What is the Bad-Difference View of Disability?

The Bad-Difference View (BDV) of disability says, roughly, that disability makes one worse off. The Mere-Difference View (MDV) of disability says, roughly, that it doesn't. In recent work, Barnes (2016: 54-77) – a MDV proponent – offers a detailed exposition of the MDV. No BDV proponent has done the same. While many thinkers (e.g. McMahan 2005; Shakespeare 2013; Singer 2005) make it clear that they endorse a BDV, they don't carefully articulate their view.

In this paper, I clarify the nature of the BDV by discussing two issues – instrumentality and probability – which must be settled for a full characterisation to be properly developed. Building on work from Campbell and Stramondo (2017), I argue that the BDV's best interpretation is probabilistic and comparative: it is the view that a person is *likely to be, all things considered*, worse off with a disability than without. Thus, Barnes (2009, 2016) – who criticises the view that disability *by itself*, *intrinsically* or *automatically* makes a person worse off – doesn't challenge the BDV's best interpretation, and she misses an opportunity to challenge the most plausible and relevant version of the view. As such, one can be persuaded by Barnes' arguments on this topic and still hold a plausible version of the BDV, and the best version remains unchallenged.

Developing a proper understanding of the BDV (and MDV) is important. From a philosophical perspective, this debate is new and underdeveloped and it's important that it gets off on the right footing with clear and precise understandings of the views. This will improve the debate in many ways, e.g. by preventing BDV and MDV proponents from talking past each other. Moreover, the BDV is often endorsed but rarely defended, and most who discuss it do so primarily to criticise it (e.g. Barnes 2016; Campbell and Stramondo 2017). Articulating the strongest account from a more supportive perspective is something missing from the literature that will be of interest to many philosophers. This issue is not only important for philosophers, however. The debate arose in response to the real concerns of disabled people who wanted to change conceptions of disability. They too have an interest in these views being properly understood. From a practical perspective, questions about disability's relationship with well-being are plausibly relevant to many contemporary normative debates, e.g. about what justice requires for disabled people and the (im)permissibility of prenatal

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selection for or against disability. Understanding the natures of the MDV and BDV may well be a vital step towards determining which questions must be answered to advance these important normative debates.[1]

In §1 I present six candidate interpretations of the BDV. In §2 I discuss how I understand 'disability' and 'well-being'. In §3, I present two important desiderata for identifying the best interpretation of the BDV and rule out five candidate understandings because they fail to adequately satisfy these desiderata. This leaves the probabilistic, comparative interpretation which I argue best satisfies the desiderata and is thus the best interpretation. In §4, I show that Barnes characterises the BDV uncharitably. Thus, she attacks a version of the BDV it seems unlikely that many endorse, and she misses the opportunity to challenge the most plausible and relevant version of the BDV. Finally, in §5, I respond to an objection.

1. Candidate Interpretations

Roughly speaking, BDV proponents (e.g. McMahan 2005; Shakespeare 2013; Singer 2005) believe that disability makes one worse off. For example, Singer (2005: 113) holds that 'other things equal, it is better not to be disabled', and Shakespeare (2013: 103) says that '[d]isability makes it harder to have a good life.' On the other hand, MDV proponents (e.g. Amundson 2005; Barnes 2009, 2016) think that disability does not make one worse (or better) off: '[h]aving a disability is something that makes you different, but not… worse off' (Barnes 2016: 78).

In an attempt to explicate the best interpretation of the BDV, my starting point is work by Campbell and Stramondo (2017) in which they present three candidate interpretations:

1. Disability is non-instrumentally bad for well-being.
2. Disability is instrumentally bad for well-being.

[1] Although see Schroeder (2018) for scepticism of the importance of the connection between disability and well-being to selection debates.

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3. Disability is comparatively bad for well-being.

(1) says that disability is bad for well-being *in itself* – that is, not considering its effects. It says that disability contains more non-instrumental badness than goodness such that it's, overall, non-instrumentally bad (Campbell and Stramondo 2017). (I use 'x involves y' and 'x contains y' to mean that 'y is a non-instrumental feature of x'.) (1) makes no claims about disability's instrumental value.

(2) focuses on disability's instrumental value: what it causes. Something is instrumentally good if it causes non-instrumental goods or prevents non-instrumental bads, whereas something is instrumentally bad if it prevents non-instrumental goods or causes non-instrumental bads. (2) says that disability causes more badness than goodness such that it's overall instrumentally bad (Campbell and Stramondo 2017). (2) is silent on disability's non-instrumental value.

(3) considers instrumental *and* non-instrumental value. It makes the comparative claim that a person's well-being is *all things considered* worse with a disability than it would have been without (Campbell and Stramondo 2017). Note that a disability *D* might be overall non-instrumentally good but comparatively bad, if *D* is overall instrumentally bad to a sufficiently large extent. Likewise, *D* might be overall instrumentally good but comparatively bad. Both (1) and (2) must be true to entail (3).

Notice that all the candidate interpretations are compatible with many, most or all disabled people having overall good lives. They make no claims about the absolute well-being levels of disabled people. Also note that, following Barnes (2016), I take all understandings to be discounting the negative effects that arise from unjust discrimination against disabled people or 'disablism'. I take it as obvious that many of disability's negative effects on well-being – including (e.g.) being stared at in public or discriminated against in the job market – would not occur in a non-disablist world. This has been long-established in disability scholarship[2] and is accepted by thinkers on both sides of the dialectic (e.g. Barnes 2016 and Singer 2001: 56).[3] I take all understandings of the BDV to claim that

[2] See (e.g.) Oliver (1996).
[3] See the British Attitudes Survey (2009) for statistics that suggest the disablist nature of our world..

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disability would be bad for well-being *even in a non-disablist world*. Note, however, that theorising about a non-disablist world does not imply that the only relevant disadvantages are intrinsic features of disability. Social practices might disadvantage disabled people without doing so *unfairly* (Amundson 2005: 114; Howard & Aas 2018: 1129).

Comparing the well-being of disabled and non-disabled people raises issues about identity. If disabilities are identity-determining, we cannot compare *a particular person's* well-being with a disability and without (Campbell and Stramondo 2017: 161). I won't discuss whether disabilities are identity-determining. This is a problem both MDV and BDV proponents must overcome, as both views compare the well-being of individuals with disabilities and without. One solution might be to insist that, if disability is identity-determining, we can still compare the well-being of two metaphysically different, but relevantly similar, people. And, plausibly, we needn't think numerical identity must be preserved for a comparison between individuals to bear relevance to moral considerations (Kahane & Savulescu 2009: 37).

So, Campbell and Stramondo present three candidate interpretations of the BDV which each focus on a different kind of value. Once we've determined what kind of value the BDV is interested in, however, at least one more important question must be answered before we can fully characterise the BDV: a BDV proponent might think that disability is *always* bad for well-being, or they might take a probabilistic approach, thinking that disability is typically, or most often, bad for well-being.[4] Given this, I think that there are at least six plausible candidate interpretations (here I supress clauses common to all views, which I reintroduce below):

1*. Disability is *always* non-instrumentally bad for well-being.

2*. Disability is *typically* non-instrumentally bad for well-being.[5]

3*. Disability is *always* instrumentally bad for well-being.

4*. Disability is *typically* instrumentally bad for well-being.

[4] Campbell and Stramondo mention that probabilistic version of the BDV are possible, but they don't consider probabilistic versions of all the candidate understandings.
[5] Something may be typically non-instrumentally bad if (e.g.) desire satisfactionism is true.

Word count: 9530 (including references)

5*. Disability is *always* comparatively bad for well-being.

6*. Disability is *typically* comparatively bad for well-being.

In §3, I argue that (6*) is the best interpretation.

2. Understanding 'Disability' and 'Well-Being'

For the purposes of this paper, I understand 'disability' using Barnes' Solidarity Account, which says that a person, *S*, is physically disabled in a context *C*, iff:

(i) *S* is in some bodily state *x*

(ii) The rules for making judgments about solidarity employed by the disability rights movement classify *x* in *C* as among the physical conditions that they are seeking to promote justice for (2016: 46).

Following Barnes (2016), I restrict my discussion to physical disabilities, because psychological disabilities raise tricky issues that physical disabilities (henceforth, disabilities) do not. For one, it's unclear how to evaluate the well-being of severely cognitively disabled people. I am hopeful that my arguments can be extended to psychological disabilities, but I don't make or defend that claim here.

Why the Solidarity Account? Its principal attraction is that it allows meaningful investigation into the connection between disability and well-being. On Welfarist Accounts, such as Kahane and Savulescu's (2009), to be disabled just is (roughly) to have a condition that is detrimental to well-being. These accounts thus preclude meaningful investigation into whether the MDV or BDV is true. Similarly, the MDV is trivially true on the Strong Social Model – which understands disability as being the unjust social oppression of people with certain bodily features known as *impairments* (Wasserman et al. 2011). On this account, it's trivially true that, in non-disablist worlds, disability would not be detrimental because disability would not *exist* in these worlds.

The Strong Medical Model – which says that disability is *entirely* a problem with intrinsic features of bodies (impairments) and not at all social in nature – is also widely rejected. The second

attraction of the Solidarity Account is that it leaves open the possibility that disability is both social and medical in nature. This is best, because it allows questions to be asked about how both intrinsic features of bodies and social factors affect disabled people's well-being. The answers to these important questions shouldn't be entailed by our understanding of 'disability'.

A final attraction of the Solidarity Account is that it's favoured by Barnes (2016) – whose views I criticise here. As such, it's best for me to argue on her terms. Note that I'm not arguing that the Solidarity Account is the best understanding of 'disability' *per se*, only that it's a good one to use in this context. As such, I won't discuss objections to it (e.g. Howard & Aas 2018)**.**

In fact, I don't think it matters much whether the reader endorses the Solidarity Account. My discussion will be of interest as long as the reader doesn't endorse an account that implies that paradigm cases of disability – which will be my focus – are not disabilities, or an account that precludes meaningful investigation into relevant issues either by entailing the truth or falsity of the BDV or by understanding disability's nature as entirely medical or social. Many accounts meet these conditions, such as the Nordic Relational Model (Gustavsson 2004), Shakespeare's Interactionist Account (2013: 74-84) and the World Health Organisation's understanding (2001).

I understand 'well-being' as the non-instrumental prudential value a life has for the person whose life it is. I will not endorse any theory of well-being; my discussion aims to be neutral between the three major philosophical theories. These are Hedonism, the Desire Theory and the Objective List Theory (Parfit 1984: 491-503). Hedonism claims that well-being consists in experiencing the largest net-sum of pleasure minus pain (Parfit 1984: 493). According to the Desire Theory, well-being consists in getting what one non-instrumentally desires and ill-being consists in having one's non-instrumental desires frustrated (Heathwood 2006: 541). And Objective List Theories claim that well-being consists in the attainment of certain objectively valuable things (Parfit 1984: 499). Where necessary, I'll discuss the implications that endorsing different theories of well-being might have on my arguments.

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3. The Best Interpretation

In this section, I argue that (6*) is the best interpretation of the BDV.

How do we identify the BDV's best interpretation? Given that we are attempting to characterise a view endorsed by various thinkers, our first desideratum is charity. Charity requires that we assume that BDV proponents are reasonable and rational. So, it requires that the BDV is interpreted in its strongest, most persuasive form. This means that (if possible) we must interpret the BDV as being prima facie internally coherent and consistent with facts not in dispute. Charity also requires that the BDV be interpreted, as far as is possible, as consistent with what BDV proponents actually say.

Charity must be balanced with another desideratum: appropriate relevance. Thinkers engaging in this debate typically understand the BDV to have normative implications. For example, it's often taken to have implications on the (im)permissibility of selecting for or against disability via reproductive technologies.[6] And some thinkers take it to imply certain things about distributive justice – specifically the fair distribution of healthcare provision and social support (e.g. Singer et al. 1995). This is, after all, the thought behind using Quality Adjusted Life Years (QALYs) and Disability Adjusted Life Years (DALYs) as tools for evaluating the just division of healthcare resources (Bickenbach 2016).[7] The best interpretation of the BDV must make sense of the moves being made in the debate. That is, it must adequately explain why the BDV is (at least prima facie) relevant to these normative issues. If it cannot, then it has changed the subject and cannot be properly called 'the BDV'. (This second desideratum might be thought of as an element of charity, given that it seems charitable to assume that BDV proponents aren't mistaken in taking their view to be relevant to these areas of normative enquiry.)

[6] For examples on both sides of this debate, see McMahan (2005) and Anstey (2008).
[7] These are used as cost-effectiveness analyses. The idea is that we ought to distribute resources such that they produce the largest number of QALY's or DALY's. Disability is typically taken as reducing quality of life (Bickenbach 2016).

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The charity desideratum doesn't imply that the BDV must turn out, after more work has been done, to be internally coherent and consistent with the facts. After we identify the best interpretation of the BDV and scrutinise it, it might turn out to be false, incoherent or unsupportable. But it would be bad philosophical practice to *start out* by characterising the view as such, if it's possible not to. Nor does the desideratum of appropriate relevance require that the BDV be interpreted such that it has any of the specific normative implications sometimes argued for by BDV proponents (e.g. that disabled people have less claim to scarce medical resources). Even if the BDV is true, whether these claims are also true is an open question. The point is that the BDV should be interpreted such that it appears at least prima facie relevant to the normative issues, understood generally, to which people take the BDV to be relevant: it should be prima facie relevant to selection debates, rather than imply anything specific about the normative status of selecting for a given disability.

So, the two desiderata I'll use for identifying the best interpretation of the BDV are charity and appropriate relevance to normative issues. These desiderata must be balanced: loss in one might be acceptable if necessary for gain in the other. The best interpretation will thus be the one that best balances charity and relevance. I will now evaluate (1*)-(6*) with this in mind.

3.1 – Always non-instrumentally bad?

I start by arguing that (1*) – the view that disability is always non-instrumentally bad – is an uncharitable interpretation of the BDV. My first reason for this is that (1*) appears incompatible with many major theories of well-being.

Different theories of well-being take different things to be non-instrumentally bad. On Hedonism, pain is the only non-instrumental bad. For the hedonist to endorse (1*), then, they would have to believe not only that disabilities *always* involve pain, but also that no disabilities involve enough pleasure to counterbalance this pain. It's true that some disabilities necessarily involve pain. For example, fibromyalgia is defined as 'a chronic condition of widespread pain and profound

fatigue'.[8] However, not all disabilities are inherently painful. Many paradigm disabilities – such as blindness, paraplegia etc. – needn't involve sensory pain, and broadening our understanding of 'pain' to include all unenjoyable states doesn't help the hedonist. There appears to be no reason why, for example, congenital deafness must always *non-instrumentally* involve more unenjoyable states than enjoyable ones, and the same goes for many other disabilities. What people enjoy depends in part on their unique psychology. Thus, it seems implausible to say that all (or even the vast majority of) disabilities *always* involve more unenjoyable states than enjoyable ones. Perhaps it's more plausible that disability always *causes* more unenjoyable states than enjoyable ones, but (even if true) this would be irrelevant for the person who endorses (1*) as (1*) focuses on *only* non-instrumental value. Given these points, (1*) seems to be false on Hedonism.

For a desire theorist, satisfaction of non-instrumental desires is non-instrumentally good and frustration of non-instrumental desires is non-instrumentally bad. For them to endorse (1*), they must believe that disabilities *always* involve more frustration of non-instrumental desires than satisfaction. But, again, there appears to be no good motivation for this belief. Of course, *some* disabilities involve more desire frustration than satisfaction. This is plausibly true for chronically painful disabilities, as most agents non-instrumentally desire to avoid pain. But I see no reason to believe that disability *always* involves more desire frustration than satisfaction. In fact, it seems that, for some people, disability might involve more desire satisfaction than frustration if they, for example, non-instrumentally desire to live in a world of calming silence or to share experiences with their disabled friends. Moreover, those with Body Integrity Identity Disorder claim to desire to be disabled (Bayne and Levy 2005). For these people, disability might satisfy many of their strongest desires.

Besides, it's simply not in the spirit of the Desire Theory to endorse non-probabilistic claims like (1*). The point of the Desire Theory is that well-being is dependent on pro-attitudes, which vary from person to person. The nature of different disabilities also varies considerably. Desire theorists are thus unlikely to think that all (or even the vast majority of) the disparate conditions labelled

[8] http://www.fmauk.org/2-uncategorised/52-what-is-fibromyalgia.

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‘disabilities’ (from deafness to spina bifida to muscular dystrophy) are uniformly non-instrumentally bad for well-being. This would fly in the face of a primary thought behind the Desire Theory: that what well-being consists in varies depending on idiosyncratic desires. Hence, it seems that, on reasonable assumptions, (1*) is false on the Desire Theory.

Perhaps (1*) is more plausible on idealised versions of the Desire Theory – on which well-being consists in getting what an idealised version of you would want (Heathwood 2014: 212). Those that think so might think that, although disability doesn’t always frustrate agents’ actual desires, it always frustrates their *idealised* desires. Whether this is true will depend on how we understand idealisation. Without getting too far into the various kinds of idealisation, an important point is that the Desire Theory is a subjective theory of well-being – which is to say that, on the Desire Theory, the particular things that are good for you are not always also good for me, and vice versa, because what is good for us depends on our unique psychologies. If our chosen method of idealisation maintains this feature, then – because even idealised agents will have idiosyncratic desires – it’s still unlikely that disabilities will frustrate more desires than they satisfy for every idealised agent. If, however, the chosen method of idealisation makes it such that all idealised agents possess the same set of desires then, on this version of the Desire Theory, (1*) might be true. But I would contend that this kind of theory is not a Desire Theory at all. It would, I think, instead be an objective view in subjective clothing. If so, then what I have to say about Objective List Theories is relevant.

It’s more plausible that objective list theorists would endorse (1*) than hedonists or desire theorists because, on Objective List Theories, what well-being consists in is the same for everyone and not dependent on experiences or attitudes.[9] So, on this view, it might be that disability instantiates an objective bad such that it’s always non-instrumentally bad. Which objective bad might this be? No Objective List Theory that I know of includes non-disability on its list, and we know from our discussion of Hedonism that not all disabilities are inherently painful. The other plausible candidate non-instrumental bad (that I’ll consider) is ill-health. Some Objective List Theories maintain that

[9] That is, unless the list includes pleasure or getting what one wants. I will ignore this issue as I have argued that neither consideration of pleasure nor desire satisfaction provides reasonable grounds for endorsing (1*).

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health is non-instrumentally good. And one might think that disability entails ill-health so is always non-instrumentally bad. This thought is more promising, as it's plausible, on some conceptions of 'health' in tandem with some conceptions of 'disability', that disabled people are necessarily unhealthy.

I won't define 'health' here, as this is beyond my scope, but two things are worth noting. First, it's common for disabled people to reject the identification of ill-health and disability (Wendell 2001). Second, on some accounts of health – such as Carel's (2008), on which to be healthy is, roughly, to feel in harmony with one's body – disabled people needn't be unhealthy. However, one might endorse an account on which disability entails ill-health. On that view, (1*) could be true.

So, (1*) *is* compatible with certain Objective List Theories. Notice, though, that for (1*) to be compatible with a person's views they must believe: i) that an Objective List Theory is true; ii) that health is an objective good; iii) that disabled people are necessarily unhealthy; and iv) that that disabilities *never* involve any counterbalancing non-instrumental good (contra Barnes 2016).[10]

(1*) would therefore only be endorsed by the (presumably small) set of people that satisfy (i)-(iv). Thus, it is not a charitable understanding of the BDV. All of (i)-(iv) are contentious. So, characterising the BDV as (1*) increases the contentiousness of the presuppositions of BDV proponents. It's more charitable, other things equal, to characterise the BDV such that it has less contentious presuppositions, such that it relies on none of (i)-(iv). In particular, it is more charitable to characterise the BDV as being consistent with a larger proportion of the major theories of well-being. And it is possible to do this, as I'll argue below. As such, (1*) is not a charitable understanding of the BDV.

(1*) is also an uncharitable interpretation for another reason. Recall, an important element of charity is that we must, as far as is possible, interpret views as being consistent with what their

[10] Some theories of health might imply that ill-health is non-instrumentally bad on subjective theories of well-being. Nordenfeld (1995) defines health as a state in which your body frustrates your vital goals, which are defined relative to preferences. On this account, ill-health might be non-instrumentally bad on preference accounts of well-being. However, on these accounts, it's also unlikely that disability entails ill-health as health is defined relative to preferences.

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proponents say, and many who endorse the BDV – although they don't precisely cash out their view – say things that are inconsistent with (1*). Singer says:

> *I don't hold that anyone with a disability "will be necessarily disadvantaged."* That would be an absurd claim. In unusual circumstances—for example, when all able-bodied people are conscripted to fight in a dangerous war—having a disability may be an advantage. I would argue only that, other things being equal, being able to walk, to move one's arms, to hear, to see, to recognize other people and communicate with them, are advantages (2005: 130 his emphasis).

This passage indicates that Singer's version of the BDV does not consider only the non-instrumental value of disability; he considers disability's instrumental value too, such as that of preventing conscription. It also shows that Singer's version of the BDV is probabilistic: 'in unusual cases… disability may be an advantage'. It's certain, then, that Singer's version of the BDV is not (1*).

McMahan says that:

> [E]ven if the abilities whose absence is constitutive of disability are good only instrumentally… The lack of an ability that is instrumentally valuable to those who have it is, in general, an obstacle to the achievement of the full range of goods characteristic of human life… I believe, moreover, that the value of certain abilities… is only partly instrumental. The possession and exercise of certain…capacities is intrinsically good (2005: 96).

Here McMahan also doesn't appear to be interested in only the non-instrumental value of disability. He says that disabled people lack instrumentally valuable abilities because of their disability, which is equivalent to saying that their disability is instrumentally bad. If instrumental value is relevant to his discussion, this suggests that McMahan's version of the BDV also is not (1*).

In sum, (1*) is not a charitable interpretation of the BDV because it is incompatible with various major theories of well-being, it would only be endorsed by those who endorse (i)-(iv), and it is inconsistent with what BDV proponents say. In §3.3, I'll argue that (1*) also falls foul of the desideratum of appropriate relevance.

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3.2 Always instrumentally bad?

I will now consider (3*): the view that disability is always instrumentally bad.

Disability often is instrumentally bad (Campbell and Stramondo 2017): it sometimes causes non-instrumental bads. Many of the bads disability causes are presumably due to disablism. However, others are not; the pain and discomfort caused by some disabilities is not caused by discrimination (Shakespeare 2013). It's also plausible that people sometimes feel distressed by being unable to do certain things because of their disability. This seems especially relevant to people who acquire disability, who must adjust to their new condition, which might include the 'transition costs' (Barnes 2016: 148) that accompany coming to terms with being unable to engage in activities important to them. Disability can also be instrumentally bad by preventing goods. It's plausibly good to see the faces of one's children, listen to Mozart or partake in cross-country running, and some disabilities prevent these things.

However, disability also can be instrumentally good (Campbell and Stramondo 2017: 161), as the testimony of disabled people often points out.[11] For example, disability might cause a person to have a more positive attitude towards life and enjoy it more; it might help one find friends or mature as a person; it might prevent someone from being conscripted, or allow access to certain disability-specific goods – such as becoming a member of the disabled community or experiencing the enhancement of one sense as another diminishes (Barnes 2016: 88-95).

The point is that disability can be instrumentally good and instrumentally bad, and there is no evidence that its instrumental badness *always* outweighs its instrumental goodness. In fact, it's implausible that it does. Just one case where disability causes more goodness than badness would show that (3*) is false, and it seems probable that there are many such cases, given the number of disabled people and multitude of potential instrumental benefits of disability.

[11] See Barnes (2016: 119-43), Schramme (2013: 72), https://www.xojane.com/healthy/disabilitys-unexpected-silver-linings and http://www.cracked.com/blog/5-ways-my-disability-actually-improved-my-life/.

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Given that disability can have instrumental benefits, the view that it is *always* overall instrumentally bad is implausible. Thus, (3*) is not the best interpretation of the BDV, as it would be uncharitable to charge BDV proponents with endorsing an implausible view inconsistent with the fact that disability can be (and often is) instrumentally valuable.

3.3 - Focusing on one kind of value

In this section, I argue that all candidate versions of the BDV that focus on either instrumental or non-instrumental value are not good interpretations.

Suppose that a recluse *A* acquires a painful disability that causes her to become an active member of the disabled community. *A*'s disability, although non-instrumentally bad, is instrumentally good as it brings her friendship and pleasure. Suppose further that *B* has a disability that involves no non-instrumental bad but causes him to become depressed due to no longer being able to partake in his favourite activities: *B*'s non-instrumentally neutral disability is instrumentally bad. Now, it would be misleading to say that *B*'s disability is better for him than *A*'s is for her merely because *B*'s disability is *non-instrumentally* better. This claim – although true on one reading of 'better' – might lead someone to think that priority should be given to allocating resources to fund treatments for *A*'s disability before *B*'s, that it's worse to select for *A*'s disability than *B*'s etc. But these normative conclusions might be erroneous because focusing on one kind of value can obscure important things.

The point is that the BDV would not be as relevant to normative issues if it focused on one kind of value. Doing so can provide a misleading picture, as certain non-instrumentally bad disabilities (e.g. fibromyalgia) might correlate with instrumental goodness or neutrality, while certain non-instrumentally neutral disabilities (e.g. quadriplegia) might correlate with instrumental badness. More generally, something can be non-instrumentally bad but, all things considered, good or instrumentally good but, all things considered, bad.

There appears to be no good reason for the BDV to focus on one kind of value when considering both kinds offers a more comprehensive picture of disability's effect on well-being.

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Consider the issues to which the BDV is taken to be relevant. If a BDV proponent wanted to use the BDV to argue that selecting for disability is impermissible (as McMahan (2005) does), then surely both instrumental and non-instrumental value are relevant. That a condition is non-instrumentally or instrumentally valuable, disvaluable or neutral is not all that matters for whether we ought to select for or against it. If some non-instrumentally neutral disability *D* were reliably correlated with large amounts of instrumental badness, then this appears to provide a defeasible reason to select against *D.* Likewise, if some mildly non-instrumentally bad disability *F* were reliably correlated with large amounts of instrumental goodness, then there would be no good reason to select against *F* – there may even be good reason to select *for F*. What is relevant to the selection debate, and other relevant debates, seems to be comparative (overall) value, not instrumental or non-instrumental value *alone*. Focusing on one kind of value thus hinders the BDV's relevance to appropriate normative issues.

In sum, considering both kinds of value provides a fuller picture of disability's effect on well-being that is more relevant to normative issues, and views that consider only one kind of value don't licence the normative conclusions argued for by BDV proponents. Therefore, all candidate interpretations that don't consider both kinds of value should be rejected. So, we should reject (1*), (2*), (3*) and (4*) for this reason, as well as those mentioned above.

3.4 – Always or typically comparatively bad?

I have argued that (1*) and (3*) are uncharitable interpretations of the BDV (§3.1 and §3.2) and that all of (1*)-(4*) should be rejected as understanding the BDV as considering only one kind of value hinders its relevance to appropriate normative issues (§3.3). This leaves the versions that focus on comparative badness. Does the best interpretation of the BDV maintain that disability is always ((5*)) or only typically ((6*)) comparatively bad?

What I said above is relevant here. If disability can be instrumentally good and doesn't always involve non-instrumental bads, then it appears implausible to say that all (or even the vast majority of) disabilities are *always* comparatively bad. This speaks to a general problem with non-

probabilistic versions of the BDV: they make extremely strong claims that are implausible and easily refuted. *Just one case* where a disabled life is *not* instrumentally, non-instrumentally or comparatively worse than the relevantly similar non-disabled life would be all that's needed to show that non-probabilistic versions of the BDV are false, and it seems likely that there are many such cases, given that disability is not always non-instrumentally bad (at least on many theories of well-being) and can have instrumental benefits.

Moreover, any reasonable, rational person would make room in their theory for the *mere possibility* that someone could do better with a disability by, for example, avoiding conscription. And we have textual evidence that BDV proponents do exactly this. Recall, Singer (2005: 130) made clear that disability can sometimes be an advantage. Likewise, Glover says that 'disabilities… often (though not always) mean that people have less good lives' (2006: 1) and Andric and Wundisch (2015: 16 original emphasis) say '[o]f course, it is not true in *all* cases that persons are better off if they [are non-disabled]… however, we claim that this will *typically* be the case'. This indicates that these thinkers do not endorse the non-probabilistic claim that disability is always bad for well-being.

So, non-probabilistic versions of the BDV are implausibly strong and inconsistent with what many BDV proponents say, so are not charitable interpretations. This provides reason to reject (5*) and additional reason to reject (1*) and (3*).

One candidate interpretation remains:

(6*): Disability is typically comparatively bad for well-being.

Elaborating and reintroducing clauses supressed above:

> (6*): a person is (in virtue of their disability, *ceteris paribus* and minus the effects of disablism) typically (likely to be) overall worse off with a disability than they would have been without.

(This view is not entirely complete. Amongst other things, difficult issues concerning which counterfactual(s) is relevant need working out.)

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Campbell and Stramondo (2017) end up endorsing a similar view. The primary difference between their view and mine is that their version doesn't discount disablism. I discount disablism, first, because this debate originated in the claims of disability rights activists and the Social Model of Disability, both of which claim that disability would not be bad for well-being *absent prejudice* (e.g Oliver 1996). Second, because everyone agrees that disabled lives are typically worse in disablist worlds. The more interesting question is thus whether disablism is *all* that makes them worse, as some claim.

Regarding the desiderata: (6*) is a charitable interpretation. This is because disability is *sometimes* non-instrumentally bad and *sometimes* instrumentally bad, and it is prima facie plausible that these bads often, *but not always*, outweigh disability's goods. Moreover, (6*) is not committed to any of (i)-(iv). (6*) might be true on any major theory of well-being and doesn't imply that disability *always* involves or causes non-instrumental bads. (6*) is compatible with some cases of disability being non-instrumentally or instrumentally good or neutral. It also allows that disabled lives can sometimes be *better* than relevantly similar non-disabled lives. In short, (6*) makes no blanket claims about the quality of disabled people's lives, so is compatible with the heterogeneous nature of disability and the complicated nature of the relationship between disability and well-being. It is also consistent with the quotations above from BDV advocates. As such, (6*) is a more charitable interpretation than all non-probabilistic interpretations. In terms of appropriate relevance, considering both kinds of value increases the BDV's relevance to normative issues, as this gives a more comprehensive picture of disability's effect on well-being. Given this, (6*) is more relevant to appropriate normative issues than all non-comparative views.

That concludes my argument that (6*) is the best interpretation of the BDV, as far as instrumentality and probability go. In light of this, the MDV should be understood as:

> MDV: a person is (*ceteris paribus* and minus the effects of disablism) typically (likely to be) overall neither worse (nor better) off with a disability than they would have been without.

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What would we need to know to responsibly endorse either view? One important thing is what counts as disablism. But specifying this is not easy, as disablism cannot be understood as anything that lowers the well-being of disabled people, for this would make the MDV trivially true. Determining what disablism is would allow us to have a reasonable idea of what lives would be like in the closest non-disablist worlds. We would need to consider this information carefully to decide whether disabled people are typically overall worse off in these worlds (more on this below).

4. Barnes' Attack on the BDV

In §3, I argued that (6*) is the best interpretation of the BDV. In this section, I discuss an important implication of my argument. I first show that Barnes (2009; 2016) understands the BDV as something like (1*). Then, I draw on my arguments in §3 to show that, in doing so, she attacks an uncharitable interpretation of the BDV that it is unlikely that many BDV proponents endorse.

Two considerations suggest that Barnes' characterisation of the BDV is akin to (1*). The first is her language. In various places (e.g. 2009: 338; 2016: 6, 55), she characterises the BDV as the view that disability *by itself*, *intrinsically* or *automatically* makes one worse off. 'Automatically' suggests a non-probabilistic characterisation – if something automatically accompanies disability then it occurs in every case of disability. And understanding the BDV as the view that disability 'by itself' and 'intrinsically' makes one worse off suggests that Barnes' interpretation focuses on disability's non-instrumental value.

The second consideration is her argument for the MDV (and against the BDV). Her version of the MDV is the Value-Neutral Model, which she defends by arguing that disability is 'neutral simpliciter' – which is to say that it's not bad (or good) simpliciter. *X* is bad simpliciter, according to Barnes, iff for any person P who has *X*, *P* has a lower level of well-being in virtue of having *X* than they would have had if they lacked *X* (2016: 86). Now, *X* is only bad for *any person who has it* if it's bad non-probabilistically. So, Barnes' argument suggests that she characterises the BDV as the non-probabilistic view that disability is bad simpliciter.

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Barnes elaborates that 'if something is bad simpliciter, your life goes worse *in virtue of it specifically*, even if its overall causal effects. . . make you better off' (2016: 87 her emphasis). Here she contrasts effects in virtue of *X* specifically with *X*'s causal (or instrumental) effects. It seems, then, that what Barnes means by someone's life going worse *in virtue of X specifically* is that *X* is non-instrumentally disvaluable. If so, then Barnes' characterisation of the BDV focuses on disability's non-instrumental value and the argument that disability is neutral simpliciter (that the BDV is false) is akin to arguing that disability is not always *non-instrumentally* bad (or good).[12] Less strongly, her argument for the MDV is only effective against versions of the BDV that claim that disability is always non-instrumentally bad.

It seems, then, that Barnes characterises the BDV as something akin to (1*): the view that disability is always non-instrumentally bad for well-being. But, as I argued in §3, (1*) is not a good understanding of the BDV for various reasons. First, because (1*) focuses on only one kind of value, which hinders the BDV's relevance to appropriate normative issues. So, (1*) cannot do the normative work that BDV proponents take their view to be capable of. Second, because (1*) is an uncharitable understanding because it makes an implausibly strong claim that is only compatible with the views of people who endorse the contentious claims (i)-(iv). And, third, because many BDV proponents make clear that their views are not properly expressed by (1*). If my arguments are correct, then in rejecting a version of the BDV akin to (1*), Barnes (2009; 2016) doesn't attack the best interpretation of the BDV. She attacks an uncharitable understanding that it is unlikely that many BDV proponents endorse, and she misses the opportunity to challenge the most plausible and relevant version of the BDV, which I have argued is (6*). The crucial upshots of this are that one can be persuaded by Barnes' arguments on this topic and still hold a plausible version of the BDV, as her arguments don't show that (6*) is false, and that the best version of the BDV seems to remain unchallenged.

Now, it's possible that Barnes' arguments are designed to reject Welfarist Accounts of disability on which disability is, *by definition*, bad for well-being (e.g. Kahane and Savulescu 2009).

[12] This is curious as she (2016: 54-77) mentions that there are various potential understandings of the BDV, only some of which focus on non-instrumental value.

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However, this seems unlikely. First, because doing so would seem to be a pointless exercise. It's unlikely that her arguments would change the minds of people who think disability is bad for well-being by their preferred definition. Second, because, if that were her goal, it seems likely that her discussion would have been framed differently: she would have spent more time defending her definition of 'disability', perhaps arguing that the MDV follows from it. But this is not her strategy. In her book on the subject (2016), she presents her definition of disability and then presents arguments for the MDV *independent of that definition.* She spends no time rejecting Welfarist Accounts, merely stating that they are not useful to use in the relevant context. So, it's hard to see a good reason for thinking that her arguments are designed to reject Welfarist Accounts of disability. It's also possible that her arguments are designed to reject folk conceptions of disability, which might be akin to (1*). But, insofar as Barnes' arguments are designed to challenge the views of other *philosophers* (who do not endorse Welfarist Accounts), it seems that she misses the target by attacking an uncharitable interpretation of the BDV that it is unlikely that many endorse.

5. Barnes' Objection

I have argued that Barnes misses the target by attacking (1*). Barnes acknowledges that the BDV may be probabilistic:

> Perhaps what we commonly think about disability is not that having a disability *will* make a person worse off… but rather that having a disability will *likely* make a person worse off (2009: 343 her emphasis).

But she objects that we shouldn't interpret the BDV as a probabilistic variant like (6*) because there is no appropriate way of making non-question-begging judgements about whether (6*) is true. She believes that the relevant notion of probability in (6*) is *objective chance for a given person* of doing worse with a disability than without. Objective chance is distinguished from subjective chance. One can say that a fair coin has the objective chance of 0.5 of landing heads, whereas subjective chance is concerned with what agents are justified in believing given their evidence (Hajek 2012). Barnes

argues that subjective chance – determined by looking at averages across populations – merely tells us about average well-being and nothing about whether *a given individual* is *objectively likely* to be worse off with a disability. She thinks that to make judgements about objective chances we need to make question-begging assumptions about the non-instrumental value of disability:

> [T]he relevant notion is objective chance *for x* at high quality of life… it's not enough to simply determine the average quality of life of persons in similar circumstances with similar disability and compare it to persons in similar circumstances without disability. Such a calculation (were it possible) would only tell us about *average* quality of life… We cannot tell what will happen to a particular person just by calculating averages. So unless we *assume* that disability is somehow intrinsically negative (which begs the question) we cannot make inferences about that person's chances at an overall high quality of life based solely on the presence of a disability (2009: 343 her emphasis).

I will now reply to Barnes' objection against probabilistic understandings of the BDV. Is objective chance for an individual the relevant notion? It's difficult to understand why Barnes thinks that the BDV must be interpreted in terms of objective chance. Perhaps the thought is that the badness of disability must be a property of the person themselves. But it is not clear why she would insist on this. Also note that some are sceptical that objective chance even exists, because objective chances (other than 0 or 1) appear incompatible with determinism (Bradley 2017). Given this, it seems too quick to stipulate that objective chance is the relevant notion without argument or explanation. Putting aside these worries and allowing, for argument's sake, that objective chance is the relevant notion, I still don't think it follows that we can't make reasonable judgements about (6*) without begging the question.

Consider the implications of Barnes' reply. She claims that we cannot make *reasonable judgements* about a particular individual's objective chance of *x* being good or bad for her based on information about averages. But we often (perhaps always) don't have epistemic access to objective chances. If Barnes is right, then, this would licence radical scepticism about what we can reasonably believe. Multiple judgements based on expected utility would be unreasonable. We would (almost?)

never be able to form reasonable beliefs about what is likely to be good or bad for an individual. But it seems clear that we can, and often do, form such reasonable beliefs, and we *at least sometimes* form them based on information about averages. And this is true even if we allow that objective chance is the relevant notion. When we don't have epistemic access to objective chances, we can use subjective chances to form reasonable beliefs *about objective chances*. More specifically, we can use subjective chances to form reasonable beliefs about what is objectively likely to be good or bad for an individual.

Suppose that Joe has a deadly disease and is offered an operation. We know that 85% of relevantly similar individuals (when considering things like age, sex, medical history etc.) who have the disease and receive the operation make a full recovery while, for the other 15%, the operation has no effect. When deciding whether the operation is likely to be good for Joe, suppose that the relevant probability is the objective chance of the operation being good for him. But we do not (and cannot?) know what this objective chance is. Is it true, then, that we cannot make *any* reasonable judgements about how likely the operation is to be good for Joe? I don't think so. We can use subjective chances to form reasonable beliefs about the objective chance of Joe's operation being successful. Through our knowledge that 85% of people within the relevant population make a full recovery, we can form the reasonable belief that the objective chance of Joe's operation being successful is roughly 0.85. Now, this does not mean that there are ethically compelling reasons to give Joe the operation. If we have other information – such as that Joe is cognitively disabled and will find it traumatising – then there may well be good ethical reasons to refuse the operation. My claim is merely that *one way* of forming reasonable beliefs about the objective chance of Joe's operation being good for him is by using information about averages. (Besides, one might think that beliefs about the effects of other things (such as Joe's cognitive impairment) are also based on information about averages. This seems likely given that we don't have epistemic access to objective chances.)

Many other cases are similar. We can use averages across populations to determine that children, in general, do better on their exams if they revise. Based on this, we can reasonably believe that *our child* has a better chance of doing well on her exams if she revises, and encourage her to

revise, even though it's possible that she is in the minority and revision would be detrimental for her. In this case, subjective chance plays an important role in our belief-forming process about an individual's chances of something being good or bad for them. It would certainly appear odd to maintain that we cannot form reasonable beliefs by this method about how good revising is likely to be for our child because subjective chances merely tell us about averages. If so, then almost all our beliefs about probabilities would be unreasonable, and I think most would agree that many such beliefs are, in fact, reasonable.

If subjective chances can play this belief-forming role in everyday cases, then there is no reason why they cannot play an analogous role in the disability case. That is, there is no reason why we cannot form reasonable (non-question-begging) beliefs based on averages across populations about the objective chance of an individual doing as well with a disability as without.

I've argued that forming reasonable judgements about an individual's objective chance of something being good or bad for them based on information about averages needn't be problematic, as in the Joe case. However, there is a disanalogy between the Joe case and the disability case. Both require taking information about averages and extrapolating this to individual chances. However, forming judgements in the disability case requires working out average well-being levels in the closest non-disablist worlds. No such idealisation is required for the Joe case. And perhaps it's this idealisation that Barnes thinks requires begging the question. Or perhaps, as she alludes to in later work (2016: 99-100), Barnes thinks it's 'close to impossible' to make inferences about well-being levels in non-disablist worlds.

I will now argue, finally, that making *at least reasonably robust* inferences about well-being levels in non-disablist worlds doesn't require question-begging and that there is no good reason to think that it's impossible. Why might Barnes think making the relevant inferences requires assuming that disability is non-instrumentally bad? Perhaps she thinks that everything that instrumentally (and disproportionately) disadvantages disabled people is due to disablism. If so, all instrumental harms of disability wouldn't occur in non-disablist worlds and we *would* have to make assumptions about the non-instrumental value of disability to infer the well-being of disabled people in these worlds.

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However, this assumption seems unwarranted. Things might disproportionately disadvantage disabled people without being disablist (Amundson 2005: 114; Brown 2016: 195; Howard & Aas 2018: 1129). For example, it might turn out that the just division of resources disadvantages disabled people, or that reduction of valuable options is a harm of disability not caused by disablism (cf. Singer 2001; Kahane & Savulescu 2016).

Admittedly, determining average well-being levels in non-disablist worlds is difficult, but Barnes has offered no compelling reason to accept her extremely strong claim that it's *impossible*. Here's one sketch of a suggestion about how we *might* go about doing it. First, and crucially, we must identify what counts as disablism. Then, we could start from the neutral (and charitable to the MDV) assumption that disability and non-disability are equally non-instrumentally valuable. This shifts the focus onto instrumental value and seems a reasonable starting point given that debates about non-instrumental value often appear intractable. Next, we could identify the instrumental harms and benefits of disability and non-disability *in our world* and determine whether these would be present in the closest non-disablist worlds. This requires determining whether these harms or benefits are disablist. Finally, we would need to consider whether disability or non-disability would have any additional instrumental harms or benefits in non-disablist worlds. These are certainly difficult tasks, but it seems that careful consideration of this information would provide a reasonable idea of whether disability makes one likely to be worse off in non-disablist worlds. This process is certainly tricky, and the resulting judgement would, of course, be fallible – as is almost every probabilistic judgement – but it's hard to see why this task would be *impossible.* (In fact, it is made easier because (6*) talks in generalities, so we need only infer general trends of well-being in non-disablist worlds and needn't worry about non-standard cases.)

In sum, Barnes argues that to form reasonable beliefs about (6*) we must make question-begging assumptions about the non-instrumental value of disability. This is false. We can make reasonable (although fallible) judgements about (6*) by looking at averages across populations, as we do in other contexts. The fact that we must consider well-being levels in idealised worlds makes forming the relevant judgements trickier, but Barnes offers no conclusive reason why doing so is

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impossible or requires question begging. Therefore, Barnes' objection fails to show that probabilistic interpretations like (6*) are bad interpretations of the BDV.

Conclusion

In this paper, I have clarified the nature of the BDV by discussing two issues – instrumentality and probability – which must be settled for a full characterisation to be properly developed. I argued (§3) that (as far as these issues go) the best interpretation of the BDV is (6*): it is the view that a person is *likely to be, all things considered*, worse off with a disability than without. Next (§4), I argued that, in characterising the BDV as akin to (1*), Barnes doesn't challenge the BDV's best interpretation. She attacks an uncharitable understanding that it is unlikely that many BDV proponents endorse, and she misses the opportunity to challenge the most plausible and relevant version of the BDV, which is (6*). As such, one can be persuaded by Barnes' arguments on this topic and still hold a plausible version of the BDV, and the best version remains unchallenged.

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