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Valuing Disability, Causing Disability*

Elizabeth Barnes

Disability rights activists often claim that disability is not—by itself—something that makes disabled people worse off. A popular objection to such a view of disability is this: were it correct, it would make it permissible to cause disability and impermissible to cause nondisability (or impermissible to “cure” disability, to use the value-laden term). The aim of this article is to show that these twin objections don’t succeed.

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 impermissible to cause nondisability (or impermissible to “cure” disability, to use the value-laden term). The aim of this article 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 nondisability 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 (Sec. I). I then discuss the objection to mere-difference views of disability based on causing disability (Sec. II). I look at different ways one could cause disability

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and discuss what defenders of a mere-difference view can say about them (Secs. III, IV, and V), and then address the potential discrepancies between causing and “curing” disability (Sec. VI).

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.” For present purposes, I want to understand “disability” as a term introduced by ostension.¹ Think of paradigm cases of disability—mobility impairments, blindness, deafness, rheumatoid arthritis, achondroplasia, and so forth. 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?

I. THE BAD-DIFFERENCE/MERE-DIFFERENCE DISTINCTION

Disability rights activists often adopt a “disability-positive” position: disability is not, by itself, something bad, harmful, or suboptimal. I’m arguing that causation-based objections to this view don’t succeed. But I first need to briefly make clearer what the disability-positive position is.²

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 nonstandard 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 is going to be put to work.

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 well-being. But there are many different—and quite disparate—theories of well-being. There isn’t a way of characterizing the mere-difference/bad-difference distinction that cuts neatly across all these different views of well-being—or at least if there is one I haven’t been able to come up with it.

1. If you accept a terminological distinction between “disability” and “impairment,” with “disability” referring to the socially mediated effects of impairments, then you should reinterpret what follows as talk of causing impairments.

2. For a much more detailed discussion of this distinction, see Elizabeth Barnes, *The Minority Body* (Oxford: Oxford University Press, forthcoming.)

First, let me explain why it is complicated. The mere-difference view isn't simply the view that, on average, disabled people aren't any worse off than nondisabled people. It is perfectly consistent with the mere-difference view that the actual well-being of disabled people is, on average, lower than that of nondisabled 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 is 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 nondisability) 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 is 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, and so on—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.³

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 well-being. 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 well-being 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. In that case, your view of disability sounds like a bad-difference

3. 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.

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, nonequivalent ways of characterizing the mere-difference/bad-difference distinction. Hopefully, at least one of them will be adequate, whatever your theory of well-being. To begin with, we have the simple:

- (i) Disability is something that is an automatic or intrinsic cost to your well-being.

Broadly Aristotelian or “objective list” views of well-being often view disability in a way that supports (i).⁴ 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 well-being, for example—though one can easily maintain a bad-difference view on such theories of well-being. An alternative characterization of the bad-difference view, more amenable to such views of well-being 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 nondisabled person y , such that x and y are in relevantly similar personal and socioeconomic circumstances, it is likely that y has a higher level of well-being than x .

That is, even if we eradicated ableism, disability would still have a negative impact on well-being. If you compared two people who were relatively similar in their socioeconomic and personal circumstances but who differed in whether they were disabled, the disabled person would likely be worse off than the nondisabled person—society's acceptance notwithstanding. Suppose, for example, that you hold some version of a desire-satisfaction theory of well-being 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 nondisabled person in relatively similar circumstances—and so you think

4. 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 well-being. It's perfectly consistent for an objective list view of well-being to simply leave out nondisability 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.

a disabled person in relatively similar circumstances is likely to be worse off. But some subjectivists about well-being might be unhappy with the interpersonal comparisons of well-being 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 socioeconomic circumstances fixed but remove their disability, you would thereby improve their well-being.

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, and so forth. 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.

Claim (iii) is very strong, however: it is 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 is 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.⁵

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 bet-

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

ter 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 principal 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 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.

II. 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—given in, inter alia, McMahan, Harris, Kahane, and Singer—which is often supplied in its support.⁶ 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. And it is also argued that the mere-difference view is implausible because it would make it *impermissible* to remove disability.⁷

6. Jeff McMahan, “Causing Disabled People to Exist and Causing People to Be Disabled,” *Ethics* 116 (2005): 77–99; John Harris, “One Principle and Three Fallacies of Disability Studies,” *Journal of Medical Ethics* 27 (2001): 383–87; Guy Kahane, “Non-identity, Self-Defeat, and Attitudes to Future Children,” *Philosophical Studies* 145 (2009): 193–214; Peter Singer, “Ethics and Disability: A Response to Koch,” *Journal of Disability Policy Studies* 16 (2001): 130–33.

7. See, especially, Allan Buchanan, Dan W. Brock, Norman Daniels, and Daniel Winkler, *From Chance to Choice: Genetics and Justice* (Cambridge: Cambridge University Press, 2000).

It is worth emphasizing the philosophical importance of these arguments. The bad-difference view is often assumed rather than argued for: we are meant to have the intuition that it is 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 well-being 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 am going to proceed on the assumption that disability is, in relevant respects, analogous to features like sexuality, gender, and race. That is, I am 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 am opposing takes the form of a conditional: *if* disability is mere-difference, *then* it is permissible to cause disability (and likewise impermissible to remove or prevent disability). I am arguing that this inference is mistaken: it is not the case that if disability is mere-difference we can thereby infer that it is permissible to cause disability. To make this point, I consider other features which we standardly consider mere-differences—being gay, being female, and so on—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.”

III. CAUSING A NONDISABLED 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 straightforward case of causing disability: an autonomous adult causes another autonomous adult to become disabled. That is what happens in this case:

Light Show: Amy and her nondisabled 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 nondisabled. 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 is 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's hair from brown to blond, if she carelessly (and permanently) changes Ben's height by a few inches, and so forth. 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 of the overall effect of such alterations on Ben's well-being. Amy just shouldn't mess with people like that.

But for those who don't find this sort of noninterference principle compelling, the defender of the mere-difference view can address Amy's treatment of Ben more specifically, and perhaps more strongly.

First, 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).⁸ And Amy isn't in 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.⁹ Let's assume that Ben is a perfectly happy, well-adjusted nondisabled person. If Amy is careful with her laser beam, Ben will continue his happy, well-adjusted life without incident or interruption. If Amy is careless with her laser beam, Ben's happiness, his lifestyle, and perhaps even his self-conception will be radically, drastically interrupted. He will have to reshape his life around his new disability. If Ben is like most people, this will be a deeply painful process. It may be a 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 is 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

8. It is worth pointing out that this is the same for removing disability: many people adapt well to the removal of disability, but not everyone does. 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. Jonathan Glover, *Choosing Children* (Oxford: Oxford University Press, 2006), 19–23.

9. 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.

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.¹⁰

IV. CAUSING A NONDISABLED 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

10. See, for example, McMahan, "Causing Disabled People to Exist and Causing People to Be Disabled."

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 is 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 noninterference 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 noninterference principles, rather than anything specific to disability.

It is difficult, of course, to say what these sorts of noninterference principles amount to. We think it is perfectly permissible—indeed, we think it is 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 a 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 noninterference judgments in cases like *Baby Genes* are simply unprincipled. Or perhaps, more sympathetically, our noninterference judgments are tracking something like a distinction between traits which are identity-determining¹¹ and those which are not. To choose where your child goes to school, what they eat, where they live, and so on 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

11. In the looser sense of "identity" (traits that determine self-conception) rather than in the stricter sense of "identity" (traits that determine numerical identity).

would otherwise have been. And it may be that we find the former sort of interferences acceptable, but not the latter.¹²

Let me be clear: I am not attempting to give an account of what these noninterference judgments are, nor am I arguing that they are justified. What I am 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 suboptimal. 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 is suboptimal 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 noninterference principles ultimately consist in, the distance between thinking some feature *x* is a perfectly good way to be and thinking it is 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 is wrong for Cara to cause her nondisabled infant to become disabled. But suppose the case was reversed, and Daisy was born disabled:

Reverse Disabled Baby: Cara has a six-month-old baby, Daisy, who is disabled. Cara values Daisy's happiness and well-being. Moreover, she thinks that Daisy will have a better chance of being happy, well adjusted, and well educated if she is nondisabled. 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 nondisabled.

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 nondisabled. (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.¹³

12. 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.

13. Versions of this argument are explored in, for example, S. D. Edwards, "Disability, Identity, and the 'Expressivist' Objection," *Journal of Medical Ethics* 30 (2004): 418–20; Elizabeth Harman, "'I'll Be Glad I Did It' Reasoning and the Significance of Future Desires," *Philosophical Perspectives: Ethics* 23 (2009): 177–99.

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 nondisability 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 is 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.

Suppose that the defender of a mere-difference view wanted to preserve a discrepancy between causing disability in an infant and causing nondisability in an infant—with the latter permissible but the former impermissible. How might such a discrepancy be maintained if disability is no worse than nondisability? 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 nondisabled, and be unhappy as a result. Conversely, if Cara causes Daisy to be nondisabled, 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 nondisabled, Daisy may well resent that choice. Causing Daisy to be disabled is riskier than causing Daisy to be nondisabled (though, again, we can't assume a priori that causing Daisy to be nondisabled is without risk—see note 8).¹⁴

The thinking here is simple. Suppose that the disability in question is blindness. It is unlikely that Daisy, if she grows up sighted, will be frustrated by her sight and wish to be blind. It is 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.¹⁵ And so on, *mutatis mutandis*, for other, relevantly similar examples of disability. It is 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 well-being than is the absence of that disability.

14. This line of argument is explored—for the case of “procreative beneficence”—in Guy Kahane and Julian Savulescu, “The Moral Obligation to Create Children with the Best Chance of the Best Life,” *Bioethics* 23 (2009): 274–90.

15. 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 is better to be sighted. The greater risk to well-being 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 well-being 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.¹⁶ 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 well-being. Moreover, she thinks that Daisy will have a better chance of being happy, well adjusted, and 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 is permissible to change a child in this way. (Indeed, making such a change strikes many of us as homophobic.)¹⁷ We tend to think such alteration is impermissible, regardless of whether being gay is in some sense riskier than being straight.

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.¹⁸

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 to school, and so on—to make sure their children grow up in an environment that is as gay friendly as possible. The parents of a disabled child can make similar

16. The most telling evidence for this is the suicide rate among gay teens. A recent meta-analysis of nineteen 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 Mark Moran, "Data Sounds Alarm on Gay Teens' Heightened Suicide Risk," *Psychiatric News* 46 (2011): 9–28.

17. I realize it might not strike everyone as homophobic. 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.

18. It is 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: Disability, Deafness, and the Body* (London: Verso Books, 1995).

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.¹⁹ Our society is very unaccepting of disabled people.²⁰ 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.

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.²¹ 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 the amount and severity of risk (and thus, by proxy, the amount and severity of prejudice) is a shaky foundation on which to motivate a discrepancy between Disabled Baby and

19. 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 wheelchair users standardly receive little or no social acknowledgment (eye contact, smiles, etc.). Bonnie Mader and Lynnette Hart, "Social Acknowledgement for Children with Disabilities: The Effect of Service Dogs," *Child Development* 60 (1989): 1529–34; Lynette Hart, Benjamin Hart, and Bonita Bergin, "Socializing Effects of Service Dogs for People with Disabilities," *Anthrozoos* 1 (1987): 41–44.

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

21. It might also, of course, vary from disability to disability.

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 nondisabled. Disabled Baby and Reverse Disabled Baby are on a par. This response is not entailed by commitment to a mere-difference view—as the availability of the above line of response shows. But I think it is 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 nondisabled. That is, if noninterference 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 nondisability. (The general issue of causing vs. curing will be discussed further in Sec. VI.)

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 nondisabled. 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 nondisabled and more likely to suffer from being disabled than being nondisabled doesn't affect this.

A similar, real-world case is that of children who are born intersex. Standard procedure is to perform binary-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 for “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 character-

istics have been unacceptably interfered with. They argue that we should change society's assumptions about sex binaries (and the relationship between sex and gender) rather than changing children who are born intersex.²²

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 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 counterintuitive. 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 nonwhite 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 its 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 is a principled and explicable conflict. And I think the analogy to relevantly similar cases shows that it is both.²³

Insistence on a cause/remove discrepancy is doubtless motivated by the simple fact that most people assume that it is worse, *ceteris paribus*, to

22. The fascinating BBC documentary *Me, My Sex, and I* profiles some of these pro-intersex campaigners. See especially H. F. L. Meyer-Bahlburg, C. J. Migeon, G. D. Berkovitz, J. P. Gearhart, C. Dolezal, and A. B. Wisniewski, "Attitudes of Adult 46, XY Intersex Persons to Clinical Management Policies," *Journal of Urology* 171 (2004): 1615–19.

23. But wait—haven't I been appealing to intuition (especially certain "noninterference" 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

be disabled than to be nondisabled. 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, and so forth. 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.²⁴

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 is one that you miss out on if you lack female reproductive organs. But suppose it was possible—as it may someday be—to change a child's sex in infancy. 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 is a baby. Similarly, it doesn't follow from the fact that disabilities constrain options that it is wrong not to remove disabilities. Being nondisabled also constrains options. (Indeed, having a physical body that is in any specific way

(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 that 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 is 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.

24. 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. 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://kingia3.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>).

a body can constrain options.) It is simply that being nondisabled 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 nondisability. And that's precisely the claim that the mere-difference view rejects.

V. CAUSING A DISABLED PERSON TO EXIST INSTEAD OF A NONDISABLED 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 nondisabled person. This is, for example, the structure of Derek Parfit's famous "handicapped child" case:²⁵

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 nondisabled. Ellen prefers not to wait, so she becomes pregnant right away. She gives birth to a daughter, Franny, who is disabled.

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 is 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 nondisabled person to exist, when she could easily have done the reverse. But if being disabled is no worse than being non-

25. Derek Parfit, *Reasons and Persons* (Oxford: Clarendon, 1984). Another famous case discussed at length in the literature is that of embryo selection in in vitro fertilization and the permissibility of selecting for disability. 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 is important to note that there is clearly no obvious entailment from a mere-difference view of x to the permissibility of selecting for x . 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 is no better or worse to be male than to be female, and vice versa.

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 nondisabled child to exist.²⁶

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 nondisabled person to exist is predicated on the idea that it is worse to be disabled than nondisabled. 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.

But perhaps the intuitive reaction to Child Now can be strengthened. McMahan gives this amplified version as part of his argument that the mere-difference view licenses unacceptable permissions:

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

26. A similar line on the nonidentity problem is taken in David Wasserman, “Ethical Constraints on Allowing or Causing the Existence of People with Disabilities,” in *Disability and Disadvantage*, ed. Kimberley Brownlee and Adam Cureton (Oxford: Oxford University Press, 2009), 319–51. Wasserman, however, 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 role morality. My claim is much simpler: the defender of a mere-difference view of disability should reject the background assumptions of cases like Child Now.

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.²⁷

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 is 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 is 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 nondisabled person to exist. Perhaps 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*" (my italics). More plausibly, it may well be wrong to cause the existence of a disabled child in order to make yourself seem more interesting, to claim social benefits, and so on. It can, familiarly, be wrong to do x for reason Φ , even if it is not wrong to do x simpliciter. 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. A positive take on disability doesn't in any way involve a positive take on all the ways we can cause disability.

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 is wrong to cause a disabled person to exist when one could easily have caused a nondisabled person to exist instead. Perhaps Aphrodisiac shows an unacceptable casualness about reproductive 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. There's no

27. McMahan, "Causing Disabled People to Exist and Causing People to Be Disabled," 90.

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 is not wrong to cause a disabled rather than a nondisabled 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 nondisabled person to exist.

VI. 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 defense.

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 is a good thing to cause someone to be nondisabled. We think that we should work toward the ability to cause nondisability. In contrast, it is not a good thing to cause someone to alter their sexuality. We shouldn’t work toward 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 noninterference 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 nonpejoratively simply as a mechanism for causing nondisability. The mere-difference view doesn’t maintain that everyone who is disabled likes being disabled. And it is perfectly compatible with the mere-difference view that, even in an ableism-free society, some disabled people would still want to be nondisabled. There’s nothing wrong with—and much that’s good about—a mechanism that allows such disabled people to become nondisabled if they wish (and allows, vice versa, nondisabled people to become disabled if they wish).²⁸

28. It is 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.

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 nondisabled. And there’s nothing wrong with those disabled people who want to be nondisabled seeking the means to make themselves nondisabled. But there is something wrong with the expectation that becoming nondisabled 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 is 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 nondisabled body. And it is unlikely that society will change its norms to accommodate disability if society can instead change disabled people in a way that conforms them to its extant norms.

As an example, the documentary *The Kids Are All Right*—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 they think that focus on such treatments is distracting and unhelpful. What they want are things like: research on how to extend the life span of persons with Duchenne Muscular Dystrophy, better wheelchair technology, focus on helping people with muscular dystrophy find accessible jobs, more public awareness about accessibility, and so forth. These issues—far more than treatments which could make them nondisabled, 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.”²⁹ 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

29. Laura Hershey, “From Poster Child to Protestor,” *Spectacle* (1997), <http://www.cripcommentary.com/frompost.html>.

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 is 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 nondisabled people. And, again, there’s nothing wrong per se with research that aims to allow disabled people to become nondisabled. The point is simply that it is 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.

VII. 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 nondisability. 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 is never the case that causing a nondisabled 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 is 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—give us no independent traction on the question of whether disability is a mere difference or a bad difference.