or treatments designed to facilitate the process of recovery from injury, illness, or disease **to as optimum a** condition as possible.

Rehabilitation is a treatment or treatments designed to facilitate the process of gaining **a as optimum** a condition as possible.

The purpose of rehabilitation is to restore some or all of the patient's physical, sensory, and mental capabilities that were lost due to injury, illness, or disease. Rehabilitation includes assisting the patient **to compensate for deficits** that cannot be reversed medically.

The aim of rehabilitation, "to restore an individual

to his/her former functional and environmental status, or alternatively, to maintain **or maximize remaining function**" (Williams, 1984, p. xiii),

Modified from <http://medical-dictionary.thefreedictionary.com/Rehabilitation>

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