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WHAT IS THE BAD-DIFFERENCE VIEW OF DISABILITY?

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THE BAD-DIFFERENCE VIEW (BDV) of disability postulates a negative connection between disability and well-being.[1] It says, roughly, that disability makes one worse off. The Mere-Difference View (MDV) of disability says, roughly, that it does not. In recent work, Barnes—an MDV proponent—offers a detailed exposition of the MDV.[2] No BDV proponent has done the same. While many make it clear that they endorse a BDV, they do not carefully articulate their view.[3] And various views might constitute a BDV, so it is important to determine which is best and most likely to be endorsed by BDV proponents.

In this paper, I clarify the nature of the best version of the BDV by discussing two issues—instrumentality and probability—that must be settled for a full characterization to be properly developed. Modifying and expanding upon work from Campbell and Stramondo, I argue that the BDV's best interpretation is probabilistic and compares the overall value of disability and non-disability.[4] It is, roughly, the view that a person is *likely to be, all things considered,* worse off with a disability than without. Thus, Barnes—who criticizes the view that disability *by itself, intrinsically* or *automatically* makes one worse off—does not challenge the BDV's best interpretation.[5] She attacks a version unlikely to be endorsed by BDV proponents and misses an opportunity to challenge the most plausible and relevant version. As such, one can be persuaded by Barnes's arguments and still hold a plausible version of the BDV, and the best version remains unchallenged.

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[1] The BDV has also been called the "Standard View" (Amundson, "Disability, Ideology, and Quality of Life," 103; Campbell and Stramondo, "The Complicated Relationship of Disability and Well-Being," 151) and the "Received View" (Schramme, "Disability (Not) as a Harmful Condition").

[2] Barnes, *The Minority Body*.

[3] E.g., McMahan, "Causing Disabled People to Exist and Causing People to Be Disabled"; Shakespeare, *Disability Rights and Wrongs Revisited*; Singer, "Ethics and Disability."

[4] Campbell and Stramondo, "The Complicated Relationship of Disability and Well-Being."

[5] Barnes, "Disability, Minority, and Difference" and *The Minority Body*.

Developing a proper understanding of the BDV (and MDV) is important. This debate is new and underdeveloped and it is important that it gets off on the right footing with clear and precise understandings of the views. Moreover, the BDV is often endorsed but rarely defended, and most discuss it primarily to criticize it.[6] Articulating the strongest account from a charitable perspective is something missing from the literature that will be of interest to many philosophers. In addition, this debate arose in response to the real concerns of disabled people who wanted to change conceptions of disability.[7] They too have an interest in the views being properly characterized. Finally, questions about disability's relationship to well-being are plausibly relevant to many contemporary normative debates and real-world, applied issues, e.g., about what justice requires for disabled people and the (im)permissibility of prenatal selection for or against disability. Understanding the natures of the views may well be a vital step toward advancing these other important debates.[8]

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

1. CANDIDATE INTERPRETATIONS

Roughly speaking, BDV proponents believe that disability makes one worse off.[9] Singer holds that "other things equal, it is better not to be disabled."[10] And

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[6] See, e.g., Barnes, *The Minority Body*; Campbell and Stramondo, "The Complicated Relationship of Disability and Well-Being."

[7] No terminology is uncontroversial here. Some prefer "people with disabilities." I choose "disabled people" primarily because it reflects how we describe other minority groups, e.g., "Black people" (Barnes, *The Minority Body*, 6).

[8] Although see Schroeder for skepticism of the importance of the connection between disability and well-being to selection debates ("Well-Being, Opportunity, and Selecting for Disability").

[9] See, e.g., McMahan, "Causing Disabled People to Exist and Causing People to Be Disabled"; Shakespeare, *Disability Rights and Wrongs Revisited*; Singer, "Ethics and Disability."

[10] Singer, "Ethics and Disability," 113.

Shakespeare says that “disability makes it harder to have a good life.”[11] MDV proponents disagree.[12] They think that disability does not make one worse (or better) off. For example, Barnes says that “having a disability is something that makes you different, but not … worse off.”[13]

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

1. Disability is non-instrumentally bad for well-being.
2. Disability is instrumentally bad for well-being.
3. Disability is comparatively bad for well-being.[14]

If disability is bad for well-being, it must be so either instrumentally, non-instrumentally, or both. Something is non-instrumentally bad if it is bad *in itself* or *independently of its causal consequences*.[15] Something is instrumentally bad if it is bad *in virtue of its causal consequences*. That is, if it prevents non-instrumental goods or causes non-instrumental bads. This causation can be direct or indirect. Pleasure and pain are typically thought to be non-instrumentally good and bad, respectively. On this view, things that prevent pleasure (e.g., lack of disposable income) or cause pain (e.g., stubbing a toe) are instrumentally bad.

According to 1, disability is bad for well-being non-instrumentally. That is, disability itself contains more bad than good.[16] (I use “*x* contains *y*” and “*x* involves *y*” to mean that “*y* is a feature of *x itself*.” This contrasts with things that *x* causes.) If pleasure and pain were the only non-instrumental values, 1 would be saying that disability contains more pain than pleasure; 1 makes no claims about disability’s instrumental value.

Another way of saying that something is non-instrumentally bad for well-being is that it is non-instrumentally *harmful*. Harm has been understood comparatively and non-comparatively.[17] On non-comparative accounts, disability is non-instrumentally harmful (roughly) iff (when discounting its effects) it puts

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[11] Shakespeare, *Disability Rights and Wrongs Revisited*, 103.

[12] See, e.g., Amundson, “Disability, Ideology, and Quality of Life”; Barnes, “Disability, Minority, and Difference” and *The Minority Body*.

[13] Barnes, *The Minority Body*, 78.

[14] Campbell and Stramondo, “The Complicated Relationship of Disability and Well-Being.”

[15] Non-instrumental value is sometimes called “intrinsic value.” I choose “non-instrumental value” to avoid giving the impression that something is valuable in itself only in virtue of its intrinsic properties (Korsgaard, “Two Distinctions in Goodness”). For more discussion of the nature of non-instrumental value, see O’Neill, “The Varieties of Intrinsic Value.”

[16] Campbell and Stramondo, “The Complicated Relationship of Disability and Well-Being,” 154.

[17] Bradley, “Doing Away with Harm.”

one in a non-instrumentally bad state—where "bad" is understood in the absolute sense.[18] My well-being is bad in an absolute sense if it falls below some threshold of neutrality such that I have a life not worth living. So, 1 understood non-comparatively says that, discounting disability's effects, disabled lives are not worth living. But BDV proponents do not seem to be saying this. First, because it is utterly implausible. And second, because when understood non-comparatively, 1 is consistent with disabled lives being non-instrumentally *better* than non-disabled lives. That is, 1 is true on the non-comparative understanding if disability is *slightly* (non-comparatively, non-instrumentally) bad but non-disability is *extremely* (non-comparatively, non-instrumentally) bad. But this situation hardly exemplifies a BDV.

Comparative accounts of harm say (roughly) that disability is non-instrumentally harmful iff (when discounting disability's effects) I am worse off with a disability than I would have been without.[19] This is a claim about *worseness* rather than absolute badness, so it would be false if disability is non-instrumentally bad but non-disability is non-instrumentally worse. This seems like the right result. Moreover, it *is* at least somewhat plausible that disability is non-instrumentally, comparatively bad for well-being. These considerations speak in favor of understanding 1 as utilizing a comparative account of harm. In any case, the debate is more interesting if understood as comparative.[20]

Interpretation 2 focuses on disability's instrumental value: its causal consequences. It says that disability is instrumentally bad, that it *causes* more badness than goodness.[21] Interpretation 2 is silent on disability's non-instrumental value.

Interpretation 2 is also best understood as comparative. Instrumental value concerns causation, which is itself a comparative notion.[22] Something is instrumentally good if it causes me to be better off *than I would have been without it*. To etermine whether disability is instrumentally bad, then, we need to compare the effects of disability with those of non-disability.

Interpretation 3 considers instrumental *and* non-instrumental value together, or disability's *all-things-considered* value. It makes the comparative claim that a person's well-being is overall worse with a disability than it would have been without.[23] Note that a disability *D* might be non-instrumentally good but com-

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[18] Bradley, "Doing Away with Harm," 398–401.

[19] Bradley, "Doing Away with Harm," 396; cf. Brown, "Is Disability a Neutral Condition?"

[20] For discussion of comparative and non-comparative evaluations within the disability context, see Schramme, "Disability (Not) as a Harmful Condition," 86–89.

[21] Campbell and Stramondo, "The Complicated Relationship of Disability and Well-Being," 155.

[22] Lewis, "Causation."

[23] Campbell and Stramondo, "The Complicated Relationship of Disability and Well-Being," 155.

paratively bad, if *D* is instrumentally bad to a sufficient extent. Likewise, *D* might be instrumentally good but comparatively bad. Both 1 and 2 must be true to guarantee 3.

Campbell and Stramondo do not discuss whether they understand 1 as comparative.[24] Another reason for doing so is that—because 2 and 3 are best understood as comparative—understanding 1 as non-comparative would mean that their taxonomy does not provide a neat way of carving up potential BDV understandings. Rather, it would seem to run together comparative and non-comparative value with *pro tanto* and all-things-considered value. Relatedly, it is unclear why 3 is described as the view that disability is "comparatively bad" given the comparative natures of 1 and 2. As such, I will henceforth refer to views that consider disability's instrumental and non-instrumental value together as considering its "all-things-considered" or "overall" value.

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.

Also note, crucially, that, following Barnes, I take all understandings to be discounting negative effects arising from unjust discrimination against disabled people, or "disablism."[25] Clearly, many of disability's negative effects—including, e.g., being treated as incompetent and discriminated against in the job market—would not occur in a non-disablist world. This has been long established in disability scholarship and is accepted by thinkers on both sides.[26] I take all understandings of the BDV to hold that disability would be bad for well-being *even in a non-disablist world*. Note, however, that theorizing about a non-disablist world does not imply that the only relevant disadvantages are intrinsic features of disability. Social practices might instrumentally disadvantage disabled people without doing so *unfairly*.[27]

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.[28] I will not discuss whether disabilities are identity determining. Both MDV and BDV proponents

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[24] Perhaps their labeling of 3 suggests that they do not.

[25] Barnes, *The Minority Body*.

[26] See, e.g., Oliver, *Understanding Disability*; Barnes, *The Minority Body*; and Singer, "Response to Mark Kuczewski," 56. For statistics that suggest the disablist nature of our world, see Office for Disability Issues, "Public Perceptions of Disabled People."

[27] Amundson, "Disability, Ideology, and Quality of Life," 114; Howard and Aas, "On Valuing Impairment," 1129.

[28] Campbell and Stramondo, "The Complicated Relationship of Disability and Well-Being," 161.

must overcome this problem. One solution might be to insist that if disability is identity determining we can still compare the well-being of metaphysically different but relevantly similar people. And, plausibly, numerical identity need not be preserved for comparisons between individuals to bear moral relevance.[29]

So, Campbell and Stramondo present three candidate interpretations of the BDV, two that consider *pro tanto* value and one that considers overall value. However, once we have determined whether the BDV is interested in instrumental, non-instrumental, or overall value, at least one more important question must be answered before we can fully characterize it. BDV proponents might think that disability is *always* bad for well-being, or they might take a probabilistic approach.[30] Given this, there are at least six plausible candidate interpretations. I, therefore, propose to modify Campbell and Stramondo's taxonomy thusly (here I suppress 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.
3*. Disability is *always* instrumentally bad for well-being.
4*. Disability is *typically* instrumentally bad for well-being.
5*. Disability is *always* all-things-considered bad for well-being.
6*. Disability is *typically* all-things-considered bad for well-being.

In section 3, I argue that 6* is the best interpretation. Before that, I will clarify key terms.

2. UNDERSTANDING DISABILITY AND WELL-BEING

For the purposes of this paper, I understand disability using Barnes's Solidarity Account, which says that a person *S* is physically disabled in a context *C* iff (i) *S* is in some bodily state *x*, and (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.[31] Following Barnes and others in the debate, I restrict my discussion to physical (including sensory) disabilities.[32] This significantly reduces the heterogeneity of the group

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[29] Kahane and Savulescu, "The Welfarist Account of Disability," 37.

[30] Campbell and Stramondo mention that probabilistic versions are possible, but they do not consider probabilistic versions of all candidate understandings ("The Complicated Relationship of Disability and Well-Being," 168).

[31] Barnes, *The Minority Body*, 46.

[32] Barnes, *The Minority Body*, 2–3; and see, e.g., Putnam, "Disability, Democratic Equality, and Public Policy," 306.

I am reasoning about and avoids me having to answer difficult questions about how to evaluate the well-being of people with nonphysical disabilities.[33] I am hopeful that my arguments can be extended to nonphysical disabilities, but I do not 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, to be disabled just is (roughly) to have a condition that is detrimental to well-being.[34] These accounts thus preclude meaningful investigation into whether the MDV or BDV is true. Similarly, the MDV is trivially true on strong versions of the Social Model—which understand disability as the unjust oppression of people with certain bodily features (known as *impairments*) and imply that disability disadvantages result *entirely* from this oppression.[35] On this account, it is trivially true that, in non-disablist worlds, disability would not be detrimental to well-being.

Strong versions of the Medical Model—which understand disability as an intrinsic feature of malfunctioning bodies (an impairment) and imply that the limitations associated with disability result *entirely* from impairments—are also widely rejected.[36] 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 (impairments) and social factors (oppression) affect disabled people's well-being, the answers to which should not be entailed by our understanding of disability.

A final attraction of the Solidarity Account is dialectical. It is favored by Barnes, whose views I criticize here.[37] As such, it is best for me to argue on her terms.

Note that I am not arguing that the Solidarity Account is the best understanding of disability per se, only that it is a good one to use in this context. As such, I will not discuss objections to it.[38] I also do not think it matters much whether the reader endorses the Solidarity Account, as my discussion does not rely on it. I focus on paradigm cases of disability, so my discussion will be relevant to anyone who endorses an account that (i) implies that paradigm cases of disability are disabilities, and (ii) does not preclude meaningful investigation into relevant issues.

[33] Barnes, *The Minority Body*, 2–3.

[34] Kahane and Savulescu, "The Welfarist Account of Disability."

[35] Shakespeare and Watson, "The Social Model of Disability," 10.

[36] Wasserman, Asch, Blustein, and Putnam, "Disability."

[37] Barnes, *The Minority Body*.

[38] See, e.g., Lim, "Disabilities Are Also Legitimately Medically Interesting Constraints on Legitimate Interests," 982–87.

Many accounts meet these conditions, including the Nordic Relational Model, Shakespeare's Interactionist Account, and the World Health Organization's understanding.[39] This is because one goal of most accounts of disability is to cohere with our pre-theoretic intuitions about which conditions count as disabilities. They aim to imply that paradigm disabilities are disabilities and that paradigm non-disabilities are not.[40] Thus, the extensions of the concepts produced by most accounts of disability overlap considerably; they each identify very similar sets of conditions, even if they understand disability differently. And where they do come apart, this will tend to be on borderline or indeterminate cases. So, if I stick to discussing paradigm cases of disability (and do not perform conceptual analysis on the concept of *disability* offered by the Solidarity Account), then my discussion should be able to cut across others that utilize accounts that also satisfy i and ii. By the same logic, the views of those whose accounts of disability satisfy i and ii will be relevant to my discussion, even if they do not endorse the Solidarity Account, as they will be discussing the right set of conditions. The conditions are key here, as opposed to the theoretical nature of disability.

I understand well-being as the non-instrumental value a life has for the person whose life it is. Well-being is the kind of value we have in mind when thinking about harms and benefits for a person. To harm someone is to negatively impact their well-being, and to benefit someone is to positively impact it.[41] I will not endorse any theory of well-being; my discussion aims to be neutral between the major philosophical theories. These are Hedonism, the Desire Theory, and the Objective List Theory.[42] Hedonism claims that well-being consists in experiencing the largest net sum of pleasure minus pain.[43] 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.[44] And Objective List Theories hold that well-being consists in the attainment of objectively valuable things.[45] Where necessary, I will discuss the implications that endorsing different theories of well-being might have on my arguments.

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[39] Gustavsson, "The Role of Theory in Disability Research"; Shakespeare, *Disability Rights and Wrongs Revisited*, 74–84; World Health Organization, "International Classification of Functioning, Disability and Health."

[40] This is certainly an aim of Barnes's account (*The Minority Body*, 10–11).

[41] For more discussion on the nature of well-being, see Crisp, "Well-Being."

[42] Parfit, *Reasons and Persons*, 491–503.

[43] Parfit, *Reasons and Persons*, 493.

[44] Heathwood, "Desire Satisfactionism and Hedonism," 541.

[45] Parfit, *Reasons and Persons*, 499.

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 characterize 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 most plausible or rational 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 (*inter alia*) 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 normative relevance*. Thinkers engaging in this debate typically understand the BDV to have normative implications. It is often taken to imply things about the (im)permissibility of selecting for or against disability via reproductive technologies.[46] And some thinkers take it to imply certain things about distributive justice—specifically the fair distribution of health-care provision and social support.[47] For example, quality adjusted life years (QALYs) are commonly taken to be an appropriate metric for health-based utility, which is used to determine the just division of health-care resources.[48] The idea is that we should distribute resources such that they produce the most utility. QALYs take the additional number of years a health-care allocation will produce, together with the quality of those years, to determine its utility. Clearly, then, the quality of disabled people's lives—that is, whether the BDV is true—affects the number of QALYS produced by allocations that result in additional years with a disability, and thus which health-care allocations are viewed as just.[49] 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 are not mistaken in taking their view to be relevant to these things.)

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[46] For examples on both sides of this debate, see McMahan, "Causing Disabled People to Exist and Causing People to Be Disabled"; Barker and Wilson, "Well-Being, Disability, and Choosing Children."

[47] E.g., Singer, McKie, Kuhse, and Richardson, "Double Jeopardy and the Use of QALYs in Health Care Allocation."

[48] Franklin, "Calibrating QALYs to Respect Equality of Persons," 65.

[49] Cf. Bickenbach, "Disability and Health Care Rationing."

The charity desideratum does not imply that the BDV must turn out, after more work, to be internally coherent and consistent with the facts. After we identify the best interpretation and scrutinize it, it might turn out to be false, incoherent, or unsupportable. But it would be bad philosophical practice to *start out* by characterizing the BDV as such, if it is possible not to. Nor does the appropriate relevance desideratum 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 it to be relevant: it should be *prima facie* relevant to selection debates, rather than implying anything specific about the normative status of selecting for a given disability.

In sum, the two desiderata I will use for identifying the best interpretation of the BDV are charity and appropriate normative relevance. These desiderata must be balanced: loss in one might be acceptable if necessary for gain in the other. The best interpretation will be the one that best balances charity and relevance.

I will now evaluate 1*–6* with these desiderata in mind, arguing that 6* is the best interpretation. In section 3.1, I reject non-probabilistic interpretations as uncharitable, and in section 3.2, I reject *pro tanto* interpretations as not as normatively relevant as overall ones. Thus, some candidates are criticized on multiple grounds.

3.1. Rejecting Non-probabilistic Interpretations

Interpretations 1*, 3*, and 5* are all non-probabilistic; they each state that disability is *always* bad for well-being in some respect. First, I will argue that 1*—the view that disability is always *non-instrumentally* bad—is an uncharitable interpretation.

Whether one thinks that disability is always non-instrumentally bad will depend on their theory of well-being. Hedonism says that painful mental states are the only non-instrumental bads and pleasurable mental states are the only non-instrumental goods. The hedonist will thus endorse 1* only if they think that disability always contains (as opposed to causes) less net pleasure than non-disability.[50] But there appears to be no good motivation for this belief.

What people enjoy depends on their unique psychologies. As such, disability itself might be experienced as net pleasurable, painful, or neutral, depending on a person's psychology. Some disabilities are intrinsically painful (e.g., rheuma-

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[50] I take net pleasure to be pleasurable mental states minus painful mental states, adjusted for intensity.

toid arthritis).[51] However, many paradigm disabilities—blindness, paraplegia, etc.—need not involve pain. Plausibly, these disabilities are sometimes experienced as net pleasurable; this seems especially likely for disabilities that involve a completely different way of experiencing the world. Some blind people might take pleasure in their unique sensory experience and some (totally) deaf people might take pleasure in the silence involved in their condition, or other elements of it—this seems to be part of the thought behind the Deaf Gain movement. Even more plausibly, non-painful disabilities are at least sometimes experienced as net neutral. This would happen whenever they contain no pleasurable or painful mental states or when these states balance. A good candidate for a non-instrumentally neutral disability on Hedonism is achondroplasia, or short-limbed dwarfism, which seems to contain no mental states at all.

Likewise, non-disability might be experienced as net pleasurable, painful, or neutral, depending on a person's psychology. Perhaps non-disability is rarely experienced as painful. But it appears difficult to deny that at least some people experience non-disability as non-instrumentally neutral. Many people take pleasure in non-disability's *instrumental* benefits—perhaps they enjoy mountain climbing or watching sunsets—but it seems likely that at least some people do not experience non-disability *itself* as pleasurable, such that it would improve their well-being even if it had no instrumental benefits. If *anyone* experiences non-disability as non-instrumentally neutral (or bad), then 1* is false on Hedonism on the (very plausible) assumption that disability is at least sometimes experienced as neutral or net pleasurable.[52] Thus, it seems implausibly strong to say that disabilities *always* involve less net pleasure than non-disability.

The desire theorist will endorse 1* only if they believe that disability *always* involves less aggregate desire satisfaction than non-disability.[53] But there appears to be no good motivation for this belief either. What people desire varies considerably. Thus, for some people, disability might involve large amounts of desire satisfaction, if they, e.g., non-instrumentally desire to live in a world of calming silence or to have an amputated limb, as those with body integrity identity disorder often do.[54] Moreover, it seems too strong to say that disability always frustrates desires. Perhaps disability would often frustrate the desires of non-disabled people. But people often adapt their preferences to suit their

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[51] See the National Center on Health, Physical Activity and Disability's rheumatoid arthritis "Primer on Pain," https://www.nchpad.org/281/1789/primer~on~pain.

[52] Cf. Schramme, "Disability (Not) as a Harmful Condition," 82.

[53] I take aggregate desire satisfaction to be non-instrumental desire satisfaction minus non-instrumental desire frustration, adjusted for desire intensity.

[54] Bayne and Levy, "Amputees by Choice."

capabilities—so-called adaptive preference—which implies that many disabled people might not possess desires not to have a disability or to do things that their disability prevents them from doing.[55] As such, the Desire Theory does not appear to license the view that disability is *always* non-instrumentally worse for well-being than non-disability.[56]

Besides, it is 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. 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 labeled "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.

Perhaps 1* is more plausible on *idealized versions* of the Desire Theory—on which well-being consists in getting what an idealized version of you would want.[57] Perhaps, although disability does not always involve less aggregate satisfaction of actual desires, it always involves less aggregate satisfaction of idealized desires. Whether this is true depends on how we understand idealization. Without getting too far into the options, 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 good for me, and vice versa. If our method of idealization maintains this feature, then it is still unlikely that disabilities will involve less aggregate desire satisfaction for every idealized agent, because even idealized agents will have idiosyncratic desires. If, however, our chosen method of idealization implies that all idealized 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 theory is not a Desire Theory at all. It would, I think, be an objective view in subjective clothing. If so, then what I have to say about Objective List Theories is relevant.

It is 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.[58] On this view, it might be that disability always involves more objective bad and/or less objective good than non-disability. But it is entirely unclear that

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[55] I am not assuming that adapted preferences are undesirable or suboptimal; cf. Barnes, "Disability and Adaptive Preference."

[56] Cf. Schramme, "Disability (Not) as a Harmful Condition," 84.

[57] Heathwood, "Subjective Theories of Well-Being," 212.

[58] That is, unless the list includes pleasure or getting what one wants. I will ignore this issue as

this is true. No objective list (that I know of) includes non-disability. And the presence or absence of many putative objective goods—knowledge, achievement, friendship, etc.—is not contained within disability or non-disability themselves. One might think that pain is objectively bad, and that disability always involves more pain than non-disability, but I have rejected this. The other way that 1* might be true on an Objective List Theory (that I will consider) involves appeal to ill health. Some Objective List Theories maintain that health is non-instrumentally good, and one might think that disability entails ill health, whereas non-disability does not itself contain any objective bads, so disability is always non-instrumentally worse than non-disability.[59] This thought is more promising, as it is plausible, on some conceptions of health and disability, that disabled people are necessarily unhealthy.

I will not define "health" here, as this is beyond my scope, but two things are worth noting. First, disabled people commonly reject the identification of ill health and disability.[60] Second, on some accounts of health—such as Carel's, on which to be healthy is, roughly, to feel in harmony with one's body—disabled people need not be unhealthy.[61] However, one might endorse an account on which disability does entail 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 always unhealthy; (iv) that disabilities *never* involve enough counterbalancing non-instrumental good(s) to make them non-instrumentally better than non-disability; and (v) that non-disability *never* involves enough non-instrumental bad(s) to make it non-instrumentally worse than disability.[62]

Interpretation 1* would therefore only be endorsed by the (presumably small) set of people who satisfy i–v. Thus it is an uncharitable understanding of the BDV. All of i–v are contentious. So, characterizing the BDV as 1* increases the contentiousness of the presuppositions of BDV proponents. It is more charitable, other things equal, to characterize the BDV as having less contentious presuppo-

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I have argued that neither consideration of pleasure nor desire satisfaction provides reasonable grounds for endorsing 1*.

[59] E.g., Finnis, *Natural Law and Natural Rights*, 86.

[60] Wendell, "Unhealthy Disabled."

[61] Carel, *Illness*.

[62] Some theories of health might imply that ill health is non-instrumentally bad on subjective theories of well-being. Nordenfelt defines ill health as a state in which your body frustrates your vital goals, which are defined relative to preferences (*On the Nature of Health*). On this account, ill health might be non-instrumentally bad on Desire Theories. However, on these accounts, it is also unlikely that disability entails ill health.

sitions, such that it relies on none of i–v.[63] In particular, it is more charitable to characterize it as being consistent with a larger proportion of the major theories of well-being. And it is possible to do this, as I will argue below. As such, 1* is not a charitable understanding of the BDV.

Understanding the BDV to be 1* is also an uncharitable for another reason. Recall, an important element of charity is that we must, as far as possible, interpret views as being consistent with what their proponents say, and many BDV proponents—although they do not precisely cash out their view—say things 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.[64]

Here, Singer elaborates on his view that "other things equal, it is better not to be disabled."[65] His elaboration indicates that his version of the BDV does not consider only non-instrumental value; 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 is certain, then, that Singer's version of the BDV is not 1*.

McMahan says that

> even 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.[66]

Here, McMahan also does not appear interested in only disability's non-instru-

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[63] If someone thought that disability always involves some objective bad other than ill health, then their reasoning would be slightly different but no less controversial. And I do not know what this objective bad might be.

[64] Singer, "Ethics and Disability," 130.

[65] Singer, "Ethics and Disability," 133.

[66] McMahan, "Causing Disabled People to Exist and Causing People to Be Disabled," 96. McMahan does not explicitly endorse the BDV here, but he strongly suggests that he does earlier in the paper (96), and I take this to be a clarification of his view.

mental value. He says that disabled people lack instrumentally valuable abilities because of their disability, which is equivalent to saying that 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 an uncharitable interpretation of the BDV because it is incompatible with various major theories of well-being and inconsistent with the expressed views of BDV proponents.

Having rejected 1*, I will now briefly reject the other non-probabilistic interpretations, for similar reasons. According to 3*, disability is always instrumentally bad. Now, disability often is instrumentally bad.[67] This is, first, because it sometimes causes non-instrumental bads. Many bads caused by disability are presumably due to disablism. However, others are not; for instance, the pain and discomfort caused by some disabilities would exist in virtually all social environments.[68] People also sometimes feel distressed because their disability prevents them from doing certain things, especially if they acquire a disability and must adjust to their new condition, which might include "transition costs" that often accompany coming to terms with being unable to engage in activities important to them or to pursue their goals that involved the use of abilities they no longer have.[69] Disability can be instrumentally bad, second, by preventing goods. For example, while deafness is likely not bad non-instrumentally, it can prevent one from communicating effectively, which might prevent one from attaining as much friendship as one could have if not deaf; disabilities that shorten life span (e.g., cystic fibrosis) can prevent one from attaining goods (e.g., pleasure, achievement) that they would have if they lived longer, and so on.[70]

However, disability also can be instrumentally good, as the first-person testimony of disabled people often points out.[71] For example, disability might cause

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[67] Campbell and Stramondo, "The Complicated Relationship of Disability and Well-Being."

[68] Shakespeare, *Disability Rights and Wrongs Revisited*, 75.

[69] Barnes, *The Minority Body*, 148; McMahan, "Causing Disabled People to Exist and Causing People to Be Disabled," 95.

[70] Campbell and Stramondo, "The Complicated Relationship of Disability and Well-Being," 161. It is difficult to give uncontroversial examples of instrumental and non-instrumental value. Whether disability is understood as non-instrumentally or instrumentally bad depends on our theory of well-being and on whether we think certain things (e.g., pain, shortened life span) are intrinsic features or causal consequences of disability. For example, even if a shortened life is an intrinsic feature of cystic fibrosis, the hedonist will take this to be an instrumental bad, as it is not a painful mental state but plausibly causes one. I will not try to settle these issues here. Throughout, I try to give plausible examples of instrumental and non-instrumental value that will be acceptable to many, but unfortunately not all. However, the general points apply whether or not one agrees with the characterization of values in the examples.

[71] See, for example, Barnes, *The Minority Body*, 119–43; Schramme, "Disability (Not) as a

a person to have a more positive attitude toward 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 like access to the disabled community, being able to work peacefully in loud environments, or being permitted to avoid long queues.[72]

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

This speaks to a general problem with non-probabilistic versions of the BDV: they make extremely strong claims that are implausible and easily refuted. *A single case* where a disabled life is *not* instrumentally, non-instrumentally, or overall worse than a relevantly similar non-disabled life would be all that is needed to falsify non-probabilistic versions of the BDV, 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 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 made clear that disability can sometimes be an advantage.[73] Likewise, Glover says that "disabilities … often (though not always) mean that people have less good lives."[74] And Andric and Wundisch say, "of 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."[75] This shows that these prominent BDV proponents do not endorse non-probabilistic versions of the BDV.

In sum, then, non-probabilistic versions of the BDV are implausibly strong and inconsistent with the expressed views of many BDV proponents. This provides reason to reject 1*, 3*, and 5* as uncharitable.

Harmful Condition," 72; Eyre, "A Few Awesome Things about Being Disabled"; and Steer, "I'm in a Wheelchair."

[72] Barnes, *The Minority Body*, 116; Schroeder, "Well-Being, Opportunity, and Selecting for Disability," 15; Campbell and Stramondo, "The Complicated Relationship of Disability and Well-Being," 158.

[73] Singer, "Ethics and Disability," 130.

[74] Glover, *Choosing Children*, 1.

[75] Andric and Wundisch, "Is It Bad to Be Disabled?" 16.

3.2. *Rejecting* Pro Tanto *Interpretations*

Pro tanto interpretations of the BDV say that disability is bad for well-being *in one way*, either instrumentally or non-instrumentally. These contrast with all-things-considered interpretations. In this section, I reject *pro tanto* versions of the BDV.

Suppose that a recluse *A* acquires a painful disability *D* 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* acquires a disability *D** that involves no non-instrumental bad but causes him to become depressed due to changes in his self-conception: *B*'s non-instrumentally neutral disability is instrumentally bad. Suppose finally that people who have *D* reliably experience instrumental benefits and that people who have *D** reliably experience instrumental harms, in ways similar to *A* and *B*. Now, it would be misleading to say that *D** is better for well-being than *D* merely because *D** 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 *D* before *D**, that it is worse to select for *D* than *D**, 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 considered only *pro tanto* value. Doing so can provide a misleading picture, as certain non-instrumentally bad disabilities (e.g., rheumatoid arthritis) 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 *pro tanto* value when considering overall value offers a more comprehensive picture of disability's effect on well-being. 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 seems to), then surely both instrumental and non-instrumental value are relevant.[76] 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 *F* were reliably correlated with large amounts of instrumental badness, then this appears to provide a defeasible reason to select against *F*. Likewise, if some mildly non-instrumentally bad disability *G* were reliably correlated with

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[76] McMahan, "Causing Disabled People to Exist and Causing People to Be Disabled."

large amounts of instrumental goodness, then there would be no good reason to select against *G*—there may even be good reason to select *for G*. What is relevant to the selection debate, and other relevant debates, is overall value, not instrumental or non-instrumental value *alone*. Focusing on *pro tanto* value thus hinders the BDV's relevance to appropriate normative issues.

In sum, considering overall value provides a more full picture of disability's effect on well-being that is more relevant to appropriate normative issues, and views that consider only one kind of value do not license the normative conclusions argued for by BDV proponents. Therefore, all candidate interpretations that merely consider *pro tanto* value should be rejected. So, we should reject 1*, 2*, 3*, and 4* for this reason, as well as those mentioned above.

3.3. *Typically All-Things-Considered Bad*

I have argued that 1*, 3*, and 5* are uncharitable interpretations and that all of 1*–4* should be rejected, as *pro tanto* interpretations hinder the BDV's appropriate normative relevance. One candidate remains:

> 6*. Disability is typically all-things-considered bad for well-being.

Elaborating and reintroducing clauses suppressed above:

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

This view says that, discounting disablism, a disabled person is (other things equal) likely to have lower lifetime well-being (in virtue of their disability) than they would have done if they were non-disabled. It follows that, discounting disablism, a non-disabled person is (other things equal) likely to have higher lifetime well-being than they would have done (in virtue of their disability) were they disabled.

Regarding the desiderata, 6* is a charitable interpretation because disability is *sometimes* non-instrumentally bad and *sometimes* instrumentally bad, and it is *prima facie* plausible that these bads often, *but not always*, make disability worse for well-being than non-disability. Moreover, 6* is not committed to any of i–v. It might be true on any major theory of well-being; it does not imply that disability *always* involves or causes non-instrumental bads; it is compatible with some cases of disability being non-instrumentally or instrumentally good or neutral; and it 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 from BDV advocates, above. As such, 6* is a more charitable interpretation than all non-probabilistic interpretations. Moreover, considering overall value increases the BDV's relevance to appropriate normative issues, as this gives a more comprehensive picture of disability's impact on well-being. Given this, 6* is more normatively relevant 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: Discounting the effects of disablism, a person is not (*ceteris paribus*) typically (likely to be) overall worse off or better off with a disability (in virtue of their disability) over the course of their life than they would have been without.

To discount disablism is to consider only harms (and benefits) of disability (and non-disability) that are *not* caused by unjust discrimination against disabled people. One way of doing so is to consider well-being levels in the nearest non-disablist worlds.[77] Thus, to responsibly endorse either view, we must form an idea of what the nearest non-disablist worlds are like. A great help in this enterprise would be to specify what counts as disablism. But doing so 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).

It is worth briefly noting the differences between my arguments and Campbell and Stramondo's.[78] They end up suggesting that disability seems to be typically overall bad for well-being. However, their discussion differs from mine in important respects. First, they discuss whether candidate versions of the BDV are *true*, whereas I aim to identify the best version without considering its truth. Second, I have improved upon their taxonomy in various ways (see section 1), which has led me to understanding all candidates as comparative, improving their labeling, and providing the first consideration of probabilistic and non-probabilistic versions of each candidate. Third, they do not discuss the normative relevance of the candidate interpretations. And fourth, they evaluate

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[77] Cf. Barnes, *The Minority Body*.

[78] Campbell and Stramondo, "The Complicated Relationship of Disability and Well-Being."

whether the views are true *in the actual world*, whereas my discussion discounts disablism. This is significant, as nonideal social conditions are one of their primary reasons for suggesting that disability is typically overall bad in the actual world. Thus, it is unclear whether Campbell and Stramondo would think that 6*—which discounts disablism—is true.

I choose to discount disablism, first, because this is more faithful to the origins of this debate. It originated in the views of disability rights activists and those who endorse the Social Model; and both groups hold that disability would not be bad for well-being *absent prejudice*.[79] Second, because it is obvious that disabled lives are typically worse in disablist worlds. The more interesting question is whether disablism is *all* that makes them worse. Those who want to reject 6* will have to argue as much. Thus, the view that Campbell and Stramondo suggest is true makes a significantly weaker and less interesting claim than 6*, which I have identified as the BDV's best interpretation.

4. BARNES'S ATTACK ON THE BDV

I have argued that 6* is the BDV's best interpretation. In this section, I discuss an important implication of my argument. I first show that Barnes understands the BDV as something like 1*.[80] Then, I draw on my arguments in section 3 to show that, in doing so, she attacks an uncharitable interpretation unlikely to be endorsed by many BDV proponents.

Two considerations suggest that Barnes's characterization of the BDV is akin to 1*. The first is her language. In various places, she characterizes the BDV as the view that disability *by itself*, *intrinsically*, or *automatically* makes one worse off.[81] Now, the word "automatically" straightforwardly suggests a non-probabilistic characterization—if something automatically accompanies disability, then it occurs in every case of disability. And her understanding the BDV as the view that disability "by itself" or "intrinsically" makes one worse off suggests that Barnes's interpretation focuses on disability's non-instrumental (or intrinsic) value and ignores its instrumental value.

The second, more important, 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." This is to say that disability is *not* bad or good *simpliciter*. Barnes thinks that the MDV is the conjunction of the denials of the BDV and the Good-Difference View (GDV), so we

[79] E.g., Oliver, *Understanding Disability*.

[80] Barnes, "Disability, Minority, and Difference" and *The Minority Body*.

[81] See, e.g., Barnes, "Disability, Minority, and Difference," 338, and *The Minority Body*, 6, 55.

can infer that she takes the BDV to be the view that disability is bad *simpliciter* and the GDV to be the view that disability is good *simpliciter*.[82] Examination of Barnes's thoughts on what it is to be bad *simpliciter* will thus illuminate how she understands the BDV.

According to Barnes, some feature *F* is bad *simpliciter* iff for any person *P* who has *F*, *P* has a lower level of well-being in virtue of having *F* than they would have had if they lacked *F*.[83] Notice that for *F* to be bad *simpliciter* is for it to be bad for *any person who has it*, and something is only bad for any person who has it if it is bad non-probabilistically. This indicates that Barnes characterizes the BDV as the non-probabilistic view that disability is always bad for well-being.

Barnes elaborates on what it means to be bad *simpliciter*: "if something is bad simpliciter, your life goes worse *in virtue of it specifically*, even if its overall causal effects … make you better off."[84] Barnes does not unpick what she means by "in virtue of it specifically." However, it is illuminating that she contrasts effects in virtue of *F* specifically with *F*'s causal (or instrumental) effects. Value must either be instrumental or non-instrumental, so if the *simpliciter* value of *F* discounts its instrumental value, then this suggests that it is constituted entirely by its non-instrumental value. It seems, then, that what Barnes means by "*F* is bad *simpliciter*" is that *F* is *non-instrumentally* bad for well-being.

Putting these points together, we can see that Barnes's characterization of the BDV (that disability is bad *simpliciter*) seems akin to 1* and that her argument that disability is neutral *simpliciter* (that the MDV is true) seems to be an argument that disability is not *always non-instrumentally* bad (or good) for well-being (minus the effects of disablism).[85] Less strongly, her argument for the MDV is only effective against versions of the BDV that claim that disability is always non-instrumentally bad, as arguing that disability is neutral *simpliciter* would not falsify probabilistic versions or those that focus on instrumental or overall value.

If my interpretation of Barnes is correct, then Barnes characterizes the BDV as something akin to 1*: the view that disability is always non-instrumentally bad for well-being. But as I argued in section 3, 1* is a bad understanding of the BDV. First, because 1* focuses on non-instrumental value, which hinders its normative relevance. Second, because 1* makes an implausibly strong claim. In fact, Barnes acknowledges that the way she is using "bad *simpliciter*" is very strong.[86]

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[82] Barnes, *The Minority Body*, 69.

[83] Barnes, *The Minority Body*, 86.

[84] Barnes, *The Minority Body*, 87.

[85] This is curious, as she mentions that there are various potential understandings of the BDV, only some of which focus on non-instrumental value (*The Minority Body*, 54–77).

[86] Barnes, *The Minority Body*, 87; cf. Hawkins, review of *The Minority Body*, 465.

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 does not attack the BDV's best interpretation.[87] She attacks an uncharitable understanding that is unlikely to be endorsed by many BDV proponents, and she misses the opportunity to challenge the most plausible and relevant version, which is 6*. The crucial upshots of this are (i) that one can be persuaded by Barnes's arguments on this topic and still hold a plausible version of the BDV, and (ii) that the best version of the BDV seems to remain unchallenged.[88]

Now, it is possible that Barnes's arguments are designed to reject Welfarist Accounts on which disability is, *by definition*, bad for well-being.[89] However, if this were her aim, it seems likely that she would have made this clear rather than suggesting that her aim is the broader one of defending the MDV, and that she would have devoted significant time to rejecting Welfarist Accounts, rather than merely stating that they are not useful in the relevant context.[90] So, it is hard to see a good reason for thinking that her arguments are designed to reject Welfarist Accounts. It is also possible that her arguments are designed to reject folk conceptions of disability, which might be akin to 1*. But, insofar as Barnes's 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 is unlikely endorsed by many.

5. BARNES'S OBJECTION

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

> Perhaps what we commonly think … 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.[91]

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[87] Barnes, "Disability, Minority, and Difference" and *The Minority Body*.

[88] Barnes coined the term "BDV," so there is a sense in which the BDV just is the view that she attacks. However, I think that any view that postulates a negative connection between disability and well-being could be appropriately described as a BDV, and Barnes seems to agree (see esp. *The Minority Body*, ch. 2). On this understanding, Barnes might not attack the best interpretation.

[89] E.g., Kahane and Savulescu, "The Welfarist Account of Disability."

[90] Barnes, *The Minority Body*, 12.

[91] Barnes, "Disability, Minority, and Difference," 343.

However, she objects that we should not interpret the BDV as a probabilistic variant like 6* because there is no appropriate way of making non-question-begging judgments 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.[92] 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 judgments about objective chances we need to make question-begging assumptions about the non-instrumental value of disability:

> The 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.… 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.[93]

I will now reply to Barnes. It is difficult to understand why she 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 skeptical that objective chances exists, because objective chances (other than 0 or 1) appear incompatible with determinism.[94] Given this, it seems too quick to stipulate that objective chance is the relevant notion.

Putting aside these worries and allowing (for argument's sake) that objective chance is the relevant notion, I still do not think it follows that we cannot make reasonable judgments about 6* without begging the question. Consider the implications of Barnes's reply. She suggests that we cannot make reasonable judgments 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) do not have epistemic access to objective chances. If Barnes is right, this would

[92] Hájek, "Interpretations of Probability."

[93] Barnes, "Disability, Minority, and Difference," 343.

[94] Bradley, "Are Objective Chances Compatible with Determinism?"

license radical skepticism about what we can reasonably believe. Multiple judgments 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 do not have epistemic access to objective chances, we can use subjective chances to form reasonable beliefs *about objective chances*; 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 percent of relevantly similar individuals (when considering things like age, sex, and medical history) who have the disease and receive the operation make a full recovery, while for the other 15 percent 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 it being good for him. But we do not (and perhaps cannot) know what this objective chance is. Is it true, then, that we cannot make *any* reasonable judgments about how likely the operation is to be good for Joe? I do not believe so. We can use subjective chances to form reasonable beliefs about the objective chance of Joe's operation being successful. Through our knowledge that eighty-five percent 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. One way of forming reasonable beliefs about the objective chances of the success of Joe's operation is by using information about averages.

Many other cases are similar. We use averages across populations to determine that children, in general, do better on their exams if they study. Based on this, we can reasonably believe that *our child* has a better chance of doing well on her exams if she studies, and encourage her to study, even though it is possible that she is in the minority for whom studying would be detrimental. In this case, subjective chance plays an important role in our belief-forming process. It would certainly appear odd to maintain that we cannot form reasonable beliefs by this method about how good studying 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 reasonable.

If subjective chances can play this belief-forming role in everyday cases, then there seems to be no reason why they cannot play an analogous role in the disability case. That is, there seems to be 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 have argued that forming reasonable judgments about an individual's objective chances based on information about averages need not 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 judgments in the disability case requires working out average well-being levels in the closest non-disablist worlds. And perhaps it is *this idealization* that Barnes thinks requires begging the question. Or perhaps, as she alludes to in later work, Barnes thinks it is "close to impossible" to make inferences about well-being levels in non-disablist worlds.[95]

I will now argue, briefly and finally, that making at least *reasonably robust* inferences about well-being levels in non-disablist worlds does not require question begging and that there is no good reason to think that it is 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 would not 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. However, this assumption seems unwarranted. Things might disproportionately disadvantage disabled people without being disablist.[96] For example, it might turn out that the just division of resources disadvantages disabled people, or that reduction of valuable options is a non-disablist harm of disability.[97] Of course, an argument would be required to show that these things are non-disablist instrumental harms of disability, but it appears possible to provide such arguments without making *any* assumptions about disability's non-instrumental value.

Admittedly, making reasonable judgments about 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 is impossible. Here is one sketch of a suggestion about how we *might* do it. First, we could identify what counts as disablism. Then, we might start from the neutral (and charitable to the MDV) assumption that disability and non-disability are equally non-instrumentally valuable. This would shift focus onto instrumental value, and seems a reasonable starting point given that debates about non-instrumental value often ap-

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[95] Barnes, *The Minority Body*, 99–100.

[96] Amundson, "Disability, Ideology, and Quality of Life," 114; Brown, "Is Disability a Neutral Condition?" 195; Howard and Aas, "On Valuing Impairment," 1129.

[97] Singer, "Response to Mark Kuczewski," 56; Crawley, "Disability, Options and Well-Being."

pear intractable. Next, we could identify the instrumental harms and benefits of disability and non-disability in our world and consider 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 admittedly 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 judgment would, of course, be fallible—but it is hard to see why it would be *impossible*. In fact, this process is made easier because 6* postulates a difference between the average well-being levels of two large groups. As such, we need not identify absolute or even average well-being levels, nor do we have to worry about differences between particular pairs of individuals or nonstandard cases. We need only make judgments about *significant and systematic differences* in the well-being of disabled and non-disabled people in the closest non-disablist worlds, which, I contend, does seem possible.

In sum, Barnes objects 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) judgments about 6* by looking at averages across populations, as we do in other contexts. The fact that we must consider well-being levels in idealized worlds makes forming the relevant judgments trickier, but Barnes offers no conclusive reason why doing so is impossible or requires question begging. Therefore, Barnes's objection fails to show that probabilistic views like 6* are bad interpretations of the BDV.

6. CONCLUSION

In this paper, I have clarified the nature of the best version of the BDV. I argued in section 3 that the BDV's best interpretation is 6*: it is the view that a person is *likely to be, all things considered,* worse off with a disability than without. Next, in section 4, I argued that, in characterizing the BDV as akin to 1*, Barnes attacks an uncharitable understanding of the BDV that is unlikely to be endorsed by many BDV proponents, and she misses the opportunity to challenge the most plausible and relevant version, which is 6*. As such, one can be persuaded by Barnes's arguments and still hold a plausible version of the BDV, and the best version remains unchallenged.[98]

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