

## Valuing Disability, Causing Disability

Elizabeth Barnes

Disability rights activists often claim that being disabled isn't something that's bad for you. Disability is, rather, a natural part of human diversity - something that should be valued and celebrated, rather than pitied and ultimately 'cured'. But though this view is common among disability rights activists, many (perhaps most) philosophers find it implausible and radical. A major objection to such views of disability - one which tries to reinforce the idea that the position is deeply implausible - is this: were they correct, they would make it permissible to cause disability and, for similar reasons, impermissible to cause non-disability (or impermissible to 'cure' disability, to use the value-laden term). The aim of this paper is to show that these twin objections don't succeed. We can appeal to neither the permissibility of causing disability nor the impermissibility of causing non-disability to undermine the disability-positive position.

In what follows, I first attempt to clarify the position being objected to. To do this, I unpack the distinction between what I call 'mere-difference' views of disability (like those often favored by disability rights advocates) and the more familiar 'bad-difference' views of disability (§1). I then discuss the objection to mere-difference views of disability based on causing disability (§2). I look at different ways one could cause disability, and discuss what defenders of a mere-difference view can say about them (§3, §4, and §5), and then address the potential discrepancies between causing and 'curing' disability (§6).

But first a note on terminology. In what follows, I attempt to characterize the distinction between mere-difference and bad-difference views of disability, and discuss the implications of the mere-difference view. I make no attempt, however, to define 'disability'. That task is too complex, and

would take me too far from my intended argument, to be attempted here. Unsurprisingly, my paper is not neutral across all proposed definitions of disability. On pain of incoherence, for example, I cannot articulate a mere-difference view of disability if Kahane and Savulescu's (2009) 'welfarist account' of disability is correct. If disability *just is* something that detracts from your wellbeing, then there isn't space for theories of disability which say that disability doesn't (by itself) detract from wellbeing. If Kahane and Savulescu's definition is correct, the mere-difference view is analytically false. The basic point of the mere-difference view, if you accept the welfarist account, should instead be interpreted as this: most of the things we typically think of as disabilities aren't in fact disabilities. Similarly, some versions of the social model of disability take 'disability' to refer simply to the socially-mediated bad effects of impairments (disability is, on this view, entirely constituted by social discrimination). There isn't room for a mere-difference view of disability on this understanding of 'disability' either, but here the terminological difference runs less deep. If the fan of this type of social model takes my use of 'disability' and replaces it with 'impairment', my arguments will remain basically unchanged.

For present purposes, I want to understand 'disability' as a term introduced by ostension. Think of paradigm cases of disability - mobility impairments, blindness, deafness, rheumatoid arthritis, achondroplasia, etc. I am interested in what follows if we say that *these kind of things* - whatever they may be - are mere-difference rather than bad-difference. Would it follow that it is permissible

to cause people to have these kinds of features? Would it follow that it is impermissible to seek to remove or prevent these features?<sup>1</sup>

## 1. The Bad-difference/mere-difference distinction

Disability rights activists often adopt a ‘disability-positive’ characterization of disability. In a nutshell, that characterization is this: disability is not, by itself, something bad, harmful, or sub-optimal. My argument is that causation-based objections to such views of disability do not succeed. But before we can evaluate the objections in question, we first need to briefly get clearer on what the disability-positive position *is*.

Let’s call views that maintain that disability is by itself something that makes you worse off ‘bad-difference’ views of disability. According to bad-difference views of disability, not only is having a disability bad for you, having a disability would still be bad for you even if society was fully accommodating of disabled people. In contrast, let’s call views that deny this ‘mere-difference’ views of disability. According to mere-difference views of disability, having a disability makes you non-standard or different, but it doesn’t by itself make you worse off. This rough-and-ready distinction highlights the basic ideas, but it needs to be explained more thoroughly if it’s going to be put to work.

---

<sup>1</sup> A certain kind of skepticism might arise at this point. Why think that there are good questions here to be asked about *disability* in general, given the the marked heterogeneity across various disabilities? Why not think the questions are more specific - is it permissible to cause blindness? is it permissible to cause deafness?, etc - and that the answers to these questions might come apart? My reason for talking about disability simpliciter, rather than individual disabilities, is simply that this is what the disability rights movement does. The focus of this paper is to defend mere-difference views of disability from a certain kind of objection. I am interested in mere-difference views of disability insofar as they seem to reflect much of what is said by the contemporary disability rights/disability pride movement. So I am happy to take talk of disability simpliciter - and what follows from it - on board. My own view of disability - which I don’t have the space to defend or fully articulate here - is that we should be interested in a unified concept of disability precisely because it is a concept that people have found useful when organizing themselves in a civil rights struggle. (And so I lean toward a broadly social constructionist view of disability.)

Unfortunately, though, there isn't a single best way of characterizing this distinction. The difference between mere-difference and bad-difference views of disability is best understood as a difference in the interaction between disability and wellbeing. But there are many different - and quite disparate - theories of wellbeing. There isn't a way of characterizing the mere-difference/bad-difference distinction that cuts neatly across all these different views of wellbeing - or at least if there is one I haven't been able to come up with it.

First, let me explain why it's complicated. The mere-difference view isn't simply the view that, on average, disabled people aren't any worse off than non-disabled people. It's perfectly consistent with the mere-difference view that the *actual* wellbeing of disabled people is, on average, lower than that of non-disabled people, simply because of how society treats disabled people. The mere-difference view also needn't deny that disability involves the loss of intrinsic goods or basic capabilities (and, *mutatis mutandis*, needn't deny that disability is, in a restricted sense, a harm - a harm with respect to particular features or aspects of life). It's perfectly consistent with the mere-difference view that disability always involves the loss of some goods. It's just that, according to the mere-difference view, disability can't be *merely* a loss or a lack. The mere-difference view can maintain that the very same thing which causes you to lose out on some goods (unique to non-disability) allows you to participate in other goods (perhaps unique to disability). For example, a defender of the mere-difference view can grant that the ability to hear is an intrinsic good. And it's an intrinsic good that Deaf people lack. But there might be other intrinsic goods - the unique experience of language had by those whose first language is a signed rather than spoken language, the experience of music via vibrations, etc - experienced by Deaf people and not by hearing people.

Deafness can involve the lack of an intrinsic good without being *merely* the lack of an intrinsic good.<sup>2</sup>

So the mere-difference view can't simply be the view that disability doesn't involve the loss of goods, nor the view that disability doesn't in fact reduce wellbeing. But nor can the mere-difference view be characterized simply as the view that disability is not intrinsically bad for you, or intrinsically something that makes you worse off. Suppose, for example, that your view of wellbeing is a strong form of hedonism - one which maintains that the only thing that's intrinsically good for you is pleasure, and the only thing that's intrinsically bad for you is pain. Disability doesn't make you *intrinsically* worse off on this view. But suppose you further think that disability always or almost always leads to a net loss of pleasure, and that this loss of pleasure would persist even in the absence of ableism.<sup>3</sup> In that case, your view of disability sounds like a bad-difference view - even though disability isn't something that's *intrinsically* bad for you.

In light of these sorts of complexities, I think the best thing to do is to give several different, non-equivalent ways of characterizing the mere-difference/bad-difference distinction. Hopefully, at least one of them will be adequate, whatever your theory of wellbeing. To begin with, we have the simple:

(i) Disability is something that is an automatic or intrinsic cost to your wellbeing.

---

<sup>2</sup> Furthermore, it doesn't seem like the mere-difference view can only allow that disabilities involve the absence of some intrinsic goods if the lack of those goods is somehow 'compensated for' by other, disability-specific goods. Consider a different case. We might think that the ability to be pregnant and give birth - to grow a new person in your own body - is an intrinsic good, at least insofar as any ability is an intrinsic good. People who are biologically male lack this ability. Nor is there any obvious man-specific ability we can point to which compensates men for this lack. But we don't tend to think that people who are biologically male are automatically worse off than people who are biologically female, simply because they lack an ability we might count as an intrinsic good.

<sup>3</sup> A further note on terminology: I will use the term 'ableism' to mean social prejudice and stigma directed against the disabled in virtue of the fact that they are disabled, just as people use the term 'racism' to mean social prejudice and stigma directed against those of a particular race in virtue of the fact that they are members of that race.

Broadly Aristotelian or ‘objective list’ views of wellbeing often view disability in a way that supports (i).<sup>4</sup> There is, on these views, some norm of human flourishing or set of basic capabilities from which disability detracts. This is one way of holding a bad-difference view of disability. But it is certainly not the only way. A claim like (i) will be rejected by those who favor desire-satisfaction or hedonistic theories of wellbeing, for example - though one can easily maintain a bad-difference view on such theories of wellbeing. An alternative characterization of the bad-difference view, more amenable to such views of wellbeing would be:

(ii) Were society fully accepting of disabled people, it would still be the case that for any given disabled person x and arbitrary non-disabled person y, such that x and y are in relevantly similar personal and socio-economic circumstances, it is *likely* that y has a higher level of wellbeing than x.

That is, even if we eradicated ableism, disability would still have a negative impact on wellbeing. If you compared two people who were relatively similar in their socio-economic and personal circumstances, but who differed in whether they were disabled, the disabled person would likely be worse off than the non-disabled person - society’s acceptance notwithstanding. Suppose, for example, that you hold some version of a desire-satisfaction theory of wellbeing, and further think that disability is strongly correlated with the frustration of desires. Your view of disability wouldn’t support (i), but it would support (ii). You think that, even in the absence of ableism, a disabled person is *likely* to have more unfulfilled desires than a non-disabled person in relatively similar

---

<sup>4</sup> Again, just because they often do support this characterization of the bad-difference view doesn’t mean that they have to. Nor is commitment to a mere-difference view in any way commitment to a rejection of objective list theories of wellbeing. It’s perfectly consistent for an objective list view of wellbeing to simply leave out non-disability from their list of things which are objectively good for you. Likewise, it’s perfectly consistent for them to maintain that disability always incurs a loss of some objective good, but can also create opportunities for experiencing other, different objective goods.

circumstances - and so you think a disabled person in relatively similar circumstances is likely to be worse off. But some subjectivists about wellbeing might be unhappy with the interpersonal comparisons of wellbeing required in (ii), so instead we could characterize the bad-difference view as:

(iii) For any arbitrary disabled person  $x$ , if you could hold  $x$ 's personal and socio-economic circumstances fixed but remove their disability, you would thereby improve their wellbeing.

Almost no one - however committed to a bad-difference view of disability she may be - thinks that being disabled *always* makes your life go worse for you. Someone might have been a lonely shut-in, with no friends and no community, before she became disabled. She then goes to a rehabilitation center, where she makes a lot of friends, becomes involved in sports or the arts, etc. This person's life has, on balance, gone better for her in a way that's causally related to becoming disabled. But it hasn't gone better for her *in virtue of* being disabled. If she could keep her friends, her interests, and her community but lose her disability most people think she would be better off. There are caveats, of course. If a person makes her living from disability theater or is a star in the paralympics, it isn't obvious she'd be better off without her disability. But if we could hold fixed most of her external circumstances but remove her disability, a standard interpretation of the bad-difference view says we've thereby made her better off. And that's the idea (iii) tries to capture.

(iii) is a strong claim, however: it's saying that removing someone's disability (provided you could hold other things fixed) will *automatically* make them better off. There are other options (like (ii)) which are weaker, but which still count as bad-difference views. For example, a desire-satisfaction theorist could maintain that you don't *automatically* make someone better off if you can hold their circumstances fixed but remove their disability. After all, you have to leave room for odd desires.

And similar points apply, *mutatis mutandis*, for the hedonist who wants to leave room for unusual sources of pleasure. Still, many such people would want to say that it's *incredibly likely* that you make someone better off by removing their disability, even in the absence of ableism. That claim is weaker than (iii), but still in the spirit of bad-difference views.<sup>5</sup>

To sum up: none of (i)-(iii) is necessary for maintaining a bad-difference view. But maintaining any of (i)-(iii) is sufficient for a bad-difference view of disability. Mere-difference views of disability must deny all of (i)-(iii). But the mere-difference view is not simply the denial of (i)-(iii). Mere-difference views must also deny the converse claims (the 'good-difference' view of disability that says that disability makes you *better* off). Traditionally, mere-difference views are also further associated with various positive claims about disability, including:

- (a) Disability is analogous to features like sexuality, gender, ethnicity, and race.
- (b) Disability is not a defect or departure from 'normal functioning'.
- (c) Disability is a valuable part of human diversity that should be celebrated and preserved.
- (d) A principle source of the bad effects of disability is society's treatment of disabled people, rather than disability itself.

None of (a)-(d) are essential to maintaining a mere-difference view of disability. The mere-difference view can be understood simply as the denial of claims like (i)-(iii), and of their good-difference converses. But something along the lines of (a)-(d) is characteristic of the view of disability that at least *most* mere-difference views maintain. Commitment to (d) is of course not unique to mere-difference views; bad-difference views can agree that social prejudice causes harm to disabled people. But bad-difference views and mere-difference views often disagree over how

---

<sup>5</sup> For those not happy with (ii), some of these issues with (iii) could be addressed by adding everyone's favorite counter-example avoider: a *ceteris paribus* clause.

much weight they place on (d), and likewise on *to what extent* the bad effects of disability are caused by society, rather than by disability itself.<sup>6</sup>

## 2. A problem for the mere-difference view?

Notably, some combination of (i)-(iii) is generally taken to be the ‘common sense’ or ‘intuitive’ view of disability. Likewise, many philosophers react to claims like (a)-(d) with incredulity. The reasons for such incredulity are no doubt complex and varied. But I am here concerned with a specific argument which is often supplied in its support: if disability were mere-difference rather than bad-difference, it would be permissible to cause disability; it is obviously *impermissible* to cause disability; therefore, disability is not mere-difference; it is bad-difference.<sup>7</sup>

For example, John Harris writes:

Many people critical of my position talk as if the disabled are simply differently abled and not harmed in any way. Deafness is often taken as a test case here. In so far as it is plausible to believe that deafness is simply a different way of experiencing the world, but by no means a harm or disadvantage, then of course the deaf are not suffering. . . . But is it plausible to believe any such thing? . . . Would the following statement be plausible—would it be anything but a sick joke? “I have just accidentally deafened your child, it was quite painless and no harm was done so you needn’t be concerned or upset!” Or suppose a hospital were to say to a pregnant mother: “Unless we give you a

---

<sup>6</sup> Some views - most notably those called the ‘social model’ of disability - maintain that the bad effects of disability arise wholly in virtue of society’s treatment of disabled people. But the mere-difference doesn’t need to go this far. It’s perfectly consistent with a mere-difference view that some bad effects of disability arise in virtue of disability itself - it’s just that some good things can also arise in virtue of disability itself.

<sup>7</sup> Variations of this argument are given in, inter alia, McMahan (2005), Harris (2001), Kahane (2009), and Singer (2004).

drug your fetus will become deaf. Since the drug costs £5 and there is no harm in being deaf we see no reason to fund this treatment.” (Harris, 384)

And here is Peter Singer:

Consider what we would have to give up if we were unequivocally to reject the idea that it is a bad thing for a child to have a serious disability. . .If serious disability has no tendency to make one’s life worse, there would be no reason to fund research into preventing, or overcoming, disability. That would save governments all over the world significant sums of money. Doctors could forget about advising women who are considering pregnancy to take folic acid to prevent spina bifida and anencephaly, as these conditions would not, on this view, disadvantage their children. . .Pregnant women could feel entirely free to drink as much as they wished, secure in the knowledge that there was no reason to believe that any of the conditions that the Surgeon General calls “defects” would be likely to make their children worse off. . .Pharmaceutical manufacturers would not have to test new drugs to see if they produced fetal abnormalities. Doctors could once again prescribe thalidomide as a useful sleeping aid, even for pregnant women. (Singer 133)

And here is Guy Kahane:

Now it seems that those who reject [that disabilities such as deafness are a harm] must also reject [that it is morally wrong to turn a hearing child into a deaf one]. If deafness is not a harm, then either it makes no difference to well-being in comparison with hearing (one needn't hold that it leads to identical well-being, just well-being on a par), in which case it wouldn't matter if one becomes deaf, or it tends to improve well being, in which case there is positive reason to turn hearing people deaf. So it seems that those who reject [that deafness is a harm]. . .must hold that. . .[p]arents are morally permitted (or even ought to) turn a hearing child deaf. (Kahane, 211-12)

It's also argued - for similar reasons - that the mere-difference view is implausible because it would make it *impermissible* to remove disability, as in Buchanan, et al (2000):

What is striking about the radical disability advocates' critique, then, is that. . .[it] condemns any effort to eliminate disabilities through medical interventions. . .For if taken literally, the slogan 'change society, not individuals' does not merely insist that we try to make the social world more accessible. . .; it would require accommodating those with impairments rather than using medical science to prevent or correct impairments (p 265).

It's worth emphasizing the philosophical importance of these arguments. The bad-difference view is often assumed rather than argued for: we're meant to have the intuition that it's correct, or simply take it as obvious. But the bad-difference view is a characterization of disability which is *not* obvious to many disabled people. And relying on brute intuition can offer little in the way of dialogue for those who simply don't share the intuition (and who might be skeptical that the intuitions of the majority offer particularly good insight into the wellbeing of the minority). The causation-based objections are an attempt to do better - to get some independent traction on the mere-difference/bad-difference debate. They try to show that the mere-difference view has implausible, impermissible consequences, even by the lights of its defenders. In what follows, I argue that these causation-based objections do not succeed: they do not in fact give this sort of *independent traction* on the mere-difference/bad-difference debate.

In order to make this argument, I'm going to proceed on the assumption that disability is, in relevant respects, analogous to features like sexuality, gender, and race. That is, I'm going to assume that being disabled is relevantly similar to other features we standardly treat as mere-

difference features. I'm not going to argue for this assumption. And that's because the objection I'm opposing takes the form of a conditional: *if* disability is mere-difference, *then* it's permissible to cause disability (and likewise impermissible to remove or prevent disability). I'm arguing that this inference is mistaken: it's not the case that if disability is mere-difference we can thereby infer that it's permissible to cause disability. To make this point, I consider other features which we standardly consider mere-differences - being gay, being female, etc - and consider what we say about causation in those cases. I argue that in general the inference from 'x is mere-difference' to 'causing x is permissible' isn't one we accept, and thus that we shouldn't accept the inference from 'disability is mere-difference' to 'causing disability is permissible'.

I imagine that some readers may, at this point, staunchly object: but being disabled *is not like* being gay or being female! So I emphasize that these analogies are an assumption *for the sake of argument*. The objection to the mere-difference view is that *if* disability is mere-difference, *then* objectionable things follow. Thus what I'm doing for much of this paper is assuming that disability is mere-difference and seeing whether, in fact, objectionable things follow. You can, of course, resist my attempts to draw analogy between disability and other mere-difference features. But to do so is to undermine the force of the causation objections. The causation objections are meant to give us independent reason to reject the mere-difference view; they are meant to show that *if* the mere-difference view were right, *then* we would be committed to ridiculous things about what we can cause and what we can prevent. But if, in order to defend the merit of these objections, we need to appeal to the idea the disability is importantly different from other mere-difference features, then the causation objections no longer give independent traction on the question of whether disability is mere-difference. And thus, if we must assume that there's an important difference between disability and other mere-differences for the objections to work, the objections lose their force.

### 3. Causing a non-disabled person to become disabled

There are many different ways one can cause disability. In what follows, I certainly don't take myself to be giving an exhaustive account of causing disability; but I think the cases I consider are illustrative more generally of the *kinds* of things mere-difference views can say about causing disability. For some cases, treating disability as mere-difference rather than bad-difference does not entail the permissibility of causing disability. For other cases, it plausibly does allow such permissions, but in ways which are unobjectionable. Either way, the issue of causing disability is not one which undermines mere-difference views.

Let's begin by considering perhaps the most straight forward case of causing disability: an autonomous adult causes another autonomous adult to become disabled. That's what happens in this case:

**Light Show:** Amy and her non-disabled friend Ben work in a lab. After hours one day, they are playing around with lasers. Ben is not wearing any protective eyewear, and Amy knows that if she directs the laser beam at his eyes he is at risk of permanent vision loss. Nevertheless, Amy does not take any precautions to avoid directing the beam at Ben's eyes. Ben becomes permanently blind. When Ben confronts Amy angrily about what she has done, Amy explains that she hasn't done anything wrong. It's not any worse to be disabled than to be non-disabled. So while she has made Ben a minority with respect to sight, she hasn't made him any worse off.

In response to this case, I'll wager that most of us share the following two reactions:

(i) Amy has done something wrong or blameworthy (and perhaps more strongly, she has *wronged Ben*)

(ii) Amy's reaction to Ben's anger is problematic/confused/misguided/etc

Moreover, many of us would persist in these reactions regardless of how Ben ultimately reacts to his disability. Even if Ben becomes a happy, well-adjusted disabled person who is proud of his blindness, Amy's conduct still seems bad.

Does the view that disability is mere-difference rather than bad-difference have a problem justifying reactions (i) and (ii), or their persistence in the face of positive adaptation? No. And it's easy to see why not.

The first and most obvious thing to say about a case like (Light Show) is simply that it involves unjustified interference in another person's life. Most of us think you shouldn't go around making substantial changes to people's lives without their consent (even if those changes don't, on balance, make them worse off). We'd be inclined to say that Amy does something wrong if she carelessly (and permanently) turns Ben from a blonde into a brunette, if she carelessly (and permanently) changes Ben's height by a few inches, etc. Such changes aren't particularly substantial, and aren't likely to make Ben worse off in the long run. But we have a basic reaction that Amy shouldn't alter Ben in any of these ways without his consent - regardless the overall effect of such alterations on Ben's wellbeing. Amy just shouldn't mess with people like that.

But for those that don't find this sort of 'non-interference' principle compelling, the defender of the mere-difference view can address Amy's treatment of Ben more specifically, and perhaps more strongly. Firstly, Amy's action is *risky*. Ben may well end up a flourishing disabled person. But he

may not (many people adapt very well to disability, but not everyone does<sup>8</sup>). And Amy isn't a position to know which will happen. But suppose that Amy were in a position to know - suppose she has a crystal ball that tells her that Ben will adapt very well to disability. Most of us would *still* be inclined to say that Amy has done something wrong. That is, Amy does something wrong regardless of whether Ben winds up adapting well to his disability, and regardless of what she knows about his ability to so adapt.

The mere-difference view can accommodate this. Advocates of the mere-difference view think that being disabled is not, by itself, a harm. But there's a big difference between *being disabled* and *becoming disabled*. Many people find being disabled a rewarding and good thing. But there is an almost universal experience for those who acquire disability - variously called adaptive process or transitions costs - of great pain and difficulty associated with becoming disabled. However happy and well-adjusted a disabled person ends up, the process of *becoming disabled* is almost universally a difficult one.

The advocate of mere-difference can appeal to transition costs to explain why Amy's reaction to Ben's disability is misguided - and, indeed, why Amy has done something wrong and harmful to Ben.<sup>9</sup> Let's assume that Ben is a perfectly happy, well-adjusted non-disabled person. If Amy is careful with her laserbeam, Ben will continue his happy, well-adjusted life without incident or interruption. If Amy is careless with her laserbeam, Ben's happiness, his lifestyle, and perhaps even his self-conception will be radically, drastically interrupted. He will have to re-shape his life around his new disability. If Ben is like most people, this will be a deeply painful process. It may be a

---

<sup>8</sup> It's worth pointing out that this is the same for removing disability: many people adapt well to the removal of disability, but not everyone does. In *Choosing Children*, Jonathan Glover discusses the case of S.B., a man who had been blind from infancy but then had his vision restored by a surgical procedure. S.B. fell into a deep depression after his blindness was removed, and died less than two years after his operation. (See pg. 19-23.)

<sup>9</sup> Similar points will allow the mere-difference view to uphold the idea that becoming disabled is a misfortune and a harm, even if being disabled is - by itself - neither.

deeply painful process that ends with Ben as a perfectly happy, well-adjusted disabled person. But even if Ben adapts perfectly well to his blindness, he can justifiably say that what Amy did was wrong. Amy - carelessly, thoughtlessly - caused him great pain. On most any theory of morality, that's wrong.

So it simply does not follow from holding a mere-difference view that it's permissible to cause someone to become disabled in a case like Amy and Ben's. Even if being disabled is not a harm, *becoming* disabled is still a difficult and painful process - a process that the mere-difference view can happily say is wrong to inflict on someone against their will.

Transition costs are a familiar barrier to permissibility in the basic case of causing disability.<sup>10</sup> One might worry, though, that transition costs actually undermine the mere-difference view. Perhaps the very fact that it's so hard to become disabled indicates that disability is bad-difference rather than mere-difference.

I think this worry is misplaced. A person's physicality is a huge part of both how they live their daily lives and how they think about themselves. Becoming disabled involves a change - often a drastic change - in a person's physicality. It's unsurprising that such a change is difficult. The salient difference between disability and other features - such as gender, race, and sexuality - to which the mere-difference view draws analogy is simply that the boundary between the disabled and the non-disabled is much more porous than the boundary between male and female, gay and straight, etc.

Suppose that this was not the case. Suppose that you could easily change features like gender or sexuality - and, more strongly, that such changes could be imposed on you without your consent.

---

<sup>10</sup> See, for example, McMahan (2005)

Such changes would be catastrophic. If one day you woke up and your gender or your sexuality had changed, your life would radically alter. Your habits, your relationships, your social interactions would all have to change. You would have to relearn how to think about both your self-identity and your interactions with others. It would likely be a terrifying and painful process. Many people would likely adapt quite well, in the end. They would *end up* perfectly content. But most would nevertheless seek to avoid such a drastic change to their lives. And yet we (hopefully) do not think that those who differ from us in gender, sexuality, ethnicity, etc. are worse off because of this difference. Nor is there any tension between thinking that those who differ from us in these features are no worse off because of these differences and our desire to stay as we are - to avoid any painful, dramatic changes to our lives and our sense of self. We can - we do - think that people of different genders or sexualities are no worse off than we are while still valuing (and wanting to retain) the gender and sexuality we in fact have. Neither the desire of non-disabled to stay as they are nor the difficult transition process faced by those who become disabled undermine the mere-difference view of disability.

#### **4. Causing a non-disabled person to become disabled without transition costs**

Not all cases of causing disability, however, are like (Light Show). It is possible to cause someone to become disabled without any associated transition costs. The most obvious such case is where the person who becomes disabled is an infant (or even a fetus, if you think there's personal identity between a late-stage fetus and the child it becomes). Consider this case:

**(Disabled Baby):** Cara has a six month old baby, Daisy. Cara values disability, and thinks that disability is an important part of human diversity. Moreover, she thinks that increasing the number of happy, well-adjusted, well-educated disabled people is an

important part of combating ableism (and has a justified belief that any child she raises has a good chance of ending up happy, well-adjusted, and well-educated). With all this in mind Cara has Daisy undergo an innovative new pro-disability procedure. Daisy doesn't endure any pain from this, and she won't remember it. But as a result, Daisy will be disabled for the rest of her life.

Just as in (Light Show), most people will judge that Cara has done something wrong. And more specifically, they will judge that she has *wronged Daisy*. But here the wrongness can't be explained by transition costs. Daisy won't suffer a painful transition as she adjusts to disability, because all her formative experiences will include her disability.

Again, the mere-difference view has no difficulty accommodating this. And again, the easiest way to see this is to consider relevant analogies. Suppose, for the sake of argument, a strong biological view of sexuality according to which sexuality is wholly or largely determined by genetics. Further suppose that a procedure was developed which allowed us to alter the genes that determine sexuality in an infant. Now replace disability in the case above with sexuality:

**(Baby Genes):** Cara values gayness, and thinks that gayness is an important part of human diversity. Moreover, she thinks that increasing the number of happy, well-adjusted, well-educated gay people is an important part of combating homophobia (and she has a justified belief that any child she raises has a good chance of ending up happy, well-adjusted, and well-educated). With all this in mind Cara puts Daisy through a gene-alteration program. Daisy doesn't endure much pain from this, and she won't remember it. But as a result, Daisy will grow up to self-identify as gay rather than straight.

Most of us, I think, would be inclined to say that Cara does something wrong - that she shouldn't put Daisy through such a procedure. Moreover, we don't think that we're thereby committed to saying it's worse to be gay than to be straight. (It might be equally wrong for Cara to alter Daisy's genes such that Daisy grows up straight rather than gay.) And the same holds if we replace sexuality with sex - even if it were possibly to painlessly and harmlessly perform a sex-alteration procedure on an infant, I suspect most of us would think this is something we shouldn't do - not because one sex is superior to the other, but simply because we're uncomfortable with the idea of making such drastic changes to a child's life.

We again seem guided, in such cases, by strong *non-interference* principles. *Ceteris paribus*, we tend to think you should refrain from drastically altering a child's physical development. (Perhaps this is just an instance of a wider phenomenon - just as, in (Light Show), we tend to think you should refrain from drastically altering a person's body without their consent.) Our reaction to (Disabled Baby) can be justified by (and explained as a species of) these non-interference principles, rather than anything specific to disability.

It's difficult, of course, to say what these sorts of non-interference principles amount to. We think it's perfectly permissible - indeed, we think it's morally required - for parents to interfere with their children's development, including their physical development. Parents make choices about education, diet, health care - all sorts of things that have dramatic effect on a child's development. And we think that they're perfectly justified in doing so. Indeed, parenthood can seem like one long series of interferences. So perhaps our non-interference judgements in cases like (Baby Genes) are simply unprincipled. Or perhaps, more sympathetically, our non-interference judgements are tracking something like a distinction between traits which are identity-determining<sup>11</sup> and those

---

<sup>11</sup> In the looser, ethicist-sense of 'identity' (traits that determine self-conception) rather than in the stricter, metaphysician-sense of 'identity' (traits that determine numerical identity).

which are not. To choose where your child goes to school, what they eat, where they live, etc is to make decisions about how that person grows up. But to choose to make your straight child gay or your male child female is to, in a sense, make it the case that your child grows up to be *a different person* than they would otherwise have been. And it may be that we find the former sort of interferences acceptable, but not the latter.<sup>12</sup>

Let me be clear: I'm not attempting to give an account of what these non-interference judgements are, nor am I arguing that they are justified. What I'm arguing is that, absent further argument, commitment to the impermissibility of causing feature x doesn't by itself entail - or even suggest - that x is somehow bad or sub-optimal. And it doesn't entail - or even suggest - this even in the absence of transition costs. There are plenty of cases in which we think it's impermissible to *cause* some feature x in another person (even a baby, even your own baby), although we by no means think it's sub-optimal to *be* x. We think that causing another person (even a baby, even your own baby) to be x would somehow amount to unjustified interference. Whether or not we're right about this, and whatever such non-interference principles ultimately consist in, the distance between thinking some feature x is a perfectly good way to be and thinking it's permissible to cause another person (even a baby, even your own baby) to be x is enough to show that there's no obvious entailment from a mere-difference view of disability to the permissibility of causing another person (even a baby, even your own baby) to be disabled.

But the advocate of the bad-difference can try to press a disanalogy here. It's wrong for Cara to cause her non-disabled infant to become disabled. But suppose the case was reversed, and Daisy was born disabled:

---

<sup>12</sup> If this is the case, then to make the analogy to gayness or femaleness the mere-difference view would need to maintain that disability is similarly identity-determining. But this tends to be what advocates of the mere-difference view think in any case.

**(Reverse Disabled Baby):** Cara has a six month old baby, Daisy, who is disabled. Cara values Daisy's happiness and wellbeing. Moreover, she thinks that Daisy will have a better chance of being happy, well-adjusted, and well-educated if she is non-disabled. With all this in mind Cara puts Daisy through a radical new treatment for infant disability. Daisy doesn't endure much pain from this, and she won't remember it. But as a result, Daisy will grow up non-disabled.

Most of us would think that Cara does something good in this case. It would *not* be wrong, most people assume, for Cara to cause Daisy to become non-disabled. (It might even be morally obligatory.) That there is such a discrepancy supports a bad-difference view of disability, rather than a mere-difference view.<sup>13</sup>

In response to this proposed disanalogy, two main lines of response are open to the defender of the mere-difference view: she can agree that there is such a discrepancy between cases of causing disability and causing non-disability, but argue that this discrepancy does not undermine the mere difference view; or she can deny that there is any such discrepancy, and try to explain away intuitions to the contrary. I'll explain the former response, because I think it's important to note that adopting a mere-difference view of disability does not entail a specific stance on the cause/remove discrepancy. But I ultimately think this milder response doesn't work. The defender of a mere-difference view, I'll argue, should maintain that (Disabled Baby) and (Reverse Disabled Baby) are on a par.

---

<sup>13</sup> Versions of this argument are explored in, for example, Edwards (2004) and Harman (2009)

Suppose that the defender of a mere-difference view wanted to preserve a discrepancy between causing disability in an infant and causing non-disability in an infant - with the latter permissible but the former impermissible. How might such a discrepancy be maintained if disability is no worse than non-disability? To address this puzzle, the advocate of the mere-difference view can appeal to the idea of *potential risk*.

If Cara causes Daisy to be disabled, Daisy may well grow up to be a happy, well-adjusted disabled person. But she may not. She may resent her disability, wish to be non-disabled, and be unhappy as a result. Conversely, if Cara causes Daisy to be non-disabled, Daisy is unlikely to grow up resenting her lack of disability or wishing to be disabled. And if Cara refrains from causing Daisy to be non-disabled, Daisy may well resent that choice. Causing Daisy to be disabled is *riskier* than causing Daisy to be non-disabled (though, again, we can't assume a priori that causing Daisy to be non-disabled is without risk - see note 8).<sup>14</sup>

The thinking here is simple. Suppose that the disability in question is blindness, for example. It's unlikely that Daisy, if she grows up sighted, will be frustrated by her sight and wish to be blind. It's not unlikely that Daisy, if she grows up blind, will be frustrated by her blindness and wish to be sighted. Many blind people are perfectly happy with their blindness, but not all of them are. Sight is much less likely to make Daisy unhappy than blindness.<sup>15</sup> And so on, *mutatis mutandis*, for other, relevantly similar examples of disability. It's hard to think of a disability that - given the way the world is now - is *more likely* to have a positive effect on a person's wellbeing than is the absence of that disability.

---

<sup>14</sup> This line of argument is explored - for the case of 'procreative beneficence' - in Kahane and Savulescu (2009)

<sup>15</sup> Note that in pointing out the comparative risks of blindness and sightedness, the advocate of the mere-difference view doesn't tacitly endorse the idea that it's better to be sighted. The greater risk to wellbeing associated with blindness could be largely or entirely due to how we treat blind people.

But it can't be quite that simple. Being gay is a greater risk to wellbeing than being straight. There are more people who regret being gay or suffer from being gay than (at least consciously) regret or suffer from being straight.<sup>16</sup> But again, consider the case in which we can alter a child's sexuality:

**(Reverse Baby Genes):** Cara has a six month old baby, Daisy, who will grow up to self-identify as gay. Cara values Daisy's happiness and wellbeing. Moreover, she thinks that Daisy will have a better chance of being happy, well-adjusted, well-educated if she is straight. With all this in mind Cara puts Daisy through a radical new gene therapy program. Daisy doesn't endure much pain from this, and she won't remember it. But as a result, Daisy will grow up to self-identify as straight.

Most of us would balk at the idea that it's permissible to change a child a child in this way. (Indeed, making such a change strikes many of us as homophobic.<sup>17</sup>) We tend to think such alteration is impermissible, regardless of whether being gay is in some sense *riskier* than being straight.

---

<sup>16</sup> The most telling evidence for this is the suicide rate among gay teens. A recent meta-analysis of 19 studies of suicide in gay teens showed that gay teens are three times more likely than heterosexual teens to report a history of suicidal thoughts, plans, or intent. See Moran (2011) for discussion.

<sup>17</sup> I realize it might not strike everyone as homophobic, but I'm happy to simply take on board as an assumption that to change a child in this way is problematic. The prospect of such changes certainly seems to strike the LGBT community, and their allies, as problematic, given the outcry to comments like, for example, those of Dr. Albert Mohler, who suggested we should seek to identify a 'gay gene' which we could then alter (if desired) in infancy. I can imagine someone suggesting that it's not problematic if you're considering the welfare of your child - if you simply want what's best for her and think she'll have a better chance at happiness if she isn't gay. And there might well be extreme cases where such reasoning is correct: if you lived in a society where homosexuality is punishable by torture and death, for example. But it seems to me a very wrong-headed response to think that, in general, the way to respond to prejudice against a minority is to make your child more like the majority so they have a better chance at benefitting from (unjust) majority privilege. Consider the problem of collective action this would engender: if this was permissible (and possible) in each individual case, we'd end up turning everyone into straight white men, just because society is set up to favor straight white men. To me, that seems exactly the wrong response to the fact that society privileges straight white men. But for those who disagree, the main point is simply this: the permissibility of the two cases (Reverse Disabled Baby) and (Reverse Baby Genes) should stand or fall together. If you're happy to grant that *both* cases are permissible, then it will be easy for you to allow that there is a cause/remove discrepancy for disability.

Perhaps the mere-difference view of disability can press a disanalogy here. Perhaps it would be wrong to cause a child to become straight (instead of gay) because such an action would always communicate homophobia. But in the relevantly similar case of causing someone to be non-disabled, you might argue that the action doesn't always communicate ableism - though the explanation of *why* it doesn't communicate ableism would need to be spelled out.<sup>18</sup>

Or perhaps the issue is one of *degree* of risk. Any gay person will have to deal with homophobia, and any disabled person will have to deal with ableism. But the parents of a gay child can make proactive efforts to mediate the bad effects of homophobia. They can make choices about what they say, where they live, where they send their child school, etc - to make sure our children grew up in an environment that was as gay-friendly as possible. The parents of a disabled child can make similar efforts, of course. But it's not clear that those efforts can have as much effect - since in the case of disabilities the issues facing their child will be access to basic services and navigation of basic social interaction.<sup>19</sup> Our society is very unaccepting of disabled people.<sup>20</sup> And there is a limited amount that individual parents can do to mediate this. They can tell their child that she's valued just the way she is, but they can't make buildings accessible and they can't make people less awkward around her.

---

<sup>18</sup> It's not obvious why it wouldn't, or why the case is importantly different from that of sexuality. Many disability rights activists argue that cases like (Reverse Disabled Baby) are exactly the sorts of cases that communicate ableism. See, for example, Lennard J. Davis' *Enforcing Normalcy*.

<sup>19</sup> The effects of social ostracism on persons with visible disabilities is often profound. There's a vast literature on the topic, but one of the most telling examples is the effect of service dogs for people in wheelchairs. Service dogs perform many helpful assistive tasks, but their owners often report that the most substantial effect of the dog's presence is a mediation of social exclusion. Research shows that strangers will smile or speak to a person in a wheelchair if that person is accompanied by a dog, whereas people in wheelchairs tend to receive little or no social acknowledgement (eye contact, smiles, etc.). See, for example, Mader (1989) and Hart, et al (1987).

<sup>20</sup> For example: according to the 2011 World Health Organization Report on Disability, disabled people are more than three times more likely than their non-disabled peers to report lack of access to healthcare; in 'developed' countries the employment rate for disabled people is 44% (compared to around 75% for non-disabled people); disabled children are significantly more likely than non-disabled children to drop out of school. ([http://www.who.int/disabilities/world\\_report/2011/report/en/index.html](http://www.who.int/disabilities/world_report/2011/report/en/index.html))

So perhaps there's a case to be made that, given the way the world currently is, it is in many cases *riskier* to have a disabled child than to have a gay child - at least in some contexts and environments. And that elevated risk is why there's a discrepancy between (Disabled Baby) and (Reverse Disabled Baby), whereas there's no such discrepancy between (Baby Genes) and (Reverse Baby Genes). Such discrepancies, however, are highly contingent and circumstantial. If we lived in a society that was more accommodating and accepting of disabled people, the discrepancy could easily disappear.<sup>21</sup> Likewise, if we lived in a society where gay people were even more heavily discriminated against (as they are in some eastern European and African countries, for example) a similar discrepancy might be created.

I present the above line of thought as an avenue that could be explored by the defender of a mere-difference view who wants to maintain that there is a discrepancy between (Disabled Baby) and (Reverse Disabled Baby), but I ultimately don't think it's what a defender of a mere-difference view should say. I worry that comparing amounts and severity of risk (and thus, by proxy, amount and severity of prejudice) is a shaky foundation on which to motivate a discrepancy between (Disabled Baby) and (Reverse Disabled Baby). It would be difficult to say how much of a difference in risk would be enough difference to motivate such discrepancy. And, more importantly, it would be difficult - and deeply problematic - to argue that one minority (disabled people) are somehow *more disadvantaged* than another (gay people).

I think the defender of a mere-difference view should instead say that, in fact, there is no discrepancy between the cases of causing an infant to be disabled and causing an infant to be non-disabled. (Disabled Baby) and (Reverse Disabled Baby) are on a par. This response is not entailed

---

<sup>21</sup> It might also, of course, vary from disability to disability.

by commitment to a mere-difference view - as the availability of the above line of response shows.

But I think it's both more plausible and less extreme than it may appear on the surface.

In order to argue this point, the mere-difference advocate needs to say - contra the response just discussed - that the potential risk associated with disability isn't enough to warrant interfering with the development of a child who would otherwise be disabled in order to make them non-disabled.

That is, if non-interference principles are a good guide to action in the case of causing disability, they should likewise be a good guide to action in the case of causing non-disability. (The general issue of causing vs. curing will be discussed further in §6.)

We wouldn't want to cause a child who would otherwise grow up to be gay to instead grow up to be straight (as in (Reverse Baby Genes)). Doing so would be unjustified interference, and could reasonably be said to communicate homophobia. That the child is *more likely* to regret being gay than being straight, and *more likely* to suffer from being gay than from being straight doesn't affect this. Likewise, we shouldn't cause a child who would otherwise grow up to be disabled to instead

grow up to be non-disabled.<sup>22</sup> Doing so would be unjustified interference, and could reasonably be said to communicate ableism. That the child is *more likely* to regret being disabled than being non-disabled and *more likely* to suffer from being disabled than being non-disabled doesn't affect this.<sup>23</sup>

If she takes this line of response, the advocate of the mere-difference view takes a position that conflicts with common intuitions about such cases (and with common practice). Is this conflict a problem for the mere-difference view? No - it's exactly what should be expected if (as most

---

<sup>22</sup> A slightly different case - in which we consider *failing to interfere* rather than interfering - is this. (Thanks to an anonymous referee for highlighting this case for me.) Your child is such that, naturally and painlessly, it will change in utero from being X to being Y unless you interfere. But you can interfere. If you take a pill, that pill will stop the change from X to Y, but have no other consequences. Suppose the change is a change in sex: let X and Y be male and female. In this case, it's plausible that it's permissible to fail to take the pill (perhaps even that impermissible to take it, depending on what the motivations for wanting to halt the change are). But suppose instead that the change is change in disability status: X is being non-disabled and Y is being disabled. In that case, surely one *must* take the pill. Surely it is *impermissible* to fail to intervene. But that's to intervene in your child's natural state. So surely whatever our non-interference intuitions may be in the case of sex, sexuality, etc, they don't apply in the case of disability. You must interfere - if you can do so easily and costlessly - to prevent disability. And that shows that disability is not like sex, sexuality, etc.

The mere-difference view should, I argue, simply deny this. (There's still the option, as in (Reverse Disabled Baby) of basing an argument for interference in such a case on projected risk, but again I find this avenue problematic.) It's permissible for you not to take the pill. That is, it's permissible for you to fail to interfere - to fail to stop your child from becoming disabled in utero. I can't see any difference between this case and the case of failing to remove disability. In both cases, because of what you don't do, your child grows up disabled. And the mere-difference view says that's acceptable. More generally, the mere-difference view says that the permissibility of (non)interference in the case of disability should, *ceteris paribus*, stand or fall with the permissibility of (non)interference in cases of sex, sexuality, etc. If you shouldn't alter your child's sex, you shouldn't alter your child's disability status. If it's permissible not to costless prevent a change in sex in your child, it's likewise permissible not to prevent a change in disability status in your child. Many will no doubt find this claim highly counterintuitive - see the subsequent discussion on intuitions in cases like these.

It's worth noting, though, how little relevance a case like this has to actual, real-world scenarios. Am I saying that mothers shouldn't take folic acid while pregnant? No, of course not. Folic acid is partially preventative of some disabilities (such as spina bifida). But it's also something which helps to prevent a wide range of neural tube defects which cause still births and early infant mortality, and it helps to protect against spontaneous abortion and pre-eclampsia. Folic acid is an important part of maternal nutritional health, not just a supplement women take to prevent disabilities in their children. An advocate of the mere-difference view isn't saying that there's no value in health - she's just saying that it's no worse to be a healthy, flourishing disabled person than it is to be a healthy, flourishing non-disabled person. More generally, the mere-difference view maintains that disability itself isn't a bad thing; but that's compatible with many of the things which can cause disability being bad things. Malnutrition is a bad thing. War is a bad thing. Car crashes are bad things. Smoking crack is a bad thing. A positive take on disability doesn't in any way involve a positive take on all the ways we can cause disability.

<sup>23</sup> A similar, real-world case is that of children who are born intersex. Standard procedure is to perform sex-assignment operations on these children when they are very young (procedures which are often invasive, painful, and have long-term side-effects). The justification is that the best outcomes for such procedures require them to be performed on infants and young children - so if the procedures aren't done when the children are very young, those children might grow up to regret the lost opportunity of having 'normal' sex characteristics or sex assignments. And that's no doubt true - many people probably would regret it if the procedures weren't performed. Yet there are a growing minority who feel that they were wronged by having been subjected to these procedures without consent. They strongly identify as intersex and feel that their sex characteristics have been unacceptably interfered with. They argue that work needs to be done to change society's assumptions about sex and gender binaries, rather than changing children who are born intersex. (The fascinating BBC documentary "Me, My Sex, and I" profiles some of these pro-intersex campaigners.) See especially Meyer-Bahlburg, et al (2004).

defenders of the mere-difference view contend) much of our reasoning about disability is clouded by implicit ableism and a poor understanding of the lives of disabled people. That is, if much of the way we think about disability is shaped by ableism, then simply using intuition as a guide to cases like (Reverse Disabled Baby) is a bad methodology. If ‘common sense’ is affected by ableist bias, then we should expect that our intuitions aren’t a particularly good guide to thinking about disability. And we should likewise expect that the mere-difference view will be committed to things that most will find counter-intuitive. This point is a simple and familiar one: the intuitions of the (privileged) majority don’t have a particularly good track record as reliable guides to how we should think about the minority, especially when the minority is a victim of stigma and prejudice. Just consider how common it was, historically, to find it intuitive that homosexuality was some sort of perversion or aberration, to find it intuitive that non-white races were innately inferior, to find it intuitive that women were less rational than men. The mere-difference view claims that what most people find to be ‘common sense’ or intuitive about disability (some version of a bad-difference view) is incorrect. We should thus expect such a view to challenge the received wisdom about disability, and to make some claims that most people find ‘counterintuitive’. That doesn’t mean that the mere-difference view is utterly unconstrained. When it’s commitments are counterintuitive, it needs to be able to show how those commitments are nevertheless principled and consistent. Conflict with standard intuition in cases like (Reverse Disabled Baby) isn’t a problem for the mere-difference view, so long as it’s a principled and explicable conflict. And I think the analogy to relevantly similar cases shows that it is both.<sup>24</sup>

---

<sup>24</sup> But wait - haven’t I been appealing to intuition (especially certain ‘non-interference’ intuitions)? Yes, I have. But I haven’t been appealing to intuition *about disability*. The argument structure has gone like this: (i) if the mere-difference view is correct, then disability is analogous to features like sexuality and gender; (ii) think about how we reason (sometimes based on intuition) about cases involving sexuality and gender; (iii) absent further argument to the contrary, if the mere-difference view is correct then it predicts we should reason about disability in similar ways. Much of what the mere-difference view says about disability is *counterintuitive* - and intentionally so. But the upshot is not skepticism about moral intuition. It’s instead the admission that moral intuition can be affected by prejudice and false belief, and that *in cases where we have good reason to think our intuitions are unreliable*, we should look for principled ways of revising and reconsidering that aren’t based purely on intuitions.

Insistence on a cause/remove discrepancy is doubtless motivated by the simple fact that most people assume it's worse, *ceteris paribus*, to be disabled than to be non-disabled. But the mere-difference view rejects this assumption outright. What more can be said, then, to support the claim that there is obviously a cause/remove discrepancy? Perhaps the discrepancy has to do with available options. In (Disabled Baby), Daisy's options are permanently restricted. Again, suppose the disability in question is blindness. If Daisy is blind, she will never be able to see colors, experience visual art, visually perceive the faces of her loved ones, etc. There are goods and experiences that being blind permanently prevents Daisy from participating in. But, *mutatis mutandis*, there are goods and experiences that Daisy will permanently miss out on in (Reverse Disabled Baby). She will never have the auditory or sensory experiences unique to those who have been blind from infancy.<sup>25</sup>

The mundane point here is that lack of interference constrains options, just as interference does. *Everyone* is constrained by the way their bodies work. If you're biologically male, you can't become pregnant. Most of us will agree that being able to grow a new person inside your body is an impressive ability - and it's one that you miss out on if you lack female reproductive organs. But suppose it was possible - as it may someday be - to change sex in infancy; that is, suppose it was possible to turn a biologically male baby into a biologically female baby, and vice versa. It wouldn't follow that someone wrongs a male baby - in virtue of constraining its options - if they fail to perform a sex reassignment operation on it when it's a baby. Similarly, it doesn't follow from the fact that disabilities constrain options that it's wrong not to remove disabilities. Being non-disabled

---

<sup>25</sup> It would be a mistake, furthermore, to think that the only potential good effects of blindness come from the (well-documented) sensory uniqueness of the blind. For example, blind storyteller and disability awareness campaigner Kim Kilpatrick runs a blog called "Great Things About Being Blind!", where she documents positive everyday experiences associated with her blindness. So far, her list includes: not being able to judge people based on what they look like, having no sense of self-consciousness about personal appearance and no temptation to 'check the mirror', a love of and facility with Braille, and the deep, profound relationship she has formed with her guide dog. <<http://kimgia3.blogspot.com>> Consider also the Mission Statement from the National Federation of the Blind: "The mission of the National Federation of the Blind is to achieve widespread emotional acceptance and intellectual understanding that the real problem of blindness is not the loss of eyesight but the misconceptions and lack of information which exist." <<https://nfb.org/mission-statement>>

constrains options just as much as being disabled. (Indeed, having a physical body that is any specific way a body can be constrains options.) It's simply that being non-disabled constrains options in a way we're more comfortable and familiar with. To support the claim that there's an obvious cause/remove discrepancy, you'd need the further claim that the constraints imposed by disability are somehow *worse* than those imposed by non-disability. And that's precisely the claim that the mere-difference view rejects.

## 5. Causing a disabled person to exist instead of a non-disabled person

Perhaps the most familiar discussion of causing disability in the literature, however, is not a case in which a single person is caused to become disabled, but rather a case in which a disabled person is caused to exist instead of (in some sense) a non-disabled person. This is, for example, the structure of Derek Parfit's famous 'handicapped child case'<sup>26</sup>:

**(Child Now)** A woman, Ellen, knows that if she becomes pregnant now the child she conceives will be born disabled. If she waits six months to become pregnant, however, the child she conceives will be born non-disabled. Ellen prefers not to wait, so she becomes pregnant right away. She gives birth to a daughter, Franny, who is disabled.

---

<sup>26</sup> Parfit (1984). Of course, another very famous case discussed at length in the literature is that of embryo selection in IVF and the permissibility of *selecting for* disability. Intentionally implanting embryos that one knows will develop into individuals with disabilities is also a case in which one causes a disabled person to exist instead of causing a non-disabled person to exist (where there's a commitment to cause a person to exist, and where one could easily cause a non-disabled person to exist instead). I'm not going to discuss this case, simply because I think the ethics of embryo selection introduce a lot of noise, and might well include complications that cut across the issue of whether we can permissibly cause disability. At the very least, it's important to note that there is clearly no obvious entailment from a mere-difference view of disability to the permissibility of selecting for disability. Most people think there's no moral difference between being female and being male. And yet many people are uncomfortable with the idea of sex-based embryo selection. The permissibility of sex-based embryo selection isn't settled simply by the fact that it's no better or worse to be male than to be female, and vice versa. Likewise, it would be a mistake to think that the permissibility of selecting for disability simply falls out uncontroversially from a commitment to it being no worse to be disabled than to be non-disabled. The ethical issues surrounding embryo selection are complicated, and something I won't delve into any further here.

Parfit's case is meant to be a puzzle for person-affecting ethics. The starting assumption is that Ellen does something wrong by choosing to get pregnant now, but there is no one such that Ellen does something wrong to that person. (She doesn't do something wrong to Franny, because Franny is better off existing than not existing, and had Ellen waited six months to conceive she would - presumably - have had a different child.)

The worry is that the mere-difference view cannot get the puzzle off the ground in the first place. It's supposed to be wrong for Ellen to choose to have a disabled child - that is, to cause a disabled person to exist rather than a non-disabled person to exist, when she could easily have done the reverse. But if being disabled is no worse than being non-disabled - if it is mere-difference rather than bad-difference - then why should we think Ellen's action is wrong?

We shouldn't. If disability is a mere-difference and not a bad-difference, then we should reject the background assumption meant to guide our intuitions in cases like (Child Now). It isn't wrong to knowingly cause a disabled child to exist rather than a non-disabled child to exist.<sup>27</sup>

Does this commitment pose a problem for the mere-difference view? No - at least not any sort of additional problem not already present in the view itself. The idea that it is wrong to cause a disabled person to exist rather than a non-disabled person to exist is predicated on the idea that it's worse to be disabled than non-disabled. This is something that the mere-difference view explicitly rejects. So it is certainly no argument against the mere-difference view that they cannot vindicate the intuition that (Child Now) is a case of wrongdoing, given that this intuition relies on the falsity of the mere-difference view.

---

<sup>27</sup> A similar line on the non-identity problem is taken in Wasserman (2009), though Wasserman bases his case on the role-morality of prospective parents and the 'ideal of unconditional welcome'. I'm sympathetic to much of what Wasserman says, but I make no positive claims here about the role-morality of prospective parents. My claim is much simpler: the defender of a mere-difference view of disability should reject the background assumptions of cases like (Child Now).

But perhaps the intuitive reaction to (Child Now) can be strengthened. Here is a relevantly similar case from McMahan (2005):

**The Aphrodisiac:** Suppose there is a drug that has a complex set of effects. It is an aphrodisiac that enhances a woman's pleasure during sexual intercourse. But it also increases fertility by inducing ovulation. If ovulation has recently occurred naturally, this drug causes the destruction of the egg that is present in one of the fallopian tubes but also causes a new and different egg to be released from the ovaries. In addition, however, it has a very high probability of damaging the new egg in a way that will cause any child conceived through the fertilization of that egg to be disabled. The disability caused by the drug is not so bad as to make life not worth living, but it is a disability that many potential parents seek to avoid through screening. Suppose that a woman takes this drug primarily to increase her pleasure—if it were not for this, she would not take it—but also with the thought that it may increase the probability of conception; for she wants to have a child. She is aware that the drug is likely to cause her to have a disabled child, but she is eager for pleasure and reflects that, while there would be disadvantages to having a disabled child, these might be compensated for by the special bonds that might be forged by the child's greater dependency. She has in fact just ovulated naturally, so the drug destroys and replaces the egg that was already present but also damages the new egg, thereby causing the child she conceives to be disabled.

And you can imagine other cases along similar lines: the woman drinks alcohol, takes recreational drugs, etc, knowing that in so doing she will cause herself to have a disabled rather than non-

disabled child. Intuitions that there is wrongdoing in cases like Aphrodisiac are arguably stronger than those in the basic Parfit-style cases. As McMahan says, “most of us think that this woman’s action is morally wrong. It is wrong to cause the existence of a disabled child rather than a normal child in order to enhance one’s own sexual pleasure”.

Do cases like (Aphrodisiac) pose a problem for the mere-difference view? Before proceeding further, it’s worth noting that when we’re considering the merits of the mere-difference view, our intuitions about a case like (Aphrodisiac) may not be the best place to start. (Aphrodisiac) involves, as its central elements, both the actions of a potential mother and female sexual pleasure. It’s not too much of a stretch to think that our reactions to such a case might not be guided by the light of pure moral reason alone.

That being said, there may well be cases like (Aphrodisiac) that involve wrongdoing. But that doesn’t mean that they involve wrongdoing simply because they involve causing a disabled rather than a non-disabled person to exist. Perhaps it is wrong to “to cause the existence of a disabled child rather than a normal child *in order to enhance one’s own sexual pleasure*” (my italics).<sup>28</sup> More plausibly, it may well be wrong to cause the existence of a disabled child in order to smoke, drink alcohol, etc. It can, familiarly, be wrong to do x for reason  $\Phi$ , even if it is not wrong to do x simpliciter.

If the defender of the mere-difference view wants to agree that the woman in (Aphrodisiac) does something wrong, she can. And she can do so without committing herself to the claim that it’s wrong to cause a disabled person to exist when one could easily have caused a non-disabled person to exist instead. Perhaps (Aphrodisiac) shows an unacceptable casualness about reproductive

---

<sup>28</sup> Though personally I don’t feel the pull to say that there’s wrongdoing in this particular case. The woman gets a beautiful disabled baby *and* she gets to have fantastic sex. Good for her.

decisions or implies that the mother undervalues the extent to which being disabled will make her child's life *harder*, even if it does not automatically make it *worse*. And so on.

So while the defender of a mere-difference view certainly doesn't need to vindicate the intuition that the woman in (Aphrodisiac) does something wrong, she can if she wants to. Just because it isn't wrong simpliciter to cause a disabled person rather than a non-disabled person to exist, it may still be wrong to cause a disabled person rather than a non-disabled person to exist *for specific reasons*. There's no entailment from the general permissibility of causing a disabled person to exist to the permissibility of any and all instances of causing a disabled person to exist.

In (Child Now), the advocate of a mere-difference view of disability should simply resist the idea that there is any wrongdoing. It's not wrong to cause a disabled rather than a non-disabled person to exist. The intuitive reaction that there is wrongdoing in (Child Now) can be strengthened, but the ways in which it can be strengthened introduce a lot of noise. In these amped-up versions of the basic case - like (Aphrodisiac) - we can say that there is wrongdoing without claiming that there is wrongdoing in virtue of causing a disabled person rather than a non-disabled person to exist.

## **6. Causing and 'curing'**

Here is a line of thought that may look tempting at this point. Let's abstract away from actions aimed at individuals, and simply consider the case of finding a prevention (a 'cure', to use the value laden term) for a given disability. It is a good thing, most people would say, to 'cure' disability. This makes disability importantly different from features like sexuality. It would *not* be a good thing to 'cure' minority sexualities. This undermines both the tenability of the mere-difference view, and the type of argument that proponents of the mere-difference view tend to use in its defence.

If a scientist is working hard to develop a 'cure' for blindness, we say she is doing something good and praiseworthy. We give her grant money and government support. We hope she succeeds. But if a scientist is working hard on a 'cure' for gayness, we think she is doing something dystopian and horrible. We shun her from the academic community and take away her support infrastructure. We hope she fails miserably.

This discrepancy arises because we think it's good thing to cause someone to be non-disabled. We think that we should work towards the ability to cause non-disability. In contrast, it's not a good thing to cause someone to alter their sexuality. We shouldn't work towards the ability to cause changes in sexuality. But if this is the case, then there is a fundamental difference between causing changes to a person's disability-status and causing changes to a person's sexuality. And any such fundamental difference undermines the plausibility of the mere-difference view.

But *why* do we think it's a bad thing to develop 'cures' for homosexuality? Perhaps our reaction is in part again due to non-interference principles - we shouldn't alter the sexuality that a person 'naturally' has (whatever that means). But I suspect that most, if not all, of our aversion comes from the bad effects we assume would go along - quite contingently - with the development of any such 'cure'.

The very language of 'cure' is, of course, pejorative - it implies a change *for the better*. But let's assume that what's being researched is simply a drug that can alter sexuality. That is, imagine that scientists are developing a drug that can change gay people into straight people, and straight people into gay people. Most of us would, I'll wager, think that this is a bad idea. And that's simply because we can easily imagine what would happen if such a drug were available. Young gay people

would be pressured, even coerced, into taking the drug by prejudiced parents. Gay people from prejudiced backgrounds could simply take the drug and become straight, rather than learning to accept their sexuality. There would be immense social pressure, at least in many communities, for anyone who self-identified as gay to 'cure themselves'. In a situation where either the majority can change to accommodate the minority, or the minority can change to be like the majority, the minority isn't likely to fare very well.

But these consequences are only contingently associated with a drug that alters sexuality. It's not that there's anything intrinsically wrong with such a drug - it's that given the way our world actually is, with all its prejudices and social pressure toward conformity, such a drug would in fact have bad consequences. But the same drug wouldn't have bad consequences in a world that was fully accepting of gay people. In fact, insofar as choice and self-determination are to be valued, it could easily be said to have good consequences. It might be nice for people to be able to determine their own sexuality as they saw fit (and even change back and forth, as desired). The drug only has bad effects when it can be used as a way of undermining gay rights and depopulating the gay community.

Likewise, insofar as choice and self-determination are good things, it's good for people to be able to determine their own physicality. And so there's nothing intrinsically wrong with 'cures' for disability - at least if they are understood non-pejoratively simply as a mechanism for causing non-disability. The mere-difference view doesn't maintain that everyone who is disabled likes being disabled. And it's perfectly compatible with the mere-difference view that, even in an ableism-free society, some disabled people would still want to be non-disabled. There's nothing wrong with - and

much that's good about - a mechanism that allows such disabled people to become non-disabled if they wish (and allows, vice versa, non-disabled people to become disabled if they wish).<sup>29</sup>

But we *should* worry about what effects a concerted effort to develop such 'cures' for disability will have in the actual, ableist world. There's nothing wrong with disabled people wanting to be non-disabled. And there's nothing wrong with those disabled people who want to be non-disabled seeking the means to make themselves non-disabled. But there *is* something wrong with the expectation that becoming non-disabled is the ultimate hope in the lives of disabled people and their families. Such an expectation makes it harder for disabled people - who in other circumstances might be perfectly happy with their disability - to accept what their bodies are like, and it makes it less likely that society's ableism will change. 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. And it's unlikely that society will change its norms to accommodate disability if society can instead change disabled people in way that conforms them to its extant norms.

As an example, the film *The Kids are Alright* - about people with muscular dystrophy who were featured as 'Jerry's Kids' in the famous annual Jerry Lewis telethon, only to grow up to become protesters against the telethon - highlights exactly these problems. Many of the people with muscular dystrophy profiled in the film strongly object to the relentless focus on 'the cure' that was a feature of the yearly telethon, and are frustrated at how much of the money brought in by the Muscular Dystrophy Association is spent researching these magical 'cures'. It's not that they object to the existence of - or the search for - treatments which remove or prevent disability. It's rather that

---

<sup>29</sup> It's very difficult, of course, for most people to imagine anyone *wanting* to be disabled (or more strongly - wanting to *become* disabled). But most people associate disability merely with lack of ability. In a society with less ableism, it would be the case not only that many of the bad effects of disability would be lessened but also that many of the good effects of disability would be more widely recognized.

they think that focus on such treatments is distracting and unhelpful. What they want are things like: research on how to extend the lifespan of persons with Duchenne Muscular Dystrophy, better wheelchair technology, focus on helping people with muscular dystrophy find accessible jobs, more public awareness about accessibility, etc. These issues - far more than treatments which could make them non-disabled, they argue - are what matter to the day-to-day lives of people like themselves. Research 'for a cure' doesn't help them, and pronounced focus on such research further stigmatizes them (by communicating the assumption that 'a cure' is something they want or need).

Laura Hershey, a former 'Jerry's Kid', addresses the same issues in her now-famous article 'From Poster Child to Protestor'. Hershey objects to the massive amount of funding and research devoted to 'finding the cure' for her disability (rather than in developing assistive technology or helping disabled people find employment, for example). The 'search for the cure', she argues, is both practically and ideologically problematic. She writes:

I've encountered people who, never having tried it, think that living life with a disability is an endless hardship. For many of us, it's actually quite interesting, though not without its problems. And the majority of those problems result from the barriers, both physical and attitudinal, which surround us, or from the lack of decent support services. These are things that can be changed, but only if we as a society recognize them for what they are. We'll never recognize them if we stay so focused on curing individuals of disability, rather than making changes to accommodate disability into our culture.

She continues:

Sure, some people with muscular dystrophy do hope and dream of that day when the cure is finally found. As people with disabilities, we're conditioned just like everyone else to believe that disability is our problem. . . When so many of us feel so negative about our disabilities and our needs, it's difficult to develop a political agenda to get our basic needs met. The cure is a simple, magical, non-political solution to all the problems in a disabled person's life. That's why it's so appealing, and so disempowering. The other solutions we have to work for, even fight for; we only have to dream about the cure. . .

To draw a parallel, when I was a child and first learned about racial discrimination, I thought it would be great if people could all be one color so we wouldn't have problems like prejudice. What color did I envision for this one-color world? White, of course, because I'm white. I didn't bear black people any malice. I just thought they'd be happier, would suffer less, if they were more like me.

There may in fact be a discrepancy between how we view attempts to remove or eliminate disability and attempts to remove or eliminate gayness. But it's not obvious that there *should* be any stark discrepancy between the cases. Does this mean that the defender of a mere-difference is committed to thinking that large swaths of medical research are morally corrupt? No. Much disability-related medical research aims to make life easier for disabled people - not to turn disabled people into non-disabled people. And, again, there's nothing wrong *per se* with research that aims to allow disabled people to become non-disabled. The point is simply that it's complicated. Given the way the world actually is, such research isn't the obvious and unequivocal good that many take it to be. Nor should it be looked to as the ultimate dream and wish of disabled people and their families, or the ultimate solution to the problems faced by disabled people.

## 7. Conclusion

I have argued that mere-difference views of disability do not license the permissibility of causing disability (and conversely, the impermissibility of removing disability) in any way that undermines the tenability of the mere-difference position. In some cases of causing disability, the mere-difference view can agree that causing disability is impermissible. In other cases, the mere-difference view can say that causing disability is permissible - but unproblematically so. And likewise, *mutatis mutandis*, for causing non-disability. There is no direct route from adoption of a mere-difference view of disability to objectionable (im)permissibilities.

Notably, though, the explanation for *why* at least some cases of causing disability are impermissible is interestingly different for mere-difference views than it is for bad-difference views. A defender of a mere-difference view can easily say that many cases of causing disability are impermissible. But it's never the case that causing a non-disabled person to be disabled is wrong simpliciter. That is, many cases of causing disability are wrong, but they aren't wrong *in virtue of* the causing of disability. They are, rather, wrong for reasons separable from disability in particular: they involve unjustified interference or unjustified risk-taking, for example. And I suspect it's this point that may be causing a lot of the confusion about what, exactly, mere-difference views are committed to. They can't say that a case of causing disability is wrong in virtue of the fact that the action causes disability - whereas bad-difference views can. But that by itself doesn't generate permission to go around causing disability. Lots of standard cases of causing disability can be wrong, according to mere-difference views, without being wrong *in virtue of* causing disability.

The most important thing to emphasize, in closing, is this. These causation-based arguments are intended to strengthen the case against the mere-difference view, and to provide evidence in favor of the bad-difference view. They cannot do this. The various cases of causing disability - and the diverging viewpoints given by mere-difference and bad-difference views on these cases - gives us no independent traction on the question of whether disability is a mere-difference or a bad-difference. You will only think that the cases in which a mere-difference says it is permissible to cause disability are problematic if you think that disability is something that's bad for you, something that makes you worse off. That is, you will only think that commitments of the mere-difference view with respect to causing disability are problematic if you are *already* committed to a version of the bad-difference view. Likewise, mere-difference views do suggest a somewhat different attitude toward removing or preventing disability than bad-difference views (though, as discussed, it certainly doesn't follow that the defender of a mere-difference thinks all attempts to remove or prevent disability are morally blameworthy.) Some people may find the attitude toward causing non-disability sketched in (§6) problematic. But again - absent further argument - it seems you would only think that if you are *already committed* to a bad difference view of disability. Without further elaboration, at least, arguments both from causing disability and from causing non-disability are thus no threat - or at least no *independent* threat - to the tenability of mere-difference views of disability. They give us no independent traction on the question of whether mere-difference views are plausible, and they are therefore unsuccessful.

#### Works Cited

Brownlee, Kimberley and Cureton, Adam (2009): *Disability and Disadvantage*. Oxford: OUP.

Davis, Lennard J (1995): *Enforcing Normalcy: Disability, Deafness, and the Body*. London: Verso Press.

Edwards, SD (2004): "Disability, identity, and the 'expressivist' objection". *The Journal of Medical Ethics* (30), p. 418-20.

Harris, John (2001): "One principle and three fallacies of disability studies". *The Journal of Medical Ethics* (27), p. 383-87.

Harman, Elizabeth (2009): "'I'll be glad I did it' reasoning and the significance of future desires." *Philosophical Perspectives: Ethics* (23), p.

Hart, Lynette; Benjamin Hart; Bonita Bergin (1987): 'Socializing effects of service dogs for people with disabilities.' *Anthrozoos* 1 (1), p. 41-4.

Hershey, Laura (1993): "From poster child to protestor". *Spectacle* (Spring/Summer 1997).

Reprinted at: <http://www.cripcommentary.com/frompost.html>

Kahane, Guy (2009): "Non-identity, self-defeat, and attitudes to future children". *Philosophical Studies* (145.2), p. 193-214.

Kahane, Guy and Julian Savulescu (2009): "The moral obligation to create children with the best chance of the best life." *Bioethics* 23 (5), p.274-90.

---. (2009): "The Welfarist Account of Disability" in Kimberley Brownlee and Adam Cureton, eds. *Disability and Disadvantage*. Oxford: OUP. 14-53.

--- (2011): "Disability: A Welfarist Approach". *Journal of Clinical Ethics* 6 (1), p. 45-51.

McMahan, Jeff (2005): "Causing disabled people to exist and causing people to be disabled". *Ethics* (116.1), p. 77-99.

Mader, Bonnie and Lynnette Hart (1989): 'Social Acknowledgement for Children with Disabilities: The Effect of Service Dogs.' *Child Development* 60 (6), p. 1529-34.

Meyer-Bahlburg, H.F.L.; C.J. Migeon; G.D. Berkovitz; J.P. Gearhart; C. Dolezal, A.B. Wisniewski (2004): "Attitudes of adult 46,XY intersex persons to clinical management policies." *The Journal of Urology* (171.4), p. 1615-19.

Moran, Mark (2011): "Data sounds alarm on gay teens' heightened suicide risk". *Psychiatric News* (46.9), p. 9-28.

Parfit, Derek (1984): *Reasons and Persons*. Oxford: Clarendon Press.

Singer, Peter (2004): "Ethics and disability: a response to Koch". *Journal of Disability Policy Studies* (16.2), p. 130-33.

Wasserman, David (2009): "Ethical Constraints on Allowing or Causing the Existence of People with Disabilities" in Brownlee et al, eds. *Disability and Disadvantage*. Oxford: OUP. 319-351

