

THE WELFARIST ACCOUNT OF DISABILITY

Guy Kahane and Julian Savulescu
University of Oxford

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Consider the following list of actual and imaginary cases:

The Deaf Lesbians

A deaf lesbian couple who wanted to have a deaf child, conceived their second child through Artificial Insemination by Donor (AID), using sperm from a friend with inherited deafness in his family. They argued that deafness is an identity, not a medical affliction that needs to be fixed. As they put it, 'Deafness is not a disability.' A hearing child would be a blessing, they said, but a deaf child would be a special blessing.¹

Dwarfism

Two achondroplastic dwarfs request Preimplantation Genetic Diagnosis (PGD) to select an embryo with dwarfism. They argue that being little is not a disability, but only a difference. They claim that as their house and lifestyle have been modified for their short stature, they would be better able to rear a short child rather than a normal child – that if their child had achondroplasia, it would have a better life.²

Body Integrity Identity Disorder

John is a want-to-be amputee. He does not identify with the body he was born with: a body with four limbs. He strongly desires to amputate his leg below the knee. John attends conferences with amputees and wants to be one of them. Although he has undergone extensive counselling and psychiatric therapy, this wish persists. John had pleaded doctors to amputate his leg, but this request was declined, and he is now depressed. John is considering self-amputation.³

The Ashley Case

Ashley is a nine-year old from Seattle who was born with static encephalopathy, a severe brain impairment that leaves her unable to walk, talk, eat, sit up or roll over. Ashley will remain at a developmental level of a three month old baby. In 2004, Ashley was given high-dose estrogen therapy to stunt her growth, and her uterus and breast buds were removed to prevent menstrual discomfort and to limit the growth of her breasts. Ashley's parents argue that

this treatment was intended 'to improve our daughter's quality of life and not to convenience her caregivers.'⁴

Colour Blindness

A distinguished watercolour painter is afflicted by a rare disorder which causes him to go colour blind, no longer able to distinguish between red and green. The painter finds it difficult to continue his life's work, and becomes severely depressed.⁵

IQ Reduction

A child is found to have a heart abnormality. Surgeons place the child on cardiac bypass to remove the lump. As a result of the bypass, the child's IQ drops from 180 to 150. The lump turns out to be benign and surgery was not necessary. When confronted by the parents, the surgeon says 'He has plenty of IQ points to spare.' The parents sue, arguing that the doctor 'disabled their child'.

These cases raise difficult ethical questions. Is it permissible to deliberately create a child with deafness or dwarfism? Was it right to stunt Ashley's growth? Is it wrong to prevent John from getting the amputation he desires? Was it a misfortune for the gifted child to lose some IQ points, or for the painter to become colour blind? We can also ask whether the conditions described in these cases amount to a disability. Are deafness, dwarfism and colour blindness disabilities? Is a drop from 180 to 150 IQ disabling?

These questions are related. As our brief descriptions already suggest, some people already frame the ethical questions in terms of the concept of disability. They believe, for example, that it would be wrong to deliberately create a child with deafness or dwarfism *because* these are disabilities, whereas those who want to have children with these conditions believe that they can justify their choice simply by *denying* that they are disabilities.

Because of disputes such as these, claims about the concept of disability are now bitterly contested.⁶ In this chapter we develop and defend a new account of disability. Our account is not a straightforward analysis of the existing concept of disability. Although concepts cannot be true or false, they can be defective in various ways. We argue that the everyday concept of disability is defective. It stands in the way of clear thinking about the cases we described. Disability advocates, and proponents of the 'social model' of disability, are also critical of the everyday concept. But their alternative proposal, while capturing something of normative importance, is not a useful substitute. We propose a new, third approach: a welfarist account of disability.

The welfarist account is revisionary: it preserves some aspects of the existing concept, and rejects others. As such, it faces a number of objections. The way it departs from common use will sometimes run against people's intuitions.

We defend the welfarist account against these objections. Although it is not especially important whether the concept we define should be labelled 'disability' or something else, some such concept is needed for normative inquiry, to do the normative work that the existing concept of "disability" is expected to do but can't.

We end the chapter by returning to our list of cases to illustrate some of the normative work that needs to be done, and to show how our suggested account does that work. The advantage of the welfarist account is that it makes salient what is morally relevant in such cases. It cannot by itself provide answers to the difficult ethical questions these cases raise, but, unlike competing accounts, it sets us on the right path to answers.

THE EVERYDAY CONCEPT

All of us possess the everyday concept of disability. We have no difficulty applying it to paradigmatic cases. Blindness, mental retardation, paralysis are usually classified as disabilities. Being shorter than average or short-sighted aren't. Then there is a range of more controversial cases. When we argue about such cases, one side to the disagreement might be confused about the implicit norms governing the concept, but it's also possible that the existing concept simply is not precise enough to supply an answer.

What is shared by the things that clearly fall under the concept of disability? An analysis of the concept should start from the observation that all of these paradigmatic cases of disabilities relate to stable physical or psychological conditions, conditions that lead to a lack of or deficiency in some motor, sensory or cognitive ability that most people possess. The important point is that the everyday concept has a definite *descriptive* component: there are empirical conditions that someone must meet if he or she is to count as having a disability. But the everyday use of disability also has an *evaluative* dimension. People are often described as *suffering* from a disability, and it would make no sense to ask, "Yes, I know Smith has a disability but is that in any way bad?" Disability is taken to be a misfortune, something that makes life worse, and thus something that gives us reasons to try to avoid or correct it. In other words, the concept of disability is a *thick evaluative concept* – a concept that at once has specific descriptive content and commits speakers to certain valuations.⁷

THE SPECIES NORM ACCOUNT

In this chapter we will consider a range of competing accounts of disability. Since most of these are not properly understood as straightforward analyses of the everyday concept, we'll mark each of them with subscripted letters.

The Species Norm account, dominant in medical practice, defines disability as

Disability_{SN}

A stable intrinsic property of subject S that deviates from the normal functioning of the species to which S belongs

This account assumes that there are scientific truths about biological normality and function of a species, truths that can then be used as a standard against which to measure the characteristics of a particular organism. This is a problematic assumption that some reject, but we'll simply concede it here.⁸

Disability_{SN} is not, however, the everyday concept of disability. It may capture the *descriptive* core of the everyday concept.⁹ But the everyday concept also has an *evaluative* dimension—has normativity built into it. It implies beliefs about value and reasons. But although talk of deviation from a norm is talk about standards and how something ranks with respect to them, it is not normative talk in the sense that interests us in ethics. It is a form of attributive or functional value, the kind of value we refer to when we describe lawnmowers or knives as good or bad. Facts about functional value don't on their own imply facts about either intrinsic goodness or reasons for action.

We could get fairly close to an analysis of the everyday notion if we added this evaluative dimension to our formulation of disability_{SN}:

Disability_{SN+E}

A stable intrinsic property of subject S that deviates from the normal functioning of the species to which S belongs, and *simply because of that* makes S's life go worse, and therefore gives reasons to avoid, regret and correct it.

This concept is plainly defective. There are no intrinsic normative consequences to deviation from either biological or statistical norms. Such norms set *standards*, but they are not *normative*. It does not follow, simply from the fact that someone deviates from some biological or statistical norm, that there are any reasons to bring his functioning up (or down) to the norm, to prevent or 'cure' this condition, or to regret its occurrence.

Deviation from the species norm is not normative because there is no intrinsic connection between deviation from normal functioning and well-being. Such deviation is neither necessary nor sufficient for a negative effect on a person's life. Some people, for example, have ankyloglossia, a restricted lingual fraenum that prevents them from protruding their tongue tip beyond the edges of the lower incisors. This is hardly a misfortune, whereas loss of hearing or sexual function with old age is certainly consonant with the biological and statistical norm, but hardly less disabling for that. And when conditions that

deviate from the norm lead to a reduction in well-being, and in enough cases they do, this is so not *because* they happen to be deviations from the norm.¹⁰

This mistaken implication that deviation from species norm must be bad has numerous pernicious consequences. Anita Silvers, for example, reports that

adults with upper limb phocomelia (congenitally anomalous arms), such as are occasioned by pre-natal exposure to thalidomide, often believe themselves to have been injured as children by having had their natural digits amputated [and] been fitted with ineffective artificial arms... They see the process as extracting a high cost in suffering for the questionable goal of altering them merely to look a little less disabled.¹¹

'GERMANS' AND 'KRAUTS'

Concepts can't be true or false. But they can be incoherent or defective in various ways. The everyday concept of disability is, we saw, a thick evaluative concept. Such concepts are especially prone to one kind of conceptual defect. It may be useful to diagnose this kind of error more generally.

Some of the clearest examples of thick concepts are racial and sexist epithets. One famous example is the word 'Kraut', as used in Britain for parts of the 20th century.¹² The word 'Kraut' referred to people who are German, but it also expressed a negative valuation—hatred or contempt. Needless to say, the mere fact that a person is of German origins isn't sufficient, of itself, to make it the case that this person deserves contempt. If someone asserts 'Many Krauts are admirable', he may be making a semantic mistake, but hardly an evaluative one. You can't bring normative truths into existence simply by defining or using a word in some way.

'Kraut' is a defective concept. It establishes, by semantic fiat, a link between a certain empirical property and false normative conclusions.¹³ What can we do when we discover that a concept is defective in this way? Most obviously, we can simply give up using the concept, and pressure those who do use it to stop. Indeed, we no longer use the word 'Kraut'. But, as we'll see, sometimes it is better to *correct* a defective concept, and in what follows we'll consider several ways of correcting the everyday concept of disability.¹⁴

THE SOCIAL MODEL ACCOUNT

Disability activists and advocates often reject what they call the dominant 'medical model' of disability. What they reject is what we called disability_{SN+E}. We saw that they are right to do so. What they want to put in its place is what they call the 'Social Model'.

What is the Social Model? Disability activists sometimes claim, for example, that disability is

...a social discrimination that limits opportunities of persons of difference...[and] results only when physical difference is not accommodated by society.¹⁵

Or that

Disadvantages are ... effects not of biomedical conditions of individuals, but rather of the socially created environment that is shared by disabled and nondisabled people. This environment... is so constructed that nondisabled people are privileged and disabled people penalized. Disability is a social problem that involves the discriminatory barriers that bar some people but not others from the goods that society has to offer.¹⁶

So far as we can tell, there is no single agreed formulation of the social model account of disability.¹⁷ But the above statements suggest the following formulation:

Disability_{SM}

A stable intrinsic property of subject S which (1) deviates from the normal functioning of the species to which S belongs (i.e. a disability_{SN}) and (2) which tends to reduce S's level of well-being *because* members of the society to which S belongs are prejudiced against such deviation from the normal¹⁸

Note that this isn't an analysis of the everyday concept. It's a suggested replacement.¹⁹ The descriptive content is kept, but the evaluative dimension is revised. In fact it's pretty much claimed that it's *because* of the entrenched use of the defective concept of disability_{SN+E}, use of this concept, in a sense, is self-confirming: disability_{SN} is bad because *treated* as bad. It's contingently bad because (contingently) treated as necessarily bad.

The concept of disability_{SM} is a species of a wider concept, the concept of a

Discriminated Trait

A stable property of subject S which tends to reduce S's level of well-being *because* members of the society to which S belongs are prejudiced towards people with this property²⁰

Deviation from the human norm is merely one possible object of unjust attitudes. To the extent that a disability_{SM} makes a person's life worse than it could otherwise be, it makes it worse in the same way that dark skin colour can make life worse in a racist society. Many people in the deaf community, for example, claim that the only way in which being deaf makes life worse is because deaf people are victims of 'audism', prejudice against the deaf.²¹

No doubt, disability_{SM} singles out a genuine and pervasive form of prejudice that is a matter of great moral urgency, and disability advocates may be right in thinking that, in the context of their political and legal struggle, it is useful to use 'disability' to refer to such prejudice. We suspect, however, that this might be counterproductive. Revising the everyday concept to refer to an entirely different normative phenomenon is likely to elicit unnecessary misunderstanding and resistance.²² And, as we shall now argue, the everyday concept, even if defective, might partly track a genuine normative property that is not captured by disability_{SM}. It is not, however, very important what meaning we assign to the word 'disability'. What is important is that we have at hand concepts that accurately map the normative territory.

THE WELFARIST ACCOUNT

In this section, we'll start with some general reflections on well-being and harm, and construct, out of these reflections, a number of specific evaluative concepts that we need anyway in thinking about normative questions. One of these concepts also happens to be a good candidate for a revised concept of disability. It is also, we believe, a concept that better captures what is best preserved in the existing concept.

The concept of disability_{SM} is a species of discrimination. But discrimination is a species of the far broader concept of *the harmful*:

The Harmful

X is harmful iff X leads, in circumstances C, to a reduction in person S's level of well-being

What does it mean to say that something leads to a reduction in well-being? One natural understanding is counterfactual: had X not been present, S's well-being would be higher. X makes S worse-off than he would have otherwise been.^{23,24}

Now a person could be said to be better off if he feels less pain, achieves more of his aim and projects, or enjoys deep relationships. That is, his life goes better if it includes more of the components of well-being – if it includes more of what is *intrinsically good* for the person. As we've defined the harmful, however, it refers rather to what is *instrumentally bad* for a person – something not bad in itself but bad through its effects. The harmful is what *leads to harm*.²⁵ Some conditions, however, are both harms *and* harmful. Pain, for example, is bad in itself but, if strong enough, also stands in the way of a person's pursuit of his projects.

The harmful is a very broad category. In thinking about normative questions, we can't do everything using concepts as thin as well-being and the harmful, just as we can't do all of our thinking about empirical matters using the concept of a physical object. We need more specific notions. One such notion is that of a discriminated trait. Others are danger, obstacle, disadvantage, incapacity, and disease. And, we'll suggest, one such notion can be properly labelled disability.

If we focus on cases where what makes a life worse has its primary causal source in an abiding intrinsic property of a person, we get

Harmful Trait

A stable intrinsic property of subject S that leads to a reduction of S's level of well-being in circumstances C

One thing that can be harmful in this way are the contents of a person's mental states. If someone believes that smoking is good for them, then this belief, through its many obvious behavioural ramifications, will have the causal effect over time of reducing his level of well-being. This belief may be a stable intrinsic property of him. It's a harmful belief. There can similarly be harmful desires and feelings. Beliefs and desires are *reasons-responsive attitudes*.²⁶ They are formed, maintained, and later influence behaviour, through the exercise (adequate or poor) of reason. It is better to put the way the contents of such attitudes affect well-being in a separate category.

So we need a slightly narrower concept, a concept that refers to the effect on well-being of the *abiding physical and psychological traits* of a person – features of her body and broader cognitive, sensory and affective dispositions – and excludes the contents of their mental states (though such traits will often *cause* a person to have various mental states).

This narrower concept gives us a third account of disability. This is our Welfarist account.²⁷ According to this account:

Disability_w

A stable physical or psychological property of subject S that leads to a reduction of S's level of well-being in circumstances C

We'll now clarify various aspects of the welfarist account. As we go along, we'll consider various ways of qualifying this initial formulation. We'll endorse some possible qualifications, and reject others.

Makes no reference to normality

Note that when we refer to a 'stable physical or psychological property' of a person, we are *not* referring to 'impairment', if this notion is taken to be

synonymous with disability_{SN}. We refer, quite simply, to *any* intrinsic property of the agent (qualified only in the sense explained above, that leaves out the contents of mental states).²⁸ Disability_{SN} is not a notion of a *specific* kind of harmful thing. It's not the notion of a kind of harmful thing at all.

The concept of disability_W makes no reference to biological or statistical normality. Whether or not a condition is normal or deviates from normality is not an intrinsic property of a person. This means that a lot of things may fall under disability_W that don't fall under the everyday concept. Illness, for example, would count as a disability_W.²⁹ Harmful character traits – perhaps having a weak will, excessive stubbornness, lack of confidence, a disposition to addiction or recklessness – would all count as disabilities_W.

Has an intrinsic normative dimension

According to the everyday use, if something is a disability, then it is a misfortune to those who suffer from it and gives reasons to correct it. In a sense, the same is true of whatever counts as a disability_W. Although we didn't use explicit evaluative and normative terms used in our formulation of disability_W, the concept of well-being is an intrinsically normative concept. If something leads to a reduction in someone's well-being, then that thing is bad for that person.

There is however a crucial difference from the everyday use. If something reduces well-being, then what is intrinsically bad is the harm it does – the reduction of well-being. But what reduces well-being is only instrumentally bad. And this means that while we may have some reason to correct it *as a means* to removing the harm, we can equally remove the harm by changing the circumstances. There is no intrinsic reason to correct a condition that counts as a disability_W.

Relative to person and context

As the above formulation makes clear, disability_W is relative to both persons and circumstances. The everyday concept doesn't have this relativity. It not only mistakenly implies that deviations from the species norm are bad, but also seems to imply that they are bad in themselves, quite independently of context.

The concept of a disability_W is, by contrast, context dependent. What makes leading a good life harder in one circumstance, may make it easier in another. The atopic tendency which leads to asthma in the developed world protects against worm infestations in the undeveloped world. Colour blindness may be a disadvantage today but in human history, some colour blind hunters may have had an advantage at spotting camouflaged prey. Deafness would be a

positive advantage in an environment of extremely loud and distracting noise. Sitting in a wheelchair can be an advantage if one is waiting in a long cue.³⁰

Internal and external factors often interact. For a wealthy and healthy person, blindness may not make a significant difference to well-being. A poor person can be made much worse by being blind. But, holding a person's blindness constant, we can ask whether poverty would reduce or increase their well-being. Holding her poverty constant, we can ask whether her blindness would reduce or increase her well-being. The two factors will obviously interact but we can still ask intelligibly what their causal contribution is, as long as we're clear enough about the context.

The less detailed and determinate our specification of 'circumstances C', then less useful it would be to designate a condition as a disability_w. This is why on our account it often makes little sense to ask of some condition, 'Is this a disability_w?' In order to judge which conditions constitute a disability_w, we need to know what class of people is being referred to, and to predict what the context or environment is likely to be. There is no context-independent answer to such a question.

We deliberately defined disability_w to be relative to a specific person. When we consider questions about well-being, that's the normative ground-level—the well-being of the 'average' or 'common' person has no independent moral standing. Nevertheless, in various contexts we need to speak in generalities. Certain foods, substances, temperatures, etc., are harmful to most human beings. That doesn't change the point that many things can be harmful to one person but not to another, harmful to a person at one time but not in another, and harmful in one set of circumstances and not in another. Folate is generally beneficial to people, important for health and the prevention of birth defects, but if given to a person with Vitamin B12 deficiency, it can be lethal.

We need to choose the level of magnification that is most useful for us to negotiate the world. If we want to speak accurately when we describe something as harmful, we at least need to be specific about the person, circumstances, and breadth of causal effect we intend to refer to. We will be more or less specific for different purposes, in the context of different normative questions. We cannot be as specific in political or legal contexts as we can be in first-person prudential ones. For such purposes, we may find useful a more coarser-grained concept that is framed in terms of what tends to be harmful for populations:

Disability_{wP}

A stable physical or psychological property that leads to a reduction of level of well-being for *most people from category Y* in circumstances C

Such a concept might be more useful for deciding on large-scale policies or laws.³¹ But it will *not* be useful, and might even be an obstacle, when we want

to answer normative question about a particular person, in particular circumstances.

It's ubiquitous

One example of a disability_w is asthma. Asthma makes breathing more difficult in certain environments commonly encountered in the developed world. It's a consequence of our account of disability that in this and similar ways, *all of us* can be said to suffer from disabilities_w – conditions inherent to our nature which reduce our well-being and make it more difficult to realise a good life. Asthma, a lame foot, pig headedness and weakness of will are all disabilities_w.

We tend to associate disability with visible and overt features of people's bodies, or with very severe mental limitations. But genetics, biology and psychology will identify many other internal features of people to be impediments to well-being. It may turn out, for example, that having poor impulse control is a far greater obstacle to a good life than being deaf or missing an arm.³² That is, having poor impulse control may be a *far greater* disability_w than losing an arm, even if the intuitions of many will militate against this claim. The fact that certain properties of people are more salient than others may distort our understanding of the weight they have in shaping people's lives.

Degree, threshold or threshold-and-degree concept?

Disability_w is best understood as a degree concept. The degree comes simply from the amount of well-being lost by the presence of the disabling condition. Disability_w thus encompasses even conditions that cause only insignificant or moderate harm. On our account, everyone suffers from disability_w to some extent, in some respects.

The everyday concept, by contrast, is *both* a threshold and a degree concept. That is, light deviations from species norm, such as short-sightedness, don't count as disabilities. Only more significant deviations, such as very poor sight or blindness, meet this threshold. But once something counts as a disability, it's often compared in seriousness to other disabilities. Paraplegia, for example, is said to be a more serious disability than deafness.

This deviation from common usage is likely to offend some people's intuitions. They might object that it would be absurd to describe someone with an IQ of 150 as disabled just because some condition prevents her from having an IQ of 180 (assuming for a moment that higher IQ makes life go better). To see why we are not impressed by this complaint, consider the difference between unpleasant experiences and suffering. We all go through unpleasant experiences of various degrees throughout our lives. But obviously, some unpleasant experiences are too weak or fleeting to merit much attention. That's why we have the concept of suffering. Suffering is not a *different* kind of experience. It's just a

painful experience that is above a certain threshold of intensity and length. Our account of disability is like the concept of an unpleasant experience; the everyday account, like that of suffering. For practical purposes it is useful to have a way to refer to strong unpleasant experiences, or to especially harmful conditions. But it is important to see that the line that such distinctions draw is arbitrary.

People who, by our definition, suffer from significant disability_w may require special facilities or financial support. Some people might prefer to use the word 'disadvantage' to refer to mild forms of disability_w. If we wanted to match the everyday use more closely, we could restrict disability_w to conditions that cause severe effect on well-being:

Disability_w

A stable intrinsic property of subject S that leads to a *significant* reduction of S's level of well-being in circumstances C

But we prefer to use the term 'disability' in a broader, more revisionary sense. This broader sense is more inclusive. Many conditions currently described as disabilities will be described as disabilities_w on our definition. But many other, milder conditions common to all of us will also merit this label. This might contribute to resisting the way being labelled 'disabled' becomes a stigma, placing people with disabilities in an undesirable category distinct from most other people.³³ On our account, everyone has disabilities of one kind or another.

This is, in part, a terminological matter. It makes no difference, however, to the normative issues. What is important to see is that, just like unpleasantness and suffering, cases of serious disability_w are continuous with many widespread forms of milder disability_w. If there is a distinct category of 'the disabled', that's only an arbitrary classification drawn for certain practical uses.³⁴ The suffering are no different from other people who undergo unpleasant experiences. It is just that their experiences are worse, and deserve more urgent attention.

Its application depends on our account of well-being

On its own, disability_w doesn't tell us what falls under it. It doesn't have 'thick' descriptive content of the kind that disability_{SN} has. To apply disability_w to something, we need to conduct two separate inquiries, one normative and one empirical. First, we need to adopt some account of well-being. Then we need to identify the causal factors that influence a person's well-being in a certain set of circumstances.

It is thus a substantive question, not determined by definition alone, whether the paradigmatic cases of disability in the everyday sense – deafness, blindness, and cognitive handicap – are disabilities_w. We ourselves are inclined to believe most of these are, in the conditions holding at present and in the foreseeable future. But a case needs to be made, and its needs to be made case by

case. And note that although a general case can be made about the status of, say, deafness, as a disability_w for most people in the common circumstances holding in our world, it may still be true that an opposite case can be made for a particular person, in special and specific circumstances. Nevertheless, it may be that although the everyday concept is defective, our use of it is at least partly responsive to factors that genuinely reduce well-being, at least in present circumstances. It may thus be that, although disability_w is revisionary account, its extension *in the present world* will to a substantial extent overlap the extension of the existing concept.

THE RELATION OF THE WELFARIST ACCOUNT TO THE EVERYDAY CONCEPT OF DISABILITY

Like the social model, disability_w isn't an analysis of the everyday concept. In the previous section, we've gone through many ways in which it diverges from it. The welfarist account preserves much of the evaluative dimension of the everyday concept, but drops its descriptive dimension. It refers to instrumental, not intrinsic badness, and the badness is relative to person and circumstance. Like the everyday concept, it refers to a stable physical or psychological condition, but there is no reference to either biological or statistical normality. And what this gives us is an evaluative concept that is not defective — a bit like starting to use 'Kraut' to refer to all people who deserve our contempt, regardless of whether or not they are German.

But why should we replace the existing concept with disability_w? Why not just drop the concept?³⁵ The first thing to say is that we *need* a concept such as disability_w, as defined above, whether or not we want to call it disability or disadvantage or something else. Although claims about harm, disability, danger and so forth are reducible to claims that employ only the concepts of well-being and causation, in actual life we cannot manage by thinking and speaking only at that bare level. We also need richer, more specific concepts which relate internal physical and psychological states to external social and natural environmental states, via the concept of well-being. Disability_w is one such concept.

In early Christianity, the word 'acedia' was used to describe monks in desert monasteries who, in certain periods, found it hard to adhere to the strict monastic work schedule. This was seen as a vice, a disposition to reject a great spiritual good. We do not need a concept with this precise descriptive and evaluative content. But we do need a way of referring to an analogous form of depression, and the concomitant difficulty to respond to what has value is a genuine misfortune, and sometimes a vice. The people who coined and used the term 'acedia' were responding to a genuine empirical phenomenon with genuine normative significance, but, from our present perspective, we want to say that they only partly understood it, and in many ways misunderstood it. We want to

suggest that the everyday use of disability is also partly responsive to a genuine phenomenon. We need a concept to refer to this phenomenon.

Finally, there are good reasons to use the word 'disability' to refer to this normative phenomenon. In deciding how to revise an existing but defective concept, we should consider not only the intrinsic merit of competing proposals but also the *expected consequences* of their adoption, *given* the prevalent use and associations of the existing term.

If the entrenched use of a word is evaluative, it may be dangerous to try to replace it with a purely descriptive term. People may find it hard to use 'Kraut' to simply mean German and nothing else. Even if people officially disavow the normative implications of a defective term, their use of it may still carry these pernicious associations. So it is better, if possible, to preserve the normative side but correct the descriptive one. We need to adjust both descriptive and evaluative aspects in the way that preserves what's correct while making salient the mistake entrenched in the existing use. This is what the welfarist account does. We think that it is inclusive in just the right way. Not everyone disabled in the everyday sense would count as having disability_W, and most people who count as normal have, to some degree, disabilities_W. Our account leaves out the irrelevant reference to normality and makes salient the normative continuity between stronger forms of disability_W and the ubiquitous milder forms that everyone has.

THE RELATION OF THE WELFARIST ACCOUNT TO THE SOCIAL AND SPECIES-NORM VIEWS

Disability_W and Disability_{SN}

Disability_W preserves the evaluative import of the existing concept. But it deviates greatly from its descriptive content. Some people think that this is too radical a departure. That it's too inclusive of things that, intuitively, don't seem like disabilities at all. They therefore prefer to think of disability_W as stating only a necessary condition for something's counting as a disability.³⁶ Some further condition must be met to get disability proper. But what would complete the definition? One answer is to go for a hybrid concept, to combine disability_W and disability_{SN}.³⁷ This would give us:

Disability_{W+SN}

A stable intrinsic property of subject S that (1) deviates from the normal functioning of the species to which S belongs (i.e. a disability_{SN}) *and* (2) leads to a reduction of S's level of well-being in circumstances C (i.e. a disability_W)

This concept is narrower than the everyday use because it excludes forms of disability_{SN} that don't tend to reduce well-being. But it's obviously closer in its descriptive content to the everyday notion.

However it's doubtful we need such a concept. The problem is precisely that there is no deep connection between conditions (1) and (2). It's not the fact that it deviates from a species norm that makes a property detrimental to well-being, even if the two conditions may sometime overlap. (It's a bit like using 'Kraut' to refer only to those Germans that *happen* to deserve contempt.)

There is another way in which disability_W and disability_{SN+E} may connect. There are some philosophers who seem to hold that a person's well-being is to be assessed in terms of his or her meeting standards of functioning proper for the species to which S belongs.³⁸ If this is one's view of well-being, then disability_W may *imply* disability_{SN-E}. But this would not be definitional, but a substantive result. Our account is compatible with such a view, even if we ourselves reject it. This is as it should be - the welfarist account serves to direct inquiry in the right direction, to debate about the nature of well-being, and away from pointless and all too common terminological controversy.

Disability_W and Disability_{SM}

What about the relation between disability_W and disability_{SM}? It may be useful to narrow down disability_W so that it refers only to the effect a condition has on well-being that we get when we *subtract* the effect it has through social prejudice:

Disability_{W-SM}

A stable intrinsic property of subject S that tends to reduce S's level of well-being in circumstances C, *excluding* the effect that this condition has on well-being that is due to prejudice against S by members of S's society due to the deviation of this property from the normal functioning of the species to which S belongs

Or better, since there's nothing special about attitudes to deviation from species norm, we can define disability_W to refer to the effect a condition has on well-being when we subtract the effect on it due to discrimination against a trait of whatever kind. We can call this **Disability_{W-DT}**.

We adopt this qualification. It relieves us from having to claim that having dark skin colour in a racist society is a disability_W. This is not *ad hoc* given that the distinction makes a normative difference. Natural evil is to be prevented if possible. But someone is responsible for moral evil. It calls for a different response. There is moral priority to changing people's prejudices rather than the objects of their prejudice. There is no such priority to changing environment as opposed to people's traits when the harm is natural.³⁹

WELL-BEING, SOCIAL ARRANGEMENTS, AND THE SOCIAL MODEL

This revision of disability_W is, however, unlikely to satisfy the proponents of the Social Model. According to them, the harm referred to under disability_{SM} captures all or at least most of the harm caused by the conditions that count as disabilities in the everyday sense. For conditions such as deafness, blindness, or paraplegia, if we subtract disability_{SM} from disability_W , we get zero, or close to zero. In this section we will consider this objection.

Let's reconsider disability_{SM} :

Disability_{SM}

A stable intrinsic property of subject S which (1) deviates from the normal functioning of the species to which S belongs (i.e. a disability_{SN}) and (2) which leads to a reduction of S's level of well-being *because* members of the society to which S belongs are prejudiced against such deviation from the normal

To apply this definition, we need to know what is meant by 'prejudice'. Prejudice presumably involves negative attitudes and behaviour towards people with the trait in question. And these must be unjustified attitudes. There are plenty of cases where we have very good reasons to have negative attitudes towards people with certain intrinsic traits – reasons, for example, to feel contempt precisely for people with prejudiced attitudes.⁴⁰

Now unjust beliefs, attitudes and behaviour are bad not only because of their effects on the people discriminated against but also in themselves. We can hold people responsible for such attitudes. Such attitudes *ought* to be corrected. The condition to which disability_W refers to needn't be bad in itself. It is bad only because of its effects. We have reason to correct it only as a *means* to reducing its harmful effects. But there is no normative priority to correcting this condition as opposing to changing the surrounding circumstances. So if unjust attitudes play a significant role in these circumstances, it is these attitudes we should first aim to correct, not the disability_W . And, it might be objected, the way we have defined disability_W obscures this point.

Let us develop this objection. We first need to highlight one consequence of the context-dependence of disability_W . According to our definition,

Disability_W

A stable intrinsic property of subject S that leads to a reduction of S's level of well-being in circumstances C

But this means that whenever a condition X is a disability_w, it would be true not only that

(A) If S didn't have X, her well-being would be higher

But also that

(B) If S was no longer in circumstances C, her well-being would be higher

At the extreme, the Social Model is the claim that the innocent reference to 'circumstances C' is simply a way of concealing the fact that circumstances C are the circumstances of social prejudice. And, as we saw, if that were true then there would be priority to changing 'circumstances C' rather than condition X.⁴¹

It might be thought that according to both the welfarist account and the Social Model, a condition is a disability only contingently, not necessarily. After all, both hold that

(1) In some possible situation, having condition X wouldn't reduce well-being

This seems to simply follow, on the welfarist account, from the relativity to circumstances C. But this claim needs to be qualified in two ways.

First, this would be true only with respect to the instrumental badness of a condition. But many such conditions are arguably also intrinsically bad, to varying extents. Severe cognitive handicap places necessary limits on the kinds of goods accessible a person, limits that would hold in all circumstances. Having a certain level of intelligence is, if not intrinsically good, a necessary condition to certain goods necessary for a good life. (More complicated are the cases of blindness and deafness, which deprive one of access to a range of great aesthetic goods. While such sensory capacities are *necessary for access* to such goods, it's far less clear that enjoyment of these is *necessary for a good life*.)

Second, the possible world referred to in (1) must be one that includes the individual S. The fact that there are possible worlds in which X is harmless or even beneficial would be irrelevant if in these possible world S couldn't exist. The change in surrounding environment needs to be *identity-preserving* if it is to make S better off – identity-preserving in the sense relevant to prudential and moral considerations, which need not be identical to metaphysical personal identity.

Setting these qualifications aside, the first thing to note is that for many conditions, (1) is true only in an uninteresting sense. It refers to circumstances that might be *conceivable*, but which bear no realistic relation to the existing world. Paraplegia may not make a difference to well-being if we all possess powers of levitation and telekinesis. Being deaf or mute would make little

difference if we were all telepathic. In other words, the mere truth of (1) with respect to a condition establishes little of genuine interest. We need to work with a weaker claim, the claim that

(2) In some *realistic* possible situation, having X wouldn't reduce S's well-being

Now what counted as realistic a thousand years ago was far narrower than what counts as realistic today. Technological development and consequent changes to our form of life mean that what counts as a realistic alternative to the present world can't be held fixed.

So far, no word about the social. We need to add that if we are to move closer to the Social Model. So consider

(3) In some realistic possible *social* arrangement, having X wouldn't reduce S's well-being⁴²

No doubt, this claim would still encompass much of what reduces the quality of life of disabled people (disabled, that is, both in the everyday sense and in the welfarist sense). Such a claim will hold only for a given condition, in given contexts, but let's concede, at least for argument's sake, that much of the effect of many conditions on well-being might fall under (3), so long as we don't forget that (3) refers only to a subset of (2).

As an illustration, consider an example from Anita Silvers. She points out how a simple change in automobile styles has affected the mobility of people who need wheelchairs to move:

[I]f two-door sedans are available, an individual with a folding wheelchair can drive independently, pulling the chair into the car behind the driver's seat. But the design of four-door cars precludes this maneuver. Consequently, the rarity of the once common two-door automobile has attenuated the mobility of many wheelchair users who can get into a two-door but not a four-door car.⁴³

Having paralyzed legs doesn't affect well-being, or even mobility, on its own. It does so only in a given context. Its effect on well-being is instrumental, and contingent. It's not intrinsic or necessary. If we could all fly, our mobility would not be affected by whether or not we can make use of our legs. And, as Richard Hull points out, walking people's mobility would be severely constrained in a city designed for people who could effortlessly jump to great heights.⁴⁴

To the extent that limits on mobility have negative effects on well-being, many of these effects would be due to external conditions that can be described

as 'social', and similar claims can be made about barriers to perceptual access to information in the case of deafness and blindness.

Those who oppose the Social Model tend to dismiss (3) far too quickly. They seem to think that, in order to reject the Social Model, we *have* to show that (3) is false. And those who defend the Social Model often mistakenly assume that (3) implies, or amounts to the truth of, the Social Model.⁴⁵

However, the very fact that a person's well-being is reduced because of her social environment – because of the beliefs, attitudes and behaviour of others, and because of the distribution of resources in her society – doesn't yet show that this person is discriminated against. For this to be true, these beliefs, attitudes and social arrangements also need to be *mistaken* and *unjust*.

Let's first set aside *explicit prejudice* – being mistreated simply because one is different.⁴⁶ No doubt this is a component of the reduction in well-being due to the social environment, but the Social Model, as some of its critics fail to see, is not the claim that if we correct prejudice in this narrower sense then no detrimental effect on well-being will remain.⁴⁷ The real dispute, however, is about social arrangements of the kind described by Silvers. So to get to the social model, we need to defend

(4) In some realistic possible *and more just* social arrangement, having X wouldn't reduce well-being⁴⁸

But it's a mistake to argue that

(i) If condition C didn't hold, the fact that people have X wouldn't make their life any worse than those who don't have X

(ii) Condition C is social in nature

Therefore

(iii) The holding of condition C is a prejudice against people with C

Even if condition C was utterly fixable by social arrangement, it still wouldn't follow that the holding of condition C is unjust or discriminatory, if there exist good reasons *not* to distribute resources to fully fix it. ⁴⁹

The 'Social Model' and distributive justice

Claim (3) doesn't imply claim (4). For (4) to follow, we also need to accept an extreme conception of distributive justice:

Absolute Welfare Equality Any social arrangement which results in some members of a society having, through no fault of their own, less welfare than others is unjust

Even if we accepted this extreme view, it would not follow that there exist realistic alternative social arrangements on which people with a disability_w have *exactly* the same level of well-being that others now enjoy. Absolute Welfare Equality is more likely to be achieved by a far greater reduction of the well-being of others than an increase to those with a disability_w.⁵⁰ (An example: If all people and newborn were made deaf, equality with deaf people would be easily achieved. And this is a realistic ‘social’ change that can be easily achieved today.)

Consider some examples. The sizes of many doors, beds and cars are too small for extremely tall people. It hardly follows that the prevalence of these sizes amounts to a prejudice against such people. Here the statistically normal does matter. It matters not directly, in evaluations of well-being, but in the context of considerations distributive justice, broadly understood. It is through such considerations that people’s well-being might be reduced because, due to social causes, they deviate from the statistically normal. But, by definition, this reduction would not be *unjust*. Trivially, by being determined by considerations of distributive justice, it would be not just neutral but *just*.

Now whether and when this would be so depends on our conception of distributive justice. But pretty much any plausible conception will allow such cases. If Gulliver becomes a citizen of Lilliput, justice would require the Lilliputians to make some allowance to make Gulliver’s life go well, even if he radically diverges from the normal. But it would be absurd to claim that justice requires them to ensure that Gulliver’s life would be in *no way* constrained by his different dimensions. Of course if they could somehow achieve that at no expense then they should. But even if they could achieve that at immense cost, it seems unjust to invest so much to improve Gulliver’s prospects by greatly reducing those of everyone else.⁵¹ Where exactly the line should be drawn is a tough question and it’s not one we want or need to answer. The point of this example is the rather banal one that not all reduction of well-being due to social factors amounts to discrimination – amounts to a discriminated trait or disability_{SM}.⁵² The very label of the ‘Social Model’ embodies this conflation. A better label would be the ‘Social Injustice Model’.

Debates about the nature of well-being mean that there will be some controversy about the application of disability_w. This, by the way, is also true of disability_{SM}, since it also makes use of the concept of well-being. But now it emerges that debates about distributive justice, at least to the extent that they are (directly or indirectly) debates about the distribution of well-being, then the boundary between disability_{w-SM} and disability_{SM} will also be controversial. This is yet another reason not to write ‘social prejudice’ into our definition of the concept of disability.⁵³

OBJECTIONS TO THE WELFARIST ACCOUNT

(1) It prejudices the normative issues

The everyday concept has an evaluative dimension. Disability_w preserves this dimension, but it may be objected that it trivialises it. Since on our definition it's tautological that disability_w is bad for those suffering from it, it might be thought to foreclose certain genuine normative questions about disability. The normativity is written into the concept.

While this objection is correct as it stands, it is not a genuine problem. Our definition doesn't foreclose any genuine normative question. On the contrary, it makes it impossible to move from a certain neutral relational empirical property to a tendentious normative conclusion simply through a semantic detour. But the conceptual tie between well-being, value and reasons is acknowledged by any sane normative view.

What our definition does do is shift the normative question to where the action really is, the question of well-being. This is where normative debate should take place. But once we've settled on an account of well-being and the empirical facts are in, there is no further intrinsic normative issue about disability_w that remains open. There are of course other normative considerations that might weigh in: considerations about other people's well-being, distributive justice, desert or whatever else one's moral theory recognises. But these other considerations were there anyway.

(2) It will be impossible to agree about its application

The extension of disability_w is determined by the empirical facts plus whatever is the true account of well-being. But regarding many conditions it may be extremely hard to obtain the relevant empirical facts, or to determine the normative ones. And even if we form a firm opinion, others are often likely to have different views, both about the empirical facts, and, most certainly, about well-being. So even if everybody will adopt the concept disability_w, there will be much disagreement about its application to any particular case. No such problem arises with disability_{SN}.

To some extent this fear is exaggerated. The main competing theories of well-being – hedonism, desire-satisfaction, and the variety of objective good theories – offer conflicting accounts of the nature of well-being, but still largely agree about particular the things that make life go better or worse. Thus, for example, hedonism and desire-satisfaction theories typically claim that significant relationships and achievements are good because they give us pleasure or satisfy our strong desires. Objective good theories typically recognise the value of pleasure and pain and think that our informed desires often track what is independently good. This is not surprising, since these are all competing accounts of our everyday concept of well-being, and as such are likely to

preserve many of our pre-theoretical beliefs about well-being – beliefs that are indeed diverse, but also share a large core.

(3) *It is far too inclusive*

Whatever its exact extension, disability_w will almost certainly cover a more *extensive* range of cases than the everyday concept. On our account, disability is ubiquitous. We pointed out some advantages of this inclusiveness: the welfarist account is more resistant to stigmatization, and it gives due recognition to the effect on well-being of inner conditions that are less salient to the ordinary eye.

But some still think our account is far too inclusive. Wouldn't it be absurd to describe the child who ended up having 150 IQ instead 180 IQ as suffering from a disability? But the absurdity might simply be a semantic complaint. Our semantic intuitions don't agree with this way of using the term 'disability'. This isn't surprising, or a problem. Disability_w is an explicitly revisionary concept. Some existing semantic intuitions are bound to militate against it. If we revised 'Kraut' so that it referred to all vicious people, it would sound equally awkward, for those who have been accustomed to using the previous jingoistic concept, to apply 'Kraut' to some English person.

There is a more substantive constraint that we should, however, introduce to our formulation of disability_w. When we judge whether or not a condition of a person is a disability_w, we ask whether his well-being would be higher if he hadn't had this condition. But, of course, there are many ways in which we could be different than we are now and which would make our lives go better. It would be pointless, however, to describe all of these as disabilities_w. Being short-sighted can make life somewhat more difficult, and is to this extent a very minor setback. Losing one's leg in an accident is a real misfortune. But not being able to paint like Picasso or write like Shakespeare are not any kind of misfortune, even if these are capacities we could have had in some possible world.

The lesson is that our counterfactual condition needs to be qualified. We need to compare S's level of well-being, given condition X, with those nearby possible worlds in which she exists and circumstances C hold, and those nearby possible worlds in which it doesn't. We need to exclude far-fetched, improbable and unrealistic possibilities.⁵⁴

What counts as realistic or probable changes over time. It's not a disability_w for (most) of us not to have the creative powers of a genius. But if in the future it was discovered that transcranial magnetic stimulation of the frontal lobes dramatically increases one's ability to realize one's creative potential, then being deprived of such stimulation could be reasonably described as a disability_w.⁵⁵

WELL-BEING, DISABILITY, AND ABILITY

It might be objected that our definition of disability_w is too broad in another sense. The everyday notion of disability, as the word suggests, refers to a lack of ability. The blind cannot see, the deaf cannot hear, etc. If these conditions tend to reduce well-being, they do so, presumably, by depriving those who suffer from them from certain abilities. Their lives don't go as well as they could because there is a range of things that they can't do.

Our definition makes no reference to ability. Of course if blindness tends to reduce well-being, and does so because it is a lack of a certain range of abilities, then blindness would count as a disability_w. But so would various other well-being reducing conditions that reduce well-being regardless of ability. If a condition shortens one's life, or makes one unattractive to members of the opposite sex, or tends to cause strong headaches, it would count as a disability_w. Is this a problem?

We could define a fourth notion of disability that would simply refer to a condition that prevents a person from having a certain ability or set of abilities:

Disability_a

A stable intrinsic property of subject S that prevents S from Ving (in circumstances C)

This account makes no reference to either well-being or to species or statistical norm. But such a notion of disability doesn't seem useful. There is a vast amount of things we can't do and, presumably, facts about us that explain why we can't. But very few of these 'inabilities' matter. Being unable to wiggle one's ears isn't a disability. And someone blind may not be able to see, but may be able to hear far better than a seeing person, to read Braille, etc. Whereas it's true by definition that deafness is a disability_a, it takes substantive work to show that deafness is a disability_w.

Furthermore, we need a way of properly *individuating* and *counting* abilities, their degree and their lack. We need, for example, to put some constraint on the notion of 'ability' for it to do any interesting work. What is it exactly, for example, that people of very low intelligence aren't able to do? And do we want to say that those who die young are *unable* to live longer?

(1) We might simply add this as a further condition to our formulation of disability_w. We *could* define a notion of **disability_{w+a}** which would refer to stable condition that tends to reduce well-being *and* does so because its existence prevents the person from having a range of abilities. Such a restriction might be useful for various purposes. It would single out *one* way in which a condition might be harmful.

If lacking certain kinds of abilities or modes of 'functioning' was all there was to well-being, then disability_{w+a} would simply follow from disability_w plus

this substantive view about well-being. But as this is an extremely implausible view – a view that leaves no space, for example, for the intrinsic value of pain or knowledge or longevity. Depression counts as a disability_w not only because depressed people may find it harder to engage in various activities but also because depressed people are disposed to *feel bad*. And lack of an ability can contribute to well-being. For those who are addicted to alcohol or who cannot control their urge to eat, it may be a benefit to take substances or have surgery that restricts their ability to act on these harmful urges. So we need something like our broader notion of disability_w in any case. So we see no good reason, except the desire not to offend semantic intuitions, to narrow down the welfarist account in this way.⁵⁶

(2) A more interesting suggestion would be to define disability, not in terms of lack of abilities that *in fact* lead to reduction of well-being, but in terms of lack of *opportunities* for realizing well-being, whether or not these opportunities would have been taken.⁵⁷ It might be claimed, for example, that whereas someone deaf might have as good a life as someone hearing, even as good a life as she would have had had she been hearing, what makes deafness a disability is that it nevertheless restricts the range of opportunities for well-being this agent had in her life. This would give us

Disability_{ow}

A stable physical or psychological property of subject S that decreases S's range of opportunities for realising well-being in circumstances C

If the claim is simply that having less opportunities (or opportunities of a certain sort) makes a life go worse, then this claim is not best stated in terms of *opportunities* for well-being. This would rather be a substantive claim about well-being itself, and as such would already be compatible with our initial definition of disability_w. But if this claim is genuinely about opportunities for well-being, why should we be interested in such opportunities, independently of whether or not they were realized?

We might be interested in the range of available opportunities in the context of questions about justice, where it is common to regard differences in well-being that are entirely due to people's own choices as lying outside the scope of distributive justice. But we are not now discussing questions about justice, and someone's life could go well despite being unjustly limited in his opportunities. We might also be interested in opportunity for well-being in the context of *ex ante* prediction of the impact a certain condition would have on a person's life. But if we are trying to make such predictions, we might as well employ the concept, not of opportunities for well-being, but of *expected* disability_w. That is, we'll need to assess the probability of various circumstances holding in this person's life, and how this condition would affect her well-being

in each such circumstances. If our questions are about a future person who has not even yet been conceived, then they would be open-ended indeed. If we do not know anything about the person's personality, preferences or projects, we will have to use fairly coarse grained measures to assess how a condition would affect his life – we would need to use something like disability_{WP} . We'd need to make such coarse grained assessments because of our epistemic limitations. But when we make *ex post* assessments of how a condition has affected a life, the only concept we need is disability_W .

THE WELFARIST ACCOUNT AT WORK

We can now return to the list of cases we started with. These, we believe, nicely illustrate the way in which disability_W will sometimes conform to the everyday use, and the ways in which it will sometimes surprisingly depart from it. In those cases where the welfarist account agrees with the everyday concept, it will give a better explanation of *why* a condition is harmful. In those cases where it departs from it, it will better highlight what is of normative significance.

In order to apply the concept of disability_W , we need an account of well-being. We then need some way of telling whether a given condition, in a given context, reduces well-being. What constitutes a good life is a difficult philosophical question. According to hedonistic theories, it consists of having pleasant experiences and being happy. According to desire fulfilment theories, what matters is having our preferences fulfilled. According to objective good theories, certain activities are intrinsically good – developing deep personal relationships and talents, gaining knowledge, and so on.⁵⁸ The welfarist account is neutral with respect to such philosophical disputes about the nature of the good life. But although there is this philosophical disagreement, there is considerable consensus about the particular traits or states that make life better or worse. Few if any would deny that chronic pain tends to make a life worse, or that joy makes a life better. All plausible moral theories have to make such judgments – judgments about harms and benefits. Our welfarist account doesn't rely on some controversial conception of well-being. All it asks us is to apply the same concepts we already employ in everyday situations.

The concept of well-being is likely to be plural and open-ended. It may be that different forms of life are equally good, or, perhaps, that the amount of well-being realised in each is 'on a par' without being equal. But there are plenty of cases where we *can* rank the goodness of lives. We do so in numerous moral decisions in everyday life. Few would deny that, in most cases, we can at least give rough answers to questions about well-being, and if this is the case, then we can also give rough answers to questions about disability_W . In this section we'll examine a number of interesting cases and give such rough answers. But these

are just rough answers. There are no general armchair answers to questions about disability_w.⁵⁹

Deafness and Dwarfism

Deafness and dwarfism are obviously disabilities_{SN}. But are they also disabilities_w? It is arguable that deafness is instrumentally bad in two senses. First, deafness reduces the goodness of a life by preventing access to the world of sound. A deaf person cannot hear music or the human voice. To be sure, in a world without sound, deafness would not be bad. It is the exercise of a capacity to hear that is valuable, not the capacity itself. But the capacity to hear is, obviously, a necessary condition for enjoying those intrinsic goods that are necessarily auditory. And in *our world*, there are plenty of such goods. Second, deafness also reduces the chances of realising a good life because it makes it harder to live, to achieve one's goals, to engage with others in a world which is based on the spoken word. Being able to hear isn't a necessary condition for such activities and goods. But it is nevertheless significantly harder to move in the world, harder to respond to emergencies where the alarm is aural, and so on.⁶⁰ These difficulties are partly due to social circumstances, but, as we've pointed out earlier, this needn't mean that they are all due to injustice.

These general claims, however, are compatible with the claim that for particular people, in particular circumstances, deafness is not a disability_w. Indeed, for adults whose life projects are closely tied with their condition, and who will need to make a difficult and painful transition to the world of hearing, remaining deaf might be preferable to becoming hearing. For these people, *hearing itself* would count as a disability_w.

Similar considerations apply to dwarfism. To us this seems at most a mild disability_w, continuous with different limitations on well-being that all of us have (it makes no difference to well-being whether a person's short stature is due to genetic abnormality or to normal genetic variance). We doubt that achondroplasia does much to reduce the quality of a person's life once we subtract the consequences of prejudice.

Body Integrity Identity Disorder

In most cases, losing one's limb would be a significant disability_w, and it would consequently be a serious prudential mistake to try to amputate one's own limb, or even simply to risk losing it. But in the case of some would-be amputees, it might actually be a disability_w to *possess* a healthy limb, in the context of an otherwise incurable depression. Similar remarks apply to sex change operations in people with gender dysphoria. In these different contexts, the same condition might amount in one case to a harm and in another to a benefit, and what would count as 'correcting' a disability would be very

different. Once we drop the instinctive reliance on normality as a normative guide, this result shouldn't be so surprising. It's not intrinsically bad to have only one leg just as it is not intrinsically bad to have 'only' two.

Of course, to lose a leg is potentially to lose a degree of mobility, and consequently some degree of well-being. To what extent this is a loss will depend on the sophistication of the prosthetic legs available (most would-be amputees apparently have no qualms about using prosthetic limbs), and as technology advances, the negative effect on mobility will continue to diminish. But whatever the negative effect, such an operation would arguably amount to a benefit overall, when contrasted with the harm caused by *keeping* the leg.⁶¹

This is just a hypothesis. To properly assess it, we'll need to engage in serious empirical footwork. It can't be decided from the armchair, from sketchy case descriptions, let alone by gut reactions. We need to overcome gut responses to surgery or to the 'deformation' of the human figure, and to ask instead what effect such surgery would plausibly have on particular people's well-being.

The 'Ashley Treatment'

On both our welfarist account and on the Species Norm view, Ashley was born with a severe disability.⁶² But their verdicts radically diverge when we turn to the effect in Ashley of the treatment devised by her doctors. On the Species Norm view, the treatment would greatly increase Ashley's disability – driving her even further from the human norm. On our view, in the *context* of Ashley's brain impairment, and assuming that the claims made for the effects of the treatment on Ashley's well-being are correct, the treatment would be not disabling but enhancing.

We think that the concept of disability_W does a better job, and sheds more light on the Ashley case, than that of disability_{SN}. As for disability_{SM}, it has been claimed by some that Ashley's condition is detrimental only because of adverse social circumstances and that it is only these circumstances that need to be changed – for example by providing further support for the parents to lift or transfer Ashley, and so forth. This claim is implausible. Not all the detrimental aspects of Ashley's condition are due to lack of social support, nor should it be simply assumed that changes to the social circumstances are always to be preferred.⁶³

The colour blind painter

The context-dependence of disability_W is nicely illustrated by the example of colour blindness. Generally this is seen as a very mild disadvantage because it has little impact on a person's life. Colour blind people experience the world differently, but this has virtually no impact on their lives. Although it involves some disadvantage, colour blindness constitutes only a mild disability_W. But

consider now our colour blind painter. Such a person might be prepared to spend vast sums of money to correct his colour vision. This represents the value of colour vision to that particular person in his context. For such a person, colour blindness might be a significant disability_w.

IQ Reduction

Is it a disability_w to have 150 instead of 180 IQ? As we conceded earlier, this might sound odd. But being less intelligent might have a far greater impact on a person's life than having only three limbs. What kind of impact this might have on well-being is largely an empirical question, and there is at least some evidence that can help us answer it.⁶⁴ Let us just point out two general considerations. First, intelligence is at least partly a positional good. The negative impact on a life of such a drop in intelligence would to a large extent depend on the intelligence levels of the people around him. In our world the negative impact might be minor. In a world where most people have 180 IQ, it would be substantial. Second, it makes a difference at what point in one's life one suffers the drop in IQ. For the mature painter, becoming colour blind might be debilitating. For a professional mathematician, a significant drop in IQ might be equally devastating. It might not be as harmful if it happens to an infant, if there is a reasonable range of life plans still open to her which will realise a good life.

CONCLUSION

Discussion of disability has sometimes taken the form of a sterile debate between essentialists who think that deviation from a species norm or other standard of normality is intrinsically bad and always merits correction, and those disability advocates and proponents of the Social Model who claim that the disadvantage due to disability is almost entirely due to social prejudice. As we have argued, proponents of the Social Model are right to think that conditions are disabling only in a certain set of circumstances. But essentialists are also partly right given that, in the circumstances obtaining in our world and in the likely future, even if we were able to largely remove the effects of social prejudice it would still be better if many commonly recognised disabilities were prevented or corrected.

In this chapter we presented, developed and defended the welfarist account of disability. This account is not an analysis of the everyday concept. The everyday concept is defective, and our account is one way of correcting it. It singles out a normative concept we need anyway, and which preserves what is worth preserving in the existing notion. Our account shifts the debate to what really carries the normative weight in this area: the concept of well-being.

If we want the welfarist account to most closely overlap the existing concept, we could formulate it to include the threshold limit and the relation to lack of ability. However, since these constraints don't mark genuine normative distinctions, our own preference is for a broader notion:

Disability_{W-DT}

A stable physical or psychological property of subject S that tends to reduce S's level of well-being in circumstances C, when contrasted with a realistic alternative, *excluding* the effect that this condition has on well-being that is due to prejudice against S by members of S's society due to the deviation of this property from the normal functioning of the species to which S belongs

This formulation singles out a widespread source of harm. It gives no weight to normality or to typical species functioning. We all suffer from various disabilities_W, to varying degrees, and we all have reasons to try to remove or reduce them, whether by changing ourselves or by changing our environment.⁶⁵

1 See Spriggs, M. 'Lesbian couple create a child who is deaf like them', *Journal of Medical Ethics*, 28; 283 (2002).

2 See Sanghavi, D. M. 'Wanting Babies Like Themselves, Some Parents Choose Genetic Defects', *The New York Times*, (December 5, 2006). According to a recent survey, selection of children with conditions such as deafness or dwarfism is not uncommon: 5% of 190 US PGD clinics allowed parents to select embryos with these or similar conditions (See Baruch, S. Kaufman, D. and Hudson, K. L. 'Genetic testing of embryos: practices and perspectives of U.S. IVF clinics' *Fertility and Sterility* (2007).)

3 See Bayne, T. and N. Levy, N. 'Amputees By Choice: Body Integrity Identity Disorder and the Ethics of Amputation', *Journal of Applied Philosophy*, Vol. 22, No. 1, (2005).

4 Gunther, D. and Diekema, D. 'Attenuating Growth in Children with Profound Developmental Disability, A New Approach to an Old Dilemma.' *Archives of Pediatrics & Adolescent Medicine*, 160, 10, (2006). See also <http://ashleytreatment.spaces.live.com/>.

5 Such an example is discussed in Jonathan Glover, *Choosing Children*. The original case is described in Oliver Sachs, *An Anthropologist From Mars*. See also Cole, B. I. and Nathan, J. 'An artist with extreme deuteranomaly', *Clinical and Experimental Optometry*, 85: 5 (2002) 300-305.

6 For a discussion of the acrimonious dispute between disability advocates and bioethicists, see Kuczewski, G. M.. 'Disability: An Agenda for Bioethics' and peer commentary in *American Journal of Bioethics* 1: 3, (2001).

7 Bernard Williams introduced thick evaluative concepts in *Ethics and the Limits of Philosophy*, Harvard University Press, (1985), p. 141.

8 Notice that as it stands, this definition will not do. If someone has extraordinarily good vision or memory, she also deviates from normal functioning. So the definition needs to assume an asymmetry between two kinds of deviations, negative and positive. Cf. Boorse's well-known account of disease in 'On the distinction between disease and illness', *Philosophy and Public Affairs*, (1975).

9 The descriptive aspect of the everyday concept is probably more specific than disability_{SN} in including a reference to lack or limited *ability*. We'll discuss this below.

10 For further arguments against Species Norm accounts, see Jeff MacMahan 'Our Fellow Creatures' *The Journal of Ethics* (2005) 9: 353–380; *The Ethics of Killing: Problems at the Margins of Life* (Oxford: Oxford University Press, 2002), pp. 209–228; and Anita Silvers, 'On the possibility and desirability of constructing a neutral conception of disability', *Theoretical Medicine* 24: (2003), pp. 479–481. The only normative view that comes close to justifying the move from deviation from species norm to normative conclusions is, perhaps, some version of Aristotelian ethics. But whatever the merits of such a view, it makes a substantive, not a definitional claim.

11 Silvers, *ibid.*, p. 475.

12 This example was first discussed by Michael Dummett in *Frege: Philosophy of Language*, (1973), p. 432.

13 It is often claimed that for many thick evaluative concepts, descriptive and evaluative elements are inextricably intertwined. One can grasp one only by accepting the other, and vice versa. But we doubt that such a claim could be defended with respect to the everyday concept of disability.

14 One way of correcting it is to replace it with the neutral, descriptive concept of disability_{SN}. Such a concept is probably useful in various biological and medical contexts. But deviating from some standard doesn't, of itself, have any negative significance. However we want to call this notion, it is of no special use in normative contexts.

15 Koch, T. 'Disability and difference: balancing social and physical constructions', *Journal of Medical Ethics* 27 (2001), pp. 370–71.

16 Amundson, R. 'Disability, Ideology, and Quality of Life: A Bias in Biomedical Ethics', *Quality of Life and Human Difference: Genetic Testing, Healthcare, and Disability*. Wasserman, D. Bickerbach, J. Wachbroit, R. eds. (Cambridge University Press, 2005).

17 For a critical survey of the Social Model, see Tom Shakespeare, *Disability Rights and Wrongs*, Routledge, 2006. One widely cited formulation of the social model is that of the Union of Physically Impaired Against Segregation (UPIAS), which defines *impairment* as 'lacking part or all of a limb, organ or mechanism of the body' and *disability* as 'the disadvantage or restriction of activity caused by a contemporary social organisation which takes little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities' (UPIAS, 1976).

18 Another possible formulation would replace 'normal functioning of the species to which S belongs' with 'the statistical norm in the society to which S belongs'. For our purposes, we can ignore this distinction.

19 This is why it is a mistake to object that, because disability_{SM} would apply to a black person in a racist society, 'it is clear that the social model gives an incorrect account of what "disability" means.' (For this objection, see Sheldon, S. and S. Wilkinson, S. 'Termination of pregnancy for foetal disability: are there grounds for a special exception in law?', *Medical Law Review*, 9 (2001) p. 103.)

20 For an attempt to define wrongful discrimination, see Richard Arneson, 'What Is Wrongful Discrimination?' *San Diego Law Review*, 43: 775, (2006). Arneson argues that 'wrongful discrimination occurs only when an agent treats a person identified as being of a certain type differently than she otherwise would have done from unwarranted animus or prejudice against persons of that type.'

21 See Harlan Lane, 'Do Deaf People Have a Disability?' *Sign Language Studies*, 2, 4 (2002).

22 A point recognised by some proponents of the social model. See Ron Amundson and Shari Tresky (2007) 'On a Bioethical Challenge to Disability Rights', *Journal of Medicine and Philosophy*, 32:6, p. 543.

23 This is a widely held understanding of the concept of harm. Joel Feinberg, for example, claims that 'for A to harm B, he must cause B's personal interest to be in a worse condition *than it would have been* in had A acted differently.' ('Wrongful Life and the Counterfactual Element in Harming', *Social Philosophy & Policy* 4, (1987)). Two cautionary remarks: (1) Some philosophers want to claim that a person can be harmed if something causes them to be in a condition that reduces well-being, even if there is no (nearby) possible world in which they come to exist without this harm. (2) It is extremely difficult to specify this counterfactual in a way that would not let in many counterexamples. This is a problem, not just for our welfarist account, but for any normative view that makes use of the concept of harm – for example for tort law (see Katz, L. 'What to Compensate? Some Surprisingly Unappreciated Reasons Why the Problem Is So Hard', *San Diego Law Review*, 40, 1347-53, 2003) and for attempts to account for the badness of death (see McMahan, *ibid.*, chapter 2, esp. pp. 98-117). Unfortunately, we do not have space here to further discuss this difficulty.

24 As we understand the harmful, it's a comparative notion: it refers to what makes life *worse*. Someone can have an extremely good life and be harmed by a small reduction of that very high level of well-being. If you feel extremely happy and we make you only mildly happy, you're harmed.

25 The phrase 'lead to' can be understood both causally and non-causally. If I don't have some capacity, then it is logically impossible for me to exercise this capacity, and this may in turn prevent me from enjoying certain goods. Lacking the capacity is an instrumentally evil, even if it we don't want to say that it *causes* me not to enjoy certain goods.

26 See Scanlon, *What We Owe To Each Other* (Harvard University Press, 1999) chapter 1.

27 Our welfarist account is in several ways similar to John Harris's view. Harris also denies any role to normality or species functioning. He defines disability as a 'harmed condition' or more precisely, 'a physical or mental condition that constitutes a harm to the individual, and which a rational person would wish to be without.' ('One principle and three fallacies of disability studies', *Journal of Medical Ethics* (2001), p. 384.) Although the difference between the two accounts might be terminological, we suspect that they are more substantial. (1) Harris's reference to harm strongly suggests a claim about reduction in well-being, and if something threatens to reduce someone's well-being, then she indeed has prudential reasons to try to avoid it. Harris, however, seems to define harm, and thus well-being generally, as what an agent who is procedurally rational would wish after reflection on the facts. We do not accept this subjectivist account of harm, well-being and rationality. And, in any case, we prefer not to write any account of well-being into our definition of disability. (2) Harris's view makes no reference to context. This suggests that Harris takes disability to be *intrinsically bad* – to be, not a harmful condition but a harm. By contrast, the fact that a condition is a disability_w doesn't *imply* that there are reasons to change this condition. Changing this condition is only one possible means to avoiding a reduction in well-being. So, to use Harris's terminology, it needn't be a condition that a rational person would wish to be without. And in different circumstances, the condition might even be a benefit. This is an insight of the Social Model that our welfarist account readily accommodates but to which Harris's view leaves no space.

28 What counts as a property of a person as opposed to a property of his environment? This is not a clear distinction, nor is it clear that it marks an important normative boundary. Intuitively,

we count glasses, contact lenses, and prosthetic legs as external to a person; hair and fingernails as internal. But what about an artificial heart? Or a mechanical eye that would provide perfect vision to an otherwise blind person? These are interesting questions that we cannot take up here.

29 See Boorse, *ibid.*, for the distinction between illness and the non-evaluative notion of disease.

30 See Silvers, *ibid.*, p. 478.

31 Feinberg writes in a similar vein that 'Interests vary from person to person... Some interests are so singular and eccentric that only a handful of persons possess them. Other interests are so widespread as to be almost universal, yet none of these... is possessed by everyone without exception. The criminal law, however, must employ general rules that are applicable to everyone, and are reasonably simple.' Feinberg, *Harm to Others*, p. 188.

32 For dramatic evidence on the importance of impulse control, see Shoda, Y., Mischel, W., Peake, P. K. 'Predicting adolescent cognitive and self-regulatory competencies from preschool delay of gratification: Identifying diagnostic conditions.' *Developmental Psychology*, 26 (6), (1990) 978-986.

33 David Wasserman brought this point to our attention.

34 As Silvers notes, the sharp increase in disabilities among US children (one in twelve in the 2000 census) is partly due to a broadening of the definition of disability, now taken to include mild asthma and attention deficit disorder (Silvers, *ibid.*, p. 484). There can be various pragmatic reasons for broadening or narrowing down a definition. But it is not as if the scientific community suddenly discovered that mild asthma is a more severe deviation from the species or statistical norm than was previously believed.

35 Anita Silvers argues that in order to defuse the tensions between disability advocates and bioethicists, we should adopt a normatively neutral conception of disability (see *ibid.*) Silvers seems to have in mind something like disability_{SN}.

36 We owe this suggestion to Ingmar Persson.

37 Something like this view is endorsed by Jonathan Glover in *Choosing Children*, pp. 8-13. Glover's hybrid view contrasts disability with normal functioning only when deviation from the norm involves a reduction in human flourishing, and instead of a fixed biological standard or one set by the existing population, Glover takes this standard to be set by any reasonably sized group with a high-level of functioning, whether past or present. But what is the intrinsic moral significance of the existence of an actual past or present reference group of sufficient size? Imagine a future where, although advances in medicine have the power to make us live longer, healthier and happier lives, we cannot enjoy these benefits because a burst of solar radiation has imposed an upper limit to our functioning. We would all suffer from a regretful disabling condition, even if no past or present group has ever actually enjoyed these benefits. But if we allow the mere possibility of higher functioning to determine whether a condition counts as a disability, then it seems that the reference to a statistical standard is redundant.

38 Some neo-Aristotelian accounts of human flourishing, such as those of Nussbaum and Foot, could be interpreted as claiming that. See Phillipa Foot, *Natural Goodness*, (Oxford University Press, 2003), and Martha Nussbaum, *Women and Human Development*, (Cambridge University Press, 2001).

39 This is not to suggest, of course, that disabilities_w might not result from morally culpable behaviour. If someone deliberately maims another, then there *is* someone that is morally responsible for the existence of a disability_w. The point though is that we don't need to know the source of the harmful condition to decide that it is harmful.

40 Except in those case where prejudice and discrimination is unconscious or akratic, prejudice would involve false beliefs – either empirical or normative or both. This is not to say that discrimination involves mere cognitive error of some kind. In many cases, the prejudiced person *ought* to know better. In any case our concern here is not with responsibility for prejudice but with its harmful consequences.

41 But it doesn't follow that we *must* change society rather than the person. Sometimes the morally correct thing to do, in the face of injustice, is to adjust oneself to a defective reality.

42 Notice the work still done by the restriction to realistic possibilities: excluded are possible worlds in which the family is abolished or the circumstances pertaining in Ancient Greece.

43 In Silvers, A., Wasserman, D., and Mahowald, M. B. *Disability, Difference, Discrimination: Perspectives on Justice in Bioethics and Public Policy* (New York: Rowman and Littlefield, 1998), p. 63. Alison Davis, who has spina bifida, claims that 'If I lived in a society where being in a wheelchair was no more remarkable than wearing glasses and if the community was completely accepting and accessible, my disability would be an inconvenience and not much more than that. It is society which handicaps me, far more seriously and completely than the fact that I have spina bifida.' (Quoted in Newell, C. 'The social nature of disability, disease and genetics: a response to Gillam, Persson, Holtug, Draper and Chadwick', *Journal of Medical Ethics*, 25, 2, (1999), p. 172.)

44 Hull, R. 'Defining Disability', *Res Publica*.

45 Amundson and Tresky, for example, contrast 'socially caused' and 'no one's fault' (ibid. 533), given the impression that what is socially caused must be someone's fault.

46 See again Arneson, *ibid*.

47 In his criticism of the Social Model, John Harris may fail to see this, as he seems to take the Social Model to refer only to 'social exclusion, discrimination, ostracism and hostility' 'Is there a coherent social conception of disability?' p., 98.

48 It might be objected that our restriction of relevant possibilities to 'realistic' ones could be used to preserve status quo or injustice. No doubt this is a genuine danger. Someone might claim that the demand for equal access to facilities or education is 'unrealistic'. But, as the text indicates, we intend something else by 'unrealistic', though it would be difficult to give the term a precise definition.

49 This point is not captured by Richard Hull's distinction between *impairment-induced disability*, which refers to 'the loss or limitation of ability or opportunities to take part in the life of a community on an equal level with others due to impairment; and *socially induced disability*, that refers to 'the loss or limitation of ability or opportunities for people with impairments to take part in the life of the community on an equal level due to ... economic, political, social, legal, environmental and inter-personal barriers.' (ibid., p. 203). Commenting on this distinction, Sheldon and Wilkinson remark that socially induced disabilities 'have the same status as sex discrimination' (ibid., p. 105). But this overlooks the point that not all such barriers need be unjust.

50 Cf. Parfit's famous Levelling Down objection in 'Equality and Priority'.

51 Note that it wouldn't make the slightest difference whether Gulliver and the Lilliputians belong to the same or to a different species, and, if they belonged to the same species, which of them was closer to the species norm.

52 The authors of *From Chance to Choice* make a similar point (ibid., 288ff.). However, the example they use to make it has proven offensive to some and is liable to be misunderstood; it is

vigorously criticised by Amundson and Tresky (ibid. 553ff.). It's important, however, to distinguish the conceptual claim that social arrangements that disadvantage some group needn't be unjust and the political claim, which we take Amundson and Tresky to defend, that the specific disadvantages that disability advocates are fighting to remove are indeed unjust. We do not mean to dispute this latter claim. Its truth depends on many empirical considerations and on what theory of justice we adopt.

53 Jo Wolff has pressed upon us the difficulty of drawing this line. Consider for example a case where present social arrangements, while greatly reducing the prospects of a minority with some condition X, are due, not to present prejudice and injustice, but to such prejudice in the distant past. Suppose, for example, that a great monument was built long ago without consideration for people with condition X, who consequently cannot access and enjoy it. But to change this situation now might require destroying a valuable artefact. Should we say that the harm incurred by inability to access the monument is due to discrimination?

54 See Jeff McMahan's defence of a 'realism condition' as a constraint on assessments of fortune in *The Ethics of Killing*, p. 133, 142, and 145ff.

55 This restriction comes close to formulating disability not in terms of well-being proper, but in terms of what Jeff McMahan calls *fortune*, a concept that appropriately piggybacks on top of that of well-being. See McMahan, *ibid.*, p. 145ff.

56 Disability_a bears obvious resemblance to Amartya Sen's capability approach. As Sen himself insists, the list of relevant capabilities needs to be restricted to *valued* or *valuable* ones. For discussion of whether this doesn't just turn the view into an account of well-being, see Sumner, 'Utility and Capability'.

57 The model for this suggestion would be opportunity for welfare accounts of equality. See Arneson, R. 'Equality and Equality of Opportunity for Welfare' *Philosophical Studies*, vol. 55 (1989).

58 To the extent that the capability approach of Sen and Nussbaum is best understood as a substantive account of well-being (for problems for this reading, see Sumner, 'Utility and Capacity', *Utilitas*), then accounts of disability that draw on this approach, such as Lorelai Terzi's contribution to this volume, are best understood as variants of the welfarist view. Indeed the view of disability Terzi develops is quite close to the one defended in this chapter, even if it is couched in somewhat different vocabulary. However, we deliberately avoid endorsing any substantive account of well-being—whether disability is best understood in welfarist terms, and whether this or that view is the correct account of well-being, are two distinct and partly independent questions.

59 Anita Silvers claims that in her 'neutral framework' for thinking about disability, bioethicists will have to 'base their beliefs about the difficulties of living with a disability on facts rather than fears. It will be unethical to assume without empirical confirmation that people do better by risking medical intervention than by adapting to life with a disability' (*Ibid.*, p. 476). This claim also holds of the welfarist account, which is in no way neutral. We should point out, however, that empirical inquiry can decide such questions only when guided by normative answers to questions about well-being.

60 On the night of 10th of April, 2003, a school for deaf and mute children in Makhachkala in Russia caught fire. Twenty-eight children aged 7 to 14 died and more than 100 were injured. Rescuing the children was hampered because 'each child had to be awakened individually and told in sign language what to do.' (AFP, 'School fire kills 28', *Herald Sun*, (April 11, 2003))

61 In this respect want-to-be amputees are arguably no different from people who desire to have a sex change.

62 It's actually unclear whether, on the welfarist account, Ashley's initial state is really a disability_w, if Ashley couldn't have existed without this condition, and removing it wouldn't make *her* better off.

63 Liao, S. M. Savulescu, J. Sheehan, M. 'The Ashley Treatment: Best Interests, Convenience, and Parental Decision-Making,' *The Hastings Centre Report*, 2007 37,2:16-20.

64 See for example Batty, G. D., Mortensen, E. L. et al. 'Childhood IQ in relation to later psychiatric disorder - Evidence from a Danish birth cohort study.' *British Journal of Psychiatry* 187 (2005) pp. 180-181 and Veenhoven, R. (2003). 'Findings on Happiness and Intelligence.' *World Database of Happiness*, from www.eur.nl/fsw/research/happiness.

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