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Author

Schlauderaff, Sav

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The Future is Hypernormative: an analysis of bodymind representations in 23andMe's commercials

We tell the story of the tragic overcomer--the plucky little cripple who beat the odds despite the personal tragedy of disability. We tell the story of the inspirational disabled person--the courageous cripple who persevered through so many hardships, and whose bravery we admire because of it. We tell the story of the saintly disabled person--the smiling cripple who endured so much with such beatific patience. This is how we understand the thriving disabled person. They are thriving *in spite of* disability. They are never simply thriving. And they are certainly never thriving--heaven forbid--partly *because of* disability.

Elizabeth Barnes (2016)

What is 23andMe and why is it important to be critical of genetic testing kits?

23andMe is a private biotech company in Mountain View, California that was co-founded in 2006 by Linda Avey, Paul Cusenza, and Anne Wojcicki, the wife of Google co-founder Sergey Brin—however, Avey and Cusenza left the company in 2009 and 2007 respectively (Roberts, 2011, p. 203). And while the State of California Department of Public Health issued a cease and desist order in 2008 to demand that the company meets state and federal regulations (Roberts 2011, p. 204), they eventually received FDA approval in 2015 to market their kits and have since genotyped over 2 million people worldwide (23andMe website).

Direct-to-Consumer (DTC) genetic testing has become increasingly more affordable since it hit the market about a decade ago; dropping from the \$500 million it cost to sequence the first human genome to 23andMe's current \$199 price tag (Roberts, 2011, p. 154). This drop in price has coincided with the media obsession with personalized medicine and health to create a product wherein 23andMe sells consumers information about their probability of developing potential future diseases that are no more than guesstimates. Scientists are hindered by the lack of information on how both genes and diseases work, as well as by the fixation on mapping all diseases and disabilities onto the genome. Dorothy Roberts, scholar of race, science and society,

extensively outlines this fixation as a dead end for genetic research in her book *Fatal Invention: How Science, Politics, and Big Business Re-create Race in the Twenty-First Century*, stating “Yet after a decade of intense and expensive digging for genetic drug targets, scientists have come up virtually empty handed. It turns out they were banking on a flawed hypothesis about the relationship between genes and disease” (2011, p. 152). Further, the lack of information on how the environment, gene-gene interactions, and epigenetics play a role in disease and disability has left scientists with more questions and the need for more studies.

Interestingly, despite the lack of reliability of these companies, many consumers are still drawn in by the easy nature of “order, spit, discover,” where all the customer needs to do is spit into the provided tube and mail it back to the company. In addition to the futuristic fantasy of being able to buy a product that can give them a look at their own genes. This has led to genealogy being one of the most popular hobbies in the United States (Roberts, 2011, p. 227). However, it is the same off-hands approach and misunderstanding of genes by consumers and the media that help sell the product, as many don’t know how these companies decipher their genetic information, yet they still trust them. Much of this unquestioned trust is a result of the idea that scientific research is always objective and unbiased, and that research is always progress towards the greater good. This trust without questioning is harmful, as consumers then don’t understand the process behind the analysis of their genome nor the science behind ancestry tracing or health testing.

Further, because 23andMe is a private biotech company that exists in a gray area between a medical and recreational product, they do not have the same regulations as drug companies or healthcare providers; the validity of the information they produce is not screened. Without proper guidance in reading their results, consumers can easily misunderstand or misinterpret

information from these kits (Roberts, 2011, p. 204). Their private corporation status also helps with their potential for profiting from selling consumer's information to third parties. 23andMe states that "we will not share your individual-level information with any third party without your explicit consent", that they comply with the Genetic Information Nondiscrimination Act (GINA) of 2008, and that they will not provide your information to law enforcement or government agencies without a court-order. Additionally, donating one's genetic information for the good of furthering scientific research has been sold as a "civic duty" for the "greater good"; or as they state on their website, "Our genetic research gives everyday people the opportunity to make a difference by participating in a new kind of research —online, from anywhere. Once participants answer online survey questions, researchers link their genetic data to study topics from ancestry, to traits, to disease. These contributions help drive scientific discoveries" (23andMe website). And while these may all seem like safe-guards and donating genetic information for scientific research may make people feel good, companies like 23andMe will continue to profit off not only the purchasing of the kit, but also from potentially selling customers' information to research companies and public databases. More importantly, "making citizens responsible for managing their health at the genetic level reflects the shift of responsibility for public welfare from the state to the private realms of market and family...Instead the government and corporate sectors rely on the sense of obligation individuals feel to control their own health at the genetic level" (Roberts, 2011, p. 220-221). Therefore, this new responsibility to monitor oneself and potential future offspring for disease and disability falls in line with neoliberal desires of public goods becoming privatized through corporations. Further, these companies are profiting by selling consumers the idea that not only is this morally responsible, but it is also fun and trendy. This has led to the new age of biocitizenship constructed through the relationship between the

individual, the market and the government (Roberts, 2011, p. 225). Further, the embrace of the concept of a biocitizen, sometimes framed as a bioconsumer, is dangerous as it not only individualizes health, but also commodifies it. Health then becomes a kit or product one can buy, and disability and disease become something one can control or manage, now even at the molecular level (Roberts, 2010, p. 61).

My Place in this Research

As a queer, trans non-binary, disabled feminist, this topic impacts me personally, and as someone who holds a Bachelor of Science degree in Genetics *and* Gender, Women and Sexuality Studies (GWSS) this topic also impacts me on an academic level. My dual undergraduate majors led me to study the phenomenon of at-home genetic testing kits more broadly, and 23andMe specifically. Throughout many of my undergraduate courses in Genetics, neither eugenics nor current iterations of genetics were presented in a negative light. But perhaps this also correlated to the Dight Institute on the University of Minnesota—Twin Cities campus merely switching out “Eugenics” for “Human Genetics” rather than changing the name to not include a renowned eugenicist? Additionally, I vividly remember that a guest lecturer in my Human Genetics class didn’t mention racism, ableism or xenophobia in a talk on eugenics in the United States, and further stated that eugenicists had “good intentions.” This belief that scientists have good intentions when doing studies that aggregate data by race, or that explicitly are researching a particular racial group, has carried over into current racial science. Interestingly, many minority racial groups were foundational in pushing for race to be included as a data category, as well as for minorities to be included in clinical trials and research-- as they have historically been excluded from trials and rather used in dangerous medical experiments (Roberts, 2011a, p. 107).

The public has bought into these explanations, even across the political spectrum as conservatives may find solace in racial differences being biologically located and liberals may view this research as an avenue to continue scientific progress (Roberts 2011a, p. 293). And more broadly, “Science is the most effective tool for giving claims about human difference the stamp of legitimacy” (Roberts 2011a, p. 27). This has set 23andMe up to excel in multiple markets, as the desire to genetically test oneself has various influences. Since its founding, 23andMe has been in the news due to lawsuits against it. However, more recently they have received FDA approval and the tide of public approval seems to be shifting toward their favor, as internet and social media influencers are documenting and endorsing their product. Moreover, my undergraduate university offered a course my senior year wherein students submitted their genetic information to 23andMe and would analyze it throughout the course. These factors, along with the drastically lowered price of individual genetic testing, have created a product that is interesting and arguably in reach for many people—all of which brought this specific company to the forefront for my research.

Through delving into crip theory and Feminist Science Studies during my undergraduate years, I began to contextualize these DTC kits through an intersectional feminist lens that opened my eyes to how they have the potential to shape how people view health and disability. In particular, analyzing how the concept of being able to manage health at a molecular level preemptively can extend to policing reproduction. All these questions and fears have long histories rooted in eugenics, racism, xenophobia, homophobia, ableism, anti-Semitism, sexism, ageism and classism--or more succinctly, a history in policing and punishing non-normative bodyminds. This led me to choose to analyze 23andMe through an intersectional feminist, queer and crip lens by looking at their images, advertisements and the discourse surrounding the company. Because

even at first glance, the name 23andMe is ableist as it excludes those whose genomes don't meet the "normal" standard of 23 chromosomes. Moreover, the people represented in the commercial fit perfectly into the new wave of embracing diversity-- or rather, the "right" kind of diversity; because while various age ranges, races and genders were represented, none of the actors strayed from societal norms of being thin, able-bodied and heterosexual. This begs the question of who is in the market for 23andMe's Health and Ancestry kits, and which bodyminds still lay outside that norm. As Disability Scholar Lennard Davis argues in *The End of Normal*, "diverse" is just the new replacement for normal (2013, p. 1).

Curating the Disabled Image Through Advertisements

The social construction of images molds which bodyminds society deems "normal," and this construction always places disabled bodyminds outside the desired norm. Further, deviation from the desired norm leads to punishment and conformity leads to reward (Garland-Thompson, 2009, p. 65). And while the label of abnormal may be a constant, the stereotypes and tropes for disabled people in media can vary. Joseph P. Shapiro and Paul K. Longmore outline several of these tropes, from the poster child (Shapiro, 1994, p. 12), the beggar (Shapiro, 1994, p. 16), the supercrip (Longmore, 2003, p. 139; Shapiro, 1994, p. 16), the deformed villain (Longmore, 2003, p. 133), the monster (Longmore, 2003, p. 135), the sexual deviant (Longmore, 2003, p. 141) or the asexual disabled person, to the plotlines of assisted suicide (Longmore, 2003, p. 136) and the angry or maladjusted disabled person (Longmore, 2003, p. 137).

Overall, these lead to audiences pitying and/or fearing disability and disabled people, as Shapiro (1994) argues "Fear, disabled people understand, is the strongest feeling they elicit from nondisabled people. Fear underlies compassion for the poster child and celebration of the supercrip" (p. 38). Or to perhaps boil it down further, as Rosemarie Garland-Thompson (2009)

states “...a nondisabled person often does not know how to act toward a disabled person...” (p. 69). Further, how a person is seen is largely informed by societal stereotypes and images; therefore, it is increasingly important to have accurate and positive media representation for all oppressed and minority groups. However, as Charles A. Riley II (2005) states “Whether for better or worse, the metamorphoses of a person’s image are controlled by the image maker, not by the one in the picture” (p. 2). Thus, it is important to analyze the depictions of disabled people, but it is also important to be aware of who is creating the image, who the image is created for, and how the image impacts society.

Interestingly, several theorists have highlighted advertisements as examples of positive portrayals of disabled people (Riley, 2005, p. 2; Shapiro, 1994, p. 35). However, as both Shapiro (1994) and Riley (2005) suggest, this also has coincided with the emergence of disabled people as a consumer group. Therefore, I am skeptical of these “positive” portrayals because they are not made with the intent of accurately representing a minority group, but rather as a way to target consumer groups in order to sell products. 23andMe appears to be both targeting individuals who already have a diagnosis for research purposes and those who want to “manage” or “prepare for” potential diagnoses in their future, as they are promoting DNA testing as necessary for one to be knowledgeable of how to manage disease and disability—that consumers now need to be preemptive with their health and they need to *know* their bodies down to the genetic level otherwise they are not responsible. Here I am going to provide an in-depth analysis of 23andMe’s commercials to understand how 23andMe is curating their own media presence, as well as to provide insight on the impact of these advertisements on potential consumers by addressing the questions: What messages are these at-home genetic “health” tests sending about

disability and “health”? How do visual and textual media shape how we view disability and health? Which bodyminds are represented in these advertisements, and which are absent?

Creating Consumer “Stories”

23andMe started posting videos to their YouTube Channel (<https://www.youtube.com/user/23andMe>) in 2009, where they started with informational videos about DNA and slowly moved into utilizing customer stories to promote their products online. This shift in video style is central to the set-up of both their YouTube page and their website today, wherein the focus of their advertisements is on customer “stories.” This centering of customer feedback is noted on their other social media pages such as Twitter and Instagram where they urge consumers to use the hashtags #23andMe and #23andMeStory for a chance to be featured on these pages—and with a large following on these accounts—76,700 and 41,500,¹ respectively, they are reaching a large audience through centering the importance of being “personable” and being active across multiple new media platforms. While their YouTube channel does not boast the same number of followers, coming in at 24,378,² it serves as a means to access their aired TV commercials.

23andMe has since shifted all its website video advertisements to fit into the narrative of “stories” from their customers. From there these stories are categorized as “General DNA,” “Ancestry,” “Research,” and “Health.” For the purposes of my research I am focusing on “Health” stories, as these videos feature consumers who have used the Health and Ancestry test kit. There are currently 24 Health related videos on 23andMe’s YouTube page out of 122—of which 8 are filmed in their “story” format. Additionally, 5 Health related videos out of 16

1 Taken on January 9, 2017

2 Taken on January 9, 2017

currently featured videos on their website—3 of which are the most recent video commercials they have released, perhaps suggesting a shift in marketing towards the newer Health and Ancestry testing kit. Here I will be analyzing five of these videos in depth by first providing a descriptive outline of each and then through assessing prevalent themes that emerge. The following videos I am analyzing are: “This is Lupus,” “This is Parkinson’s,” “DNA and Fitness: Josh Hockett’s DNA Story,” “Empowering Herself: Sarah’s 23andMe Story,” and “An Unexpected Discovery: Kristen’s 23andMe Story.” These five advertisements fall into three categories: to advertise the importance of research into specific diseases (i.e. Irritable Bowel Disease, Alzheimer’s, Lupus, Parkinson’s), to learn more about fitness and health, or to determine a consumer’s risk based on family history of specific diseases (i.e. Parkinson’s and Alzheimer’s). Overall, all of these “Health” advertisements push for the ability of the consumer to manage their own disability or be a part of research for a “cure.”

Prevalent Themes

Who is present? Reifying the Normate

The normative bodymind is often characterized as the white, cisgender, heterosexual, young, fit, ablebodied/ableminded, middle class person. Additionally, this person would follow what José Esteban Muñoz (2009) would characterize as following “straight time” that is to be born, get married, buy a house, reproduce, retire and die (p. 32). Both of these checklists are largely filled out by each advertisement “story,” which provides an answer to the question of which bodyminds are present in these advertisements and which are absent.

From these five advertisements four of the five stories are about cisgender heterosexual women who are married, or have a serious boyfriend in Sarah’s case. Additionally, both Claudia and Kristin discuss the importance of 23andMe’s product and research because of their children.

While Josh's story does not provide insight into his dating life or sexuality, his advertisement emphasizes normative "masculinity" with the importance of exercise and total body "health." However, it does present the question of why the women in these advertisements needed to be presented in reference to their spouses or partners, but Josh was able to be presented solely as an individual. Overall, every single one of the highlighted stories emphasizes the individual's family, whether this is through their grandparents leading them to do the test for Sarah and Kristen, their parents encouraging their lifestyle change in Josh's case, or continuous reference and inclusion of their spouse and/or children in Mary, Kristin and Claudia's videos. This emphasis of family in their stories falls in line with much of 23andMe's advertising as a whole, as well as with the deals they offer on their testing kits for holidays such as Father's Day, Mother's Day, Thanksgiving and Christmas—and the constant visuals and rhetoric that describe finding "long lost family" or the kits being a "perfect gift for the whole family." Lastly, in addition to almost all of the advertisements reifying a heterosexual and cisgender person, all of the advertisements exemplify a middle-class customer as every story shows the individual in a large and spacious home. Therefore, they are cementing their kit as an attainable good for the middle-class consumer, and something the poor and working poor could save up for if they desired.

Another glaring lack of representation is with the race of the individuals in the Health stories, as Claudia is the only person of color included. This lack of racial diversity only seems exemplified by how different Claudia's advertisement is from the others: her thumbnail is the only one that is not a solo shot of her, her name is not mentioned until about halfway into the advertisement, her name is not printed on the screen until the very end, reading "Join Claudia and 23andMe in Parkinson's research," and her advertisement closes out with a call to action for

others to participate in research rather than in her discussing how she feels empowered or hopeful like the remaining advertisements. All of this suggests that they were utilizing Claudia's story to draw in more people of color to participate in their research—as 23andMe has publicly mentioned the lack of racial diversity in their studies and customers.

The last piece of the puzzle is the molding of the young and fit “healthy” consumer, as Josh, Sarah and Kristin all play a role in constructing the physically active, forward thinking, and healthy young consumer. While Mary and Claudia are both middle-aged and their commercials do not emphasize exercise or shots to show off their bodies, as they do not fall into the media desire for fit and thin bodies, their commercials are also the oldest out of the five, therefore suggesting a new move in 23andMe's marketing to only show young and fit voices and stories. This overload of “healthy” images and activities are present in all five of the commercials, as all the advertisements show the individuals preparing food and cooking “healthy” foods such as fruits, vegetables and salmon. Additionally, every video has the individual performing some type of physical exercise, and while Josh and Sarah's stories center on intense physical exercise throughout, we see Mary, Claudia and Kristin going for walks in parks and playing with their pets. Lastly, images of nature are utilized in every commercial ranging from ocean views, hiking trails, parks or tree-lined streets—eye-catching shots of green are integrated into every video. Overall, these “stories” re-create the normate and connect these healthy, middle-class and family-value laden lives with the product, thus suggesting that 23andMe's Health and Ancestry kit is a means to achieve this “healthy” lifestyle. All of this falls in line with normative societal beliefs and expectations because “advertising works by reflecting pre-existing ideological narratives” (Kafer, 2013, p. 97). Additionally, this advertising strategy is hard to argue against because “health” is understood as an inherent good (Metzl, 2010, p. 9). Further, the obsession with health

in the U.S., and most recently the commodity and industry of health, makes it hard to think outside this discourse (Metzl, 2010, p. 5). The rise of biotech companies like 23andMe have helped create a new industry of self-monitoring technologies, and because their marketing has embraced increasing or uncovering health as their incentive, this ushers these companies in as unquestionably good (Roberts, 2010b, p. 66). However, “...we must remember to assess exactly what kind of health is being produced, for whom, according to what definitions, and under what unquestioned assumptions” (Kirkland, 2010, p. 197); thus, health is not apolitical, and not everyone is benefiting.

Rhetoric of Cure and Control

Although each of these commercials tells a different “story,” the rhetoric used by the people in the videos is similar in that they touch on “staying positive,” feeling prepared and in control of their health, and the importance of the future and cure. The rhetoric of positivity is particularly prevalent for both Mary and Claudia—as their stories revolve around them “living with” Lupus and Parkinson’s, respectively. Mary especially focuses on keeping positive, as she explicitly states

You have to stay positive. Anything you can do to perk up your life and have positive feelings is just going to make you feel good, which is going to lower your stress, which is going to make you happier and healthier. You really just have to take your situation for what it is on that day and have positive hope and faith. You will get through the next step whatever it is. (23andMe, 2016b, 1:58)

On the other hand, for Claudia this rhetoric is more subtle but is used through focusing on positive attributes about herself, such as her being optimistic, an inspiration and energetic, in addition to her referring to herself as “blessed” on more than one occasion in the video.

The focus on positivity is carried into Josh, Sarah and Kristin's storylines centering around preparing themselves and finding a means of control through 23andMe. Sarah repeats the importance of preparing for the potential of her developing Late-onset Alzheimer's: "It allows me to really feel *prepared* and to plan," "If I can in any way get more information so that I can start to *prepare* myself then I'm going to do that," (23andMe, 2018d, 1:01) and "I think that that's just so empowering to see down the road if that were to happen, how many things can I do now to really feel my strongest and best, and my most *prepared*" [emphasis added] (23andMe, 2018d, 2:29). Whereas Kristin utilizes language that focuses on how the test results have shaped her lifestyle and habits, "finding out this early has probably added years to my life. And taking *the actions I've taken* because of this knowledge has definitely improved the quality of my life" (23andMe, 2018l, 4:27). This still categorizes her actions as a means of preparing for and controlling how her diagnosis affects her health. Josh's story focuses mainly on utilizing the 23andMe test results to shape his workout plans and hence control his physical appearance and diet through emphasizing health: "I'm after optimal health" (23andMe, 2016a, 0:19) and, "I'm always looking for those kinds of things that can help me progress forward as just a healthy person and as an athlete" (23andMe, 2016a, 2:40). He also focuses on how he is using this knowledge to help others achieve their health goals, with the overall focus resting solely on physical appearance. He states "the most gratifying part of training others for me is being able to see that transformation take place in them. Much like it happened to me back in 8th grade, you know when I became a different person" (23andMe, 2016a, 1:13).

The most prevalent language used in all five videos is various references to the future and the desire for cure, as all five posit 23andMe as the future of research and healthcare; additionally, all five stories discuss 23andMe as a means of understanding their bodies more

intimately down to the genetic level. In the most recent commercials, Sarah and Kristin both emphasize seeing 23andMe as a means of moving forward with the knowledge of their diagnoses, thus giving both of them the power to make changes to their own biological futures. This plays into the rhetoric of control discussed above, as Josh, Sarah and Kristin all touch on the desire to control and change their own futures with the information gained through 23andMe. However, Kristin and Claudia discuss a different perspective of the future, as they both focus on the future generations and a desire to find a cure for their respective diseases. In particular, they both emphasize their roles as mothers, reinforcing the societal expectations of women to be nurturing and selfless. Claudia states, “what’s important to me has always been the love and the well-being of my family, definitely *I’m doing it for them*” (23andMe, 2016c, 1:48) and Kristin says, “when you’re a mother you don’t have the luxury of ignoring important things like this. I *owed it to my children* to find out more about Alpha-1” (23andMe, 2018l, 2:27, emphasis added). Most directly, Claudia’s story ends with her urging viewers to get involved with research, “we need to be proactive towards our health, and the best way to do it is participating in research. Why not get involved in research? Deciphering the genetic code will help *future generations*” (23andMe, 2016c, 2:00).

This desire to control, manage or “cure” disability and disease is always future-gazing enterprise, and these utopian imaginations never include the “abnormal.” So, this begs the question: how do these products and societal “norms” shape which bodyminds we envision in the future and which we erase? Particularly as the rhetorical moves in these commercials emphasize staying positive *despite a disease*, the desire to *control* one’s biological future, and the push for cure for *future generations* continually place disease and disability as something undesirable and something to eradicate in order to create a “healthier” and better future. These desires have

tangible impacts, because how then are disabled individuals meant to cultivate a positive self-image or identity? How are they meant to prepare for a future in which they are not imagined in or desired? As Elizabeth Barnes (2016) states in *The Minority Body*, “It’s hard to accept and be happy with a disabled body if the expectation is that you should wish, hope, and strive for some mechanism to turn that disabled body into a non-disabled body” (p. 164).

Who is not present? Erasure of Disabled Bodyminds

Beyond the apparent lack of people of color in their advertisements, another notably missing group is physically and visibly disabled bodyminds. While Mary and Claudia’s storyline revolves around their diagnoses, they do not self-identify as disabled and heavily lean on the rhetoric of “overcoming” and pushing for cure, because as Eli Clare states, “overcoming is cure’s back-up plan” (2017, p. 10). This utilization of individuals with Lupus and Parkinson’s, like Mary and Claudia, are therefore both used to inspire ablebodied/ableminded individuals and to inspire those with these diseases and disabilities to participate in 23andMe’s research studies to “create a better future.”

This desire for a “better future” distinctly leaves disabled people out; therefore, this push for a “cure” and the imagery of the disabled person who has “overcome” their disability commits both testimonial and hermeneutical injustice for disabled viewers. Testimonial injustice occurs when “a speaker is not believed or given due credence (where others would be) specifically because they are a member of a group that is the subject of stigma” (Barnes, 2016, p. 135). In the case of disabled people, mainstream society paints them as lacking, suffering, deserving of pity, brave or as “tragic overcomers” (Barnes, 2016, p. 138). And because of these assumptions and stereotypes, disabled people’s testimonies are not heard, and if they are heard yet do not match

these expectations they are not believed. Many of these societal stereotypes are created because able-bodied/able-minded people are given the space to speak for disabled individuals. This is a frequent occurrence for many minority and oppressed groups, because of what Jackie Leach Scully (2008) calls the “move of commonality” and the “move of marginality.” The move of commonality claims “that any or all of these viewpoints are adequately represented by other spokespeople (so that a white person can ‘speak for’ a black person, or a man for a woman) because these different agents still have enough in common” (Scully, 2008, pp. 23-24); and the move of marginality states, “these viewpoints are so marginal as to be not only numerically insufficient but also too whacky to take seriously” (Scully, 2008, p. 24). Both these “moves” serve to further marginalize and silence disabled people, and also help create the second injustice: hermeneutical injustice. As defined by Elizabeth Barnes (2016),

In cases of hermeneutical injustice, we harm people by obscuring aspects of their own experience. Our dominant schemas—our assumptions, what we take as common ground—about a particular group can make it difficult for members of that group to understand or articulate their own experiences qua members of that group. (p. 169)

This is harmful to disabled people because they are then unable to form a positive disabled identity or imagine what that may look like because the only “positive” way to be disabled is for them to “overcome” their disability (Barnes, 2016, p. 173). The net result of this is not only an inability for disabled people to have a positive understanding of their disabled identity because “...current research suggests that, for disabled people, non-acceptance of disability is correlated with depression (and predicts future depression), that positive disability identity predicts self-esteem, and that positive disability identity predicts satisfaction with life” (Barnes, 2016, p. 180). Overall, both testimonial and hermeneutical injustices silence and erase the lived experiences of

disabled people. This leads to gaps in knowledge and ultimately to the reproduction and reification of old and harmful stereotypes of disabled people.

This erasure of physically and visibly disabled people from 23andMe’s advertisements separates disabled people from being “healthy” or being able to attain “health” through their products. As I have extensively outlined above, all of the stories utilize societally understood imagery of “health” such as eating vegetables, hiking, nature and working out—therefore selling their Health and Ancestry kit as a means for customers to buy into these desired healthy lifestyles. This linking of disability and disease to being unhealthy in turn also cements the mainstream view of disability as undesirable. Therefore, 23andMe does not appear to be advertising to the disabled customer, that is unless they want to participate in research toward “curing” their diagnosis or disability in the future. Which further emphasizes the question: a future for who?

Works Cited

- Barnes, E. (2016). *The minority body: A theory of disability*. Oxford, England: Oxford University Press.
- Clare, E. (2017). *Brilliant imperfection: Grappling with cure*. Durham, NC: Duke University Press.
- Davis, L. J. (2013). *The end of normal: Identity in a biocultural era*. Ann Arbor: The University of Michigan Press.
- Garland-Thompson, R. (2009). Disability, identity, and representation: An introduction. In T. Titchkosky & R. Michalko (Eds.), *Rethinking normalcy: A disability studies reader* (pp. 63-74). Toronto: Canadian Scholars' Press.
- Kafer, A. (2013). *Feminist, queer, crip*. Bloomington: Indiana University Press.
- Kirkland, A. (2010). Conclusion: What next? In J. M. Metzl & A. Kirkland (Eds.), *Against health: How health became the new morality* (pp. 195-204). New York: New York University Press.
- Longmore, P. K. (2003). Screening stereotypes: Images of disabled people in television and motion pictures. In *Why I burned my book: And other essays on disability* (pp. 131-146). Philadelphia, PA: Temple University Press.
- Metzl, J. M. (2010). Introduction: Why 'against health'? In J. M. Metzl & A. Kirkland (Eds.), *Against health: How health became the new morality* (pp. 1-14). New York: New York University Press.
- Muñoz, J. E. (2009). *Cruising utopia: The then and there of queer futurity*. New York: New York University Press.
- Roberts, D. (2010). The social immorality of health in the gene age: Race, disability, and inequity. In J. M. Metzl & A. Kirkland (Eds.), *Against health: How health became the new morality* (pp. 61-71). New York: New York University Press.
- Roberts, D. (2011). *Fatal invention: How science, politics, and big business re-create race in the twenty-first century*. New York, NY: The New Press.
- Riley, C. A. II. (2005). Heroes of assimilation: How the media transforms disability. In *Disability and the Media: Prescriptions for Change* (pp. 1-23). Lebanon, NH: University Press of New England.
- Scully, J. L. (2008). Moral bodies: Epistemologies of embodiment. In H. Lindemann, M. Verkerk, & M. U. Walker (Eds.), *Naturalized bioethics: Toward responsible knowing and practice* (pp. 23-41). Cambridge, England: Cambridge University Press.
- Shapiro, J. P. (1994). Tiny Tims, supercrips, and the end of pity. In *No pity: People with disabilities forging a new civil rights movement* (pp. 12-40). New York, NY: Three Rivers Press.
- 23andMe. (2016a, December 26). *DNA and fitness: Josh Hockett's 23andMe Story*. [Video file]. Retrieved from https://www.youtube.com/watch?v=7V7KE_pgjMQ
- 23andMe. (2016b, March 11). *23andMe: This is Lupus*. [Video file]. Retrieved from <https://www.youtube.com/watch?v=NOoOoWH2BuU>

23andMe. (2016c, March 31). *23andMe: This is Parkinson's Disease*. [Video file]. Retrieved from <https://www.youtube.com/watch?v=-1gjNUzABAY>

23andMe. (2018b). About. [YouTube]. Retrieved from <https://www.youtube.com/user/23andMe/about>

23andMe. (2018c). *Becoming part of something bigger*. Retrieved from <https://www.23andme.com/research/>

23andMe. (2018d, January 2). Empowering herself: Sarah's 23andMe story. [Video file]. Retrieved from <https://www.youtube.com/watch?v=XTbw9n23Ctg&t=4s>

23andMe. (2018l, January 2). An unexpected discovery: Kristin's 23andMe story. [Video file]. Retrieved from <https://www.youtube.com/watch?v=Mg1o1pbkozk>