

SOME VIRTUES OF DISABILITY

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[Draft February 18, 2014]

When we encounter people with disabilities in our everyday lives, we may sincerely wonder how we ought to regard and treat them. We may want to help them, for example, but we are unsure about whether and how to do so. Our concern in these ordinary contexts is typically not about securing basic justice for them, which we assume and hope is reasonably guaranteed by our social and political institutions. We want to know instead, as a matter of interpersonal morality, when and how it is appropriate for us to open a door for a wheelchair user, to pick up a dropped napkin for her or to engage her in conversation about her condition. These kinds of mundane actions may not seem particularly significant, especially when compared to securing basic rights, liberties and opportunities, but disabled people have long recognized that informal treatment can express inappropriate or distorted *attitudes* that get in the way of full and equal moral recognition.¹

Some of the strongest complaints disabled people have in this regard paradoxically arise toward other people who are sincerely attempting to assist them. Non-disabled people are often surprised and hurt by the cold reception they receive for their efforts. It is worth considering, therefore, how the attitudes of someone who is sincerely trying to help can nonetheless be less than ideal. People with disabilities also sometimes have inappropriate attitudes toward themselves and the well-meaning benefactors they encounter, so it is also worth asking what kinds of attitudes a disabled person should have toward herself and those who are trying to provide assistance to her.

¹ Philosophers have tended to focus on justice for people with severe cognitive disabilities, who pose the most direct challenges to basic normative assumptions. See for example Hartley (2009); Silvers et al. (1998); Wong (2008).

Addressing these questions about helping people with disabilities is particularly instructive for developing a more general and comprehensive ethics of beneficence, which extends beyond how much we should give to charity and includes the attitudes that ought to underlie the help we provide to others, the various ways we might do so ranging from small favors to live-saving aid, the manner in which our help should be performed, when we should offer and perhaps even insist on providing help, and what opportunities we should provide others who sincerely want to assist us.

My plan is, first, to describe three cases that reveal some common attitudes about people with disabilities. I then explain how conscientious people of good will could come to have these attitudes. Next, I argue that these attitudes are less than ideal by showing how they are incompatible with character traits that, I assume, an ideally virtuous person would have. Finally, I return to the three examples and describe some practical guidance for our everyday interactions with people with disabilities that is suggested by the virtues I describe of respect, acceptance and appreciation.

I

Let's begin with three cases that illustrate widespread attitudes that people nowadays tend to have about people with disabilities. The examples also exhibit some common attitudes that people with disabilities tend to have about themselves. The motives of real people tend to be mixed, but consideration of exaggerated cases can help to reveal and isolate how we tend to regard people with disabilities.

In each case we are to imagine that the individuals described are persons who possess the basic capacities for rationality and autonomy and who tend to employ these abilities reasonably

well – our present concern is not with those who are severely brain-damaged, who are radically cognitively-impaired, or who otherwise lack the psychological, cognitive or linguistic competencies and dispositions to be well-functioning rational, autonomous agents. The people under consideration may nevertheless have disabilities of various kinds, including physical impairments such as blindness and paralysis along with milder forms of mental retardation, dyslexia, anxiety disorder, autism or other mental impairments. To further simplify, let us suppose that the relevant background institutions are more or less just – the necessary wheelchair ramps and handicap parking spaces are in place and fundamental political liberties and fair equality of opportunity are basically guaranteed for everyone.

We can also suppose that everyone involved is a conscientious person who sincerely aims to treat people with disabilities appropriately – they do not unjustly discriminate against the disabled, seek to take advantage of their condition, wantonly ignore them or mock or ridicule them on account of their disability. Their attitudes and actions towards the disabled may nonetheless be lacking, perhaps as a result of ignorance or inattention, but these people of good will genuinely welcome guidance about how to improve their attitudes.

(1) While mingling at a conference reception, an attendee notices that one of the presenters has just come in. She has a question for him but finds herself strangely uncomfortable with the prospect of conversing with him on account of his being in a wheelchair, so she subtly turns away and faintly hopes to avoid doing so as politely as she can. When the presenter happens to join her small group, she becomes uneasy, self-conscious and distracted by his occasional jerking arm-movements, his electric scooter, and his relative height as he sits and she stands. He is sensitive about his disability so he immediately notices her awkwardness. She plies the presenter with questions about his cerebral palsy, tells him stories about a neighbor's

friend's brother with the same condition, inquires how he is able to get around so well and, surprising even herself, pursues a line of questioning about his ability to have children, all while awkwardly kneeling next to him. This causes him some irritation. On their way to dinner the attendee gallantly bolts ahead to hold every door in their path, hit all of the necessary buttons and even asks if he "needs a push." Obviously bristling every time this happens, he responds with a brusque "I've got it" or "It's fine."

(2) A visually impaired student sits near the back of a large lecture class, preparing to take a quiz. The instructor, who had not noticed her condition, was surprised to learn from a colleague that her vision is so poor. While handing out the day's quiz, the instructor takes it upon himself to offer the student an enlarged version of the test that he had specially printed on oversized paper. The student is embarrassed by this gesture and she stares and whispers it elicits, so she pretends not to understand the proposal and brusquely snatches the same size quiz as everyone else, knowing full well that she will have trouble making out its small diagrams.

(3) A daughter is taking her elderly father to his dental appointment. He was recently diagnosed with early-stage dementia, which has caused him some loss of short-term memory, concentration, impulse control, and speech, but has otherwise left him quite lucid, engaging and capable. Both he and his daughter constantly look for "slip-ups" and other signs of progression; they tend to attribute his difficulties, frustrations, and outbursts almost exclusively to his condition; and, as a result, she regularly treats him with kid-gloves, makes excuses to others for his behavior, and has taken over nearly every aspect of his life. For his part, he has not only allowed this to happen but has come to expect the same favorable treatment from others as well. This day his daughter picks out his clothes, as she does every morning, rushes over to button his shirt after he shows a twinge of difficulty, and drives him to the appointment. When the dentist

asks the father some routine questions, the daughter immediately breaks in to finish his sentences; before long, she and the dentist are talking about the father as if he is not in the room.

My present concern is not with whether these actions are right or wrong, still less with how to apportion praise or blame, but with the underlying attitudes they express. I wish to ask how these widespread attitudes about disability should be characterized, what leads good people to have them, and why they are less than ideal.

II

We are assuming that the people in these examples, the *awkward attendant*, *meddling teacher* and *overbearing daughter* along with the *prickly presenter*, *self-conscious student* and *spoiled parent*, are good, conscientious people, so if their attitudes about disability are less than ideal, it is worth trying to explain why they may have fallen into them. Unfortunately, some people may be this way for reasons that are quite objectionable – they may be blatantly prejudiced, dismissive, self-agrandizing or utterly contemptuous toward the disabled, or they may be deeply self-pitying, bitter and resentful about their own disability. I suspect, however, that the attitudes many people have about disability are formed and shaped by a genuine concern for people with those conditions, which essentially involves caring about the good of those people for their own sake along with dispositions to act accordingly.² This puzzling feature is suggested by a common experience among non-disabled people, who are often surprised, confused and hurt when their efforts at providing aid to people with disabilities are rebuked – the teacher probably felt this when his student brusquely refused to accept the large-print exam he

² There is a large, growing and fascinating literature on what has come to be called the “ethics of care” as it applies to disability. See, for example, Held (2006); Kittay (1999)

had specially created – because they see their motives as noble and pure, they really are just trying to help, not disrespect or offend.

What often leads many non-disabled people to go on and become awkward, meddling and overbearing toward the disabled is that their genuine care and concern for them has become distorted because they are (1) preoccupied with disabling characteristics of persons at the expense of focusing on their other fine qualities, (2) they are ignorant about what it takes to help those people and (3) they do not know how, if at all, it is appropriate for them to do so. For their part, even when disabled people recognize the altruistic dispositions of others, they sometimes become prickly, self-conscious or dependent for the same reasons, because they suspect that their disability is foremost in the minds of people who have little idea what would improve their lives and how, if at all, to do so. Let's consider each of these considerations in turn.

(1) For many of us, the visible disabilities of others are, for better or worse, particularly salient features of them – these characteristics tend to be noticed straight away when we encounter people with disabilities, our attention tends to fixate on those qualities rather than others, their disabilities are often prominent in our minds when we think about or remember those people, and we are very attuned to slight “slip-ups” or other evidence that someone has a less noticeable disability.³ Why is disability often so salient to us?

One explanation is simply that these characteristics are relatively rare and out of the ordinary to us. Beyond mere curiosity, the genuine concern we have for other people also helps to explain why the disabilities of others are so salient to us. When we care about other people, we are on the lookout for signs that they may need our assistance, that they have suffered a misfortune that calls for comforting and expressions of sympathy, and that they are themselves preoccupied with personal hardships of a sort that they would welcome our taking an interest in.

³ This idea is related to what Barbara Herman calls “rules of moral salience” in her (1993)

Even when we are focused on other tasks, we tend to be very sensitive to someone struggling to move a stroller down a flight of steps, for example; we often immediately notice when a person with heavy grocery bags is attempting to open a door; our attention is drawn to stumbles, falls or accidents; we can spot a lost tourist or a crying child from a mile away, and so on. We tend to regard disabling characteristics as ones like these that are likely to call for our assistance, so our concern for the welfare of the disabled makes these characteristics salient to us.

I think there is also a widespread psychological tendency to regard people with disabilities in much the same way as we regard patients in a hospital who have recently suffered an accident or been diagnosed with a disease. This tendency has the effect of making disabilities even more salient to us because we mistakenly tend to see disabled people as convalescents who will soon fully rejoin society or unfortunates who likely never will. If we learned that one of our friends were laid-up in the hospital after a car wreck, for example, it would be entirely appropriate for us to express to him our sympathy for his condition; to ask questions about what happened, how he is feeling, what treatments he is receiving and what his prognosis is; to comfort him by describing other people who have been in similar situations; to assist him with eating and drinking, pick up his napkin for him, open the bathroom door, etc. These are just the sorts of behaviors that can also make us cringe when they are done in a very different context such as the conference or classroom I described. Our friend would expect us to be attuned in these ways to his situation and would appreciate the concern that our sensitivity would express, but the same is not always true for people with disabilities. This otherwise good tendency to have our attention directed toward common medical conditions can misfire when it leads us to focus on the disabilities of people in everyday life, who have not recently suffered an accident, who have more or less come to terms with their situation, who have rejoined society rather than

recovering in a hospital, and who are not seeking our sympathy in the same way that a friend in the hospital might. The context of a patient and that of a disabled person on the street are very different in these ways even if they may appear superficially similar. People with disabilities have fought against the so-called “medical model” of disability because it mistakenly regards disability as simply a biological matter of trauma, infection or malfunction.

A constitutive element of the virtue of having concern for other people is that the state of their wellbeing tends to be especially salient to us. This feature can become distorted, however, when it leads us to fixate on disabilities rather than their other good qualities, particularly when those people do not actually need or want the assistance, sympathy or comfort that we are looking for an opportunity to provide. The result of being so preoccupied with the disabilities of others can be awkwardness, as when the attendee cannot get past the fact that the presenter has cerebral palsy; meddling, as when the teacher will not let the student’s visual disability drop; or paternalistic, as when the daughter is constantly looking for her father to make a mistake or show any sign of discomfort. People with disabilities can, as a result, become irritated when they suspect that others are focusing too much on their disability, even when they know that this over-sensitivity arises out of genuine care. The salience of her disability may even lead a disabled person to be embarrassed by her condition or fear that she will be denied various opportunities and so try to hide it so that others will not be so preoccupied with her impairment. Or, disabled persons may come to adopt for themselves the exaggerated concern that others have for him, by focusing on and exaggerating the perils of his own situation and the help he needs and expects from others.

(2) Our genuine concern for individuals with disabilities can also be distorted by our ignorance about their own good – we often have erroneous stereotypical views about the needs

and interests of people with disabilities, how well-off they are, how (if at all) we can be of assistance, how much good (if any) our help would do for them, what kinds of things they are able to do for themselves and how much effort is involved in their doing so. This ignorance is understandable and potentially less culpable than other kinds of false stereotypes we might have because the situations of individual disabled people vary so widely and there is not as much readily accessible information about disability as there needs to be. When we are trying to assess the wellbeing, abilities and needs of others in everyday contexts, we tend to rely on heuristics that typically work quite well but may not be as reliable when applied to certain people with disabilities. We are often very good at assessing the basic human needs of everyone, including the disabled, but beyond that we often fall back on anecdotal personal experiences and speculation about the abilities and wellbeing of others, what they look like when they are struggling and need help, what has been most effective in the past at improving their situation and so on.

We also try to surmise facts about the abilities and wellbeing of others by imagining ourselves in their position and making guesses about what assistance we would welcome, what we would be able to accomplish in such circumstances, and so on. The trouble is that these otherwise laudable and useful heuristics are typically developed in contexts that do not involve enough people with disabilities to allow us to reliably assess their situations. If we add to this the great variability among types of disability, the interest some disabled people have to hide or downplay their condition, historical understandings and popular depictions of disability as pitiful and needy, its profound salience, and our tendency to error on the side of caution when the welfare of others is at stake, it should come as no surprise that our ordinary understandings of disability are not very reliable and can muddle the attitudes we have about disability.

Many of the stereotypes we have about disability are false – disabled people often develop adaptive strategies to perform everyday tasks by themselves or with the assistance of others who have been asked to serve as a care-giver, some of them have remarkable physical agility and endurance, and the disabled tend to score highly on psychological surveys purporting to measure happiness.⁴ Even the usual signs that someone may be struggling with an activity may not be good indicators that a disabled person needs our help or is straining at all – the ways a disabled person manages to open a door, button a shirt or pick up a napkin may be unorthodox and relatively time-consuming but nonetheless regularly and easily performed, despite appearances to the contrary. We may also assume that disabled people would welcome our assistance because we think that, if we were in their position, we would certainly appreciate someone pouring our drink for us or opening a door, whereas if we really knew what it was like to be disabled then we may not be so quick to welcome such assistance.⁵ The bottom-line is that our usual educated guesses about how others are faring sometimes are not very well suited to assessing the good of people with disabilities, which can distort the concern we have for them and prompt us to offer or even insist on providing assistance that is not called for.

(3) When we earnestly care about people with disabilities, this attitude can become distorted because, even if we know full well what is good for them, we are morally ignorant about the most appropriate ways to regard and treat them. A deep source of moral confusion about the treatment of people with disabilities, which results in resentment and animosity on both sides, is the common assumption that helping people with disabilities is simply a matter of benevolence, charity or generosity. People with disabilities are often upset or embarrassed when

⁴ See Gilbert (2006) as well as the Chinese Disabled People's Performing Arts Troupe.

⁵ Eva Kittay (1999) has argued that in order to count as caring for another person, we must attempt to take up the perspective of the person we aim to care for and that person must recognize our actions as ones of care and concern. She also argues that the proper response to care is a kind of graciousness.

they are treated as pitiful charity cases who are, as such, expected to show gratitude for the kindness of others. This is an unfortunate moral misunderstanding – acting out of concern for the disabled is not the same as being benevolent or generous toward them. Often non-disabled people do not think of the aid they provide as charity; rather, they see it as morally required, not supererogatory, assistance that is owed to the disabled and does not call for gratitude on their part.

Our genuine concern for the welfare of others need not just be a matter of morally optional charity, generosity or pity, we may also care about the disabled out of obligatory respect, mutual-aid and beneficent. This can happen in a number of ways. Caring about the welfare of others can be a way of respecting them – being polite or civil, for example, requires being considerate of others, and wanton indifference to their welfare can be a way of ridiculing and demeaning them. We may also accept a strict moral duty of mutual-aid to meet the basic needs of others or one requiring us to provide great help to others when we can do so at little cost to ourselves. These two duties may underlie certain kinds of concern we have for others, but it may also be that our concern for others grounds our acceptance of those duties. Either way, when we seek to help people with disabilities because we care about them, we may be practicing kindhearted charity, but we may also be doing what we sincerely and correctly think is owed to them. A conscientious disabled person, such as our student, might become less diffident about her condition if she realized that the assistance of others does not always express pity or generosity but can sometimes be an attempt to discharge what are seen as duties (e.g., to help ones students learn the course material).

Another moral mistake that tends to occur, in addition to confusing supererogation with duty, is to over-emphasize the wellbeing of people with disabilities at the expense of other moral

values that are at stake in how we ought to regard and treat them. We may interfere with the freedom a disabled person has to live a life of her own choosing by taking steps to help her that she refuses or that will not improve her wellbeing according to her own conception of what is good for her.⁶ We typically have a good idea what will help others in this sense, so the assistance we choose to provide often respects this kind of autonomy, but our ignorance about certain needs and interests of people with disabilities may lead us to infringe on their autonomy by insisting on doing what we incorrectly think is good for them even though they do not think so. It is also very difficult to know what the rules of etiquette or politeness require (if anything) in cases involving people with disabilities, which may lead us to inadvertently treat them without due respect. We can also disrespect a disabled person when our assistance is grandly portrayed as generous charity because doing so has a tendency to undermine the self-respect of the beneficiary and diminish the respect others have for that person. When we try to help people with disabilities we may also be interfering with their ability to develop and cultivate their own physical and mental powers. It may be appropriate sometimes to allow a disabled person to struggle with a task so that they learn how to do it themselves, push the limits of their abilities, and strive to make themselves even more fit to serve as a fully-reciprocating and cooperative member of society.⁷

III

We have identified several common attitudes toward people with disabilities and partially explained how conscientious people could have fallen into them. What remains to be explained is whether these attitudes are less than ideal. Answering this question requires us to consider

⁶ See Kant and Gregor (1996) MM 6:454

⁷ See Kant and Gregor (1996) MM 6:445-6

three attitudes that, I assume, are ones that a fully virtuous person would have toward herself and others.⁸

The first attitude is that of *respect*. Respecting others as persons, it is widely assumed, is a matter of how we *act* toward them, whether by treating them in all the ways that we should,⁹ acting only in ways that take proper account of their individuality,¹⁰ treating them in accordance with principles or rules that are acceptable to all,¹¹ or acknowledging their dignity in our practical deliberations about what to do.¹² What is missing in these widely held conceptions of basic respect is an *attitude* of respect. We respect ourselves and others as persons not only by doing all we should for them but also by having respectful attitudes towards them by admiring, cherishing and otherwise valuing them as persons with dignity with an incomparable, inviolable worth.¹³

In order to understand what it is to value someone as a person with dignity we can look to features of persons in virtue of which they have dignity. For Kantians, this is our rational nature, but there is widespread disagreement about what it consists in – some think our humanity is the power to set ends,¹⁴ others that it is an expressed commitment to act on the demands of morality,¹⁵ while others contend that we are rational,¹⁵ while others contend that we are rational in virtue of our capacity for moral deliberation and action.¹⁶ A different view worth exploring is that we are persons with dignity in virtue of our rational nature *as a whole*, including all of our capacities and dispositions of

⁸ A fuller account would explain why these character traits are virtues and whether they are moral or non-moral virtues. For my purposes here, I hope that the description of the traits I provide is enough to exhibit their value as part of an ideally good character.

⁹ See Darwall (1977); Wood (2008)

¹⁰ See Frankfurt (1999)

¹¹ See Feinberg (1970); Hill (2000)

¹² See Buss (1999)

¹³ For a similar point see Anderson (1993).

¹⁴ See Korsgaard (1996)

¹⁵ See Dean (2006)

¹⁶ See Hill (1992)

theoretical, prudential, *and* moral reason – for example, we have rational capacities to think for ourselves, form, organize and pursue plans of life, form our own values and relate with others, along with rational dispositions to seek more and better knowledge, develop our talents, express our autonomy in action and give morality precedence over self-interest. Perhaps on a moral theory that is broadly inspired by Kant, having dignity does not require having all or even most of these capacities, so that an impairment in one area does not disqualify someone from having dignity, but the idea is that people have interests in exercising the rational capacities they do have and fulfilling her rational dispositions, protecting the physical structures that underlie them, establishing the social conditions that are needed to do so.

When we value someone as a person with dignity, on this view, we admire them for their rational capacities and dispositions, we are in awe of what they can accomplish as rational persons, we count it as a good that they possess, exercise and develop their rational nature, we are pleased if they continue to do so, and we despair if they do not. We hope more generally that long after we are gone the human race continues to advance toward reason and enlightenment.¹⁷ Valuing someone in this way also includes corresponding dispositions to treat them in certain ways and, in particular, dispositions to express that we respect them in this way. There is, in other words, both an action and an attitudinal component to fully respecting someone as a person – we not only treat them in accord with their status as persons with dignity, we also value them as persons with dignity who have the potential for rational thought, value and action.

When we respect someone in this attitudinal sense, we are concerned with many aspects of them beyond their mere happiness and comfort. We value their freedom and independence, we value their self-respect and sense of their own worth, we value their self-development and

¹⁷ Kant sometimes writes this way about how a fully reasonable person is disposed to interpret history and future human progress. See Kant (2006); Kant et al. (2006)

moral growth, we value their sociability and their happiness, and we also value their life, health, social standing and other conditions needed for them to exercise their rational nature alongside others.

What is less than ideal about the awkwardness of the conference attendant is that she has not scrutinized her own values or reflected sufficiently about what they imply. She evidently ignores morally relevant aspects of the disabled presenter such as his freedom, independence and self-development, and overemphasizes his material wellbeing in a way that sends messages to this effect. The same is true of the overbearing daughter, who is so focused on the happiness and wellbeing of her father that she ignores parts of his rational nature that should be respected. The meddling teacher is a more difficult case and illustrates ways in which reasonable people may disagree about what an attitude of respect requires in particular cases. Supposing that the teacher fully respects his student and is thus attuned to the various aspects of her life involved in doing so beyond her happiness, he may reason that, for example, her education and the development of her rational capacities matter more in this context than respecting her freedom to choose where to sit, even if she does not think so, so he may think he is showing her proper respect by inviting her to sit in the front. On the other hand, the student may be more concerned with avoiding social exclusion and stigmatization, which are very great values to her, and so prefer to sacrifice some educational benefits in pursuit of these values, making the teacher appear meddlesome to her.

Knowing that they are being fully respected and not merely regarded as children or charity cases should ideally make people with disabilities, such as the conference attendant, somewhat less prickly. The disabled student is likely to be less embarrassed by her disability as well, but fully respecting herself likely requires her to reflect on her own value priorities and

conclude that the development of her rational capacities may actually warrant social exclusion of various sorts, making her more likely to accept certain kinds of educational accommodations even at the expense of some embarrassment. And part of what makes the disabled parent spoiled is a failure of self-respect – he overemphasizes his own comfort, which makes him too willing to allow and demand that others take care of him, whereas a proper attitude of self-respect would involve valuing his own freedom and independence and pushing the limits of his rational capacities.

The second attitude is that of *acceptance*. To accept someone, whether oneself or others, involves understanding, acknowledging, and facing up to features of that person that make her who she is, which can include her abilities and accomplishments, certain basic likes and valuings, her mortality, vulnerabilities, instincts and other features of her human nature, and her rational capacities and dispositions.¹⁸ A mother may fail to accept her gay son if she pretends he is heterosexual or sends him to a “conversion camp”, a daughter-in-law may not be accepted by her new family if they are constantly pushing for her to abandon her environmental “hobby” in favor of a lucrative corporate job, and an Asian person may not accept herself if she undergoes surgery to change her eyelids to make them look more “Anglo.”¹⁹ Accepting someone does not require that we approve or value who they are, we just stand ready to face them squarely without an eye to changing their essential features. This does not preclude us from favoring changes and improvements of other kinds to their personal characteristics. Their essential features also include capacities and dispositions that can be exercised and developed in ways that are compatible with accepting that person. And, perhaps in some cases we have most reason not to accept someone precisely for who they are – Hitler, for example, or a child molester. But usually

¹⁸ For a similar account see Hill (1991b)

¹⁹ These actions do not always involve failing to accept oneself or others because we may be doing them for a variety of other reasons and the personal characteristics at issue may be peripheral and not essential to who we are.

it is a virtue to accept someone for who he is by understanding, coming to terms with and not trying to change his essential features.²⁰

People with disabilities sometimes suffer from the vice of failing to accept themselves, but more often it is their friends, family and society at large who fail to accept them for who they are. The conference presenter with cerebral palsy may have finally come to terms with his paralysis but be startled to find just how exuberant his family is at the news that he may regain some use of his legs, leading him to wonder whether they had ever really accepted him in his former situation. Non-disabled people often assume that disabling characteristics are not part of someone's identity and so are features of the person that she would just as soon be rid of – they tend to think of disabilities like an injury or illness that any sane person would be trying to cure as soon as possible or else they think of disabilities as similar to a chronic disease that a person must live with but would gladly eliminate if possible. Many people with disabilities, however, regard their impairments as part of who they are, they have faced the realities of their condition and proceeded to navigate the world from where they now stand (or sit). The conference presenter may have been exasperated at his family's insistence that he try every risky therapy, participate in painful clinical trials or keep trying to move his legs because he feared that even though he had finally come to accept himself and faced up to his limitations, they were trying to change who he is. This does not mean that seeking treatment for one's disability is always a failure of self-acceptance – the presenter may take drugs to prevent seizures or receive physical therapy, but he has come to internalize and identify with certain realities about his condition that are not likely to change and hopes that others will accept these as well. When miraculous remedies do come along, such as cochlear implants, some disabled people face a sort of crisis,

²⁰ My views about the last two virtues in particular, those of acceptance and appreciation, are deeply influenced by Hill (1991b, 1991a, 2000, 2006).

where they must choose whether or not to fundamentally alter their self-conception by rejecting a part of who they are, which helps to explain why some of them do not undergo the treatments while others are at least more reticent about pursuing them than we might expect.

Disabled people may fail to accept themselves fully, which can result in their being prickly and spoiled, if they focus on and lament their condition and limitations in a ways that make them too quick to play the victim and act as if they are entitled to resources and privileges far beyond what is owed to them. A disabled person may also fail to accept herself if she is ashamed of her body and goes to extraordinary lengths to hide her condition and its effects while refusing help she needs to perform basic life activities. Similarly, someone may fail to accept a disabled person if he wishes she wore her uncomfortable prosthesis because he finds her stump disconcerting, avoids people with facial deformities that cause them to eat loudly, or insists that the person take medication to prevent harmless tremors that he finds annoying.

We can become awkward, meddlesome or overbearing if we come across someone who clearly accepts their own disability while we do not – we may have our own ideas about how they should be masking their disability and searching for a cure rather than resting content with their condition. And disabled people may become brusque, embarrassed or spoiled if they have not come to terms with their abilities and limitations.

The final attitude I will consider is that of *appreciation*. Appreciating someone, whether oneself or others, involves focusing on, taking an interest in, taking pleasure in, and otherwise valuing good features of them, such as their sense of humor, beauty, taste, intelligence, generosity or athletic prowess.²¹ Our rational capacities and dispositions are good features of us, so appreciating these characteristics is part of having an attitude of respect for that person, but we can also appreciate someone for non-rational aspects of herself as well. Someone may lack

²¹ For a similar account see Hill (1991b). See also Mill and Crisp (1998) 2:13

this virtue if, for example, she is quick to find fault with people she meets at social events, tends to gossip about the flaws of friends and family, constantly complains about how bad her students are, despairs at how selfish and materialistic most people have become, and nit-picks her own blemishes, including ones that are barely noticeable to others. Such a person tends not to look to the bright side of herself or others by not fully appreciating, for instance, the intelligence of those she tends to meet at dinner parties, the generosity of her family and friends, the curiosity of her students, the moral progress most people have made, and her own good looks. Appreciating oneself and others does not require that we live our lives wearing rose-colored glasses, wholly ignoring or downplaying aspects of others that are not good. There are contexts in which we must make a sober assessment of someone's qualities and protect ourselves from their bad ones, but having the virtue of appreciating oneself and others disposes us towards their good features until we have good reason to broaden our scope, whereas many people have the reverse tendency.²²

People with disabilities are often not appreciated by others who tend to dwell on the disabilities of others and fail to notice or fully value their other fine qualities, such as their sense of humor, artistic abilities or beauty. If a friend shows us a picture of her family, many of us will first notice that her father is in a wheelchair rather than how handsome he is; if we learn that a student has a visual disability, that is how we tend to think of her, rather than as the eclectic who writes well; when we notice even a small sign that someone has a cognitive impairment, we tend to look for more of them rather than admiring them for their wisdom and judgment. For reasons I discussed earlier, disabilities are particularly salient to us, which is less than ideal because this

²² A remaining question, which I do not take up here, is whether we can only appreciate qualities that are independently and objectively good.

tendency often masks other good qualities of disabled people that we would normally notice and appreciate in them.

A fully virtuous person would be able to look past the disabilities of others and focus on their admirable qualities. This is not to say that having a disability is a bad or reprehensible feature of persons – sometimes a person can be quite admirable because of the perseverance, creativity and poise they display in overcoming the obstacles that result from their condition; disabilities can give rise to wonderful forms of art, expression, and moral thinking; and certain exceptional talents that some people possess may be partially constituted by disabilities of various kinds. These are not the typical reasons people tend to fixate on disabilities, however. Many of us lament their predicament, imagining how awful it must be for them and otherwise regarding their disability as unfortunate or abhorrent, which is a failure to appreciate their good aspects. When we are awkward, meddlesome or overbearing toward people with disabilities because we are too focused on disability as an unfortunate feature of persons, these attitudes are less than ideal because they are not fully compatible with the virtue of appreciating the good features of those people.

Disabled people sometimes fail to appreciate those who are sincerely, but perhaps misguidedly, trying to help them, which can make them prickly or spoiled. They are sometimes too quick to assume that others are disrespecting or pitying them and to overlook the genuine concern and respect others have for them. Sincerely caring about others is a good feature of persons, but people with disabilities may fixate on the misguided ways people try to help, which are sometimes less than ideal, or what they incorrectly perceive as pity or condescension on the part of others, whereas it would be better for them to appreciate the wonderful attitudes that most others actually have toward them. And part of fully appreciating the good nature of others is by

giving them an opportunity to help, being open to their assistance, and grateful of it, even if what they do is in some ways less than ideal. An analogy may be to tacky gifts from a grandparent or employment advice from a father-in-law – having the virtue of appreciation will dispose one to see these gestures in a good light, as earnest and sincere, rather than as meddling or disrespectful, and in turn make one more likely to accept the putative assistance with cheer rather than rudely refusing it.

Respect, acceptance and appreciation are mutually-reinforcing attitudes. Respecting, accepting and appreciating disabled people can foster respect, acceptance and appreciation by disabled people towards themselves and those who are sincerely trying to help them, which can in turn facilitate greater respect, acceptance and appreciation by potential benefactors for people with disabilities. These mutually-reinforcing attitudes serve to improve the interpersonal relationships between these groups.

IV

Let me conclude by returning briefly to the three examples I began with to see what sort of limited guidance the attitudes of respect, acceptance and appreciation might provide for the people involved. There are not likely to be many hard and fast rules about how to act in these or similar cases, so judgment will be required to decide what these attitudes require us to do, but the following may figure in the deliberations of someone who has fully internalized these attitudes towards people with disabilities.

(1) When the conference attendant is moving towards a door alongside the disabled presenter, she might consider treating the situation like she would if she were walking with a non-disabled person by looking for signals as to whether he would like her to open the door or

whether he would like to do so himself, all the while maintaining their conversation as if nothing is out of the ordinary.

(2) It may be more respectful for the attendant to downplay her assistance by avoiding grand public gestures, providing help in subtle ways that is unlikely to attract the attention of others, playing-off the assistance she provides rather than dwelling on it, not expecting public expressions of gratitude, and perhaps sometimes acting as if her aid is owed even when it is actually meritorious.²³

(3) It would be better for the presenter to be less quick to assume that others are looking down on him, more willing to look past certain slights and embrace the good nature of those who are sincerely trying to help, more understanding of the difficulties involved in acting appropriately towards him, and appreciative of those who are sincerely trying to help him even if they are awkward or ineffective at doing so.

(4) The attendant may try to train herself to look past the disability of others by sharpening her ability to notice the good things in life, spending more time with people with disabilities, eliminating some of her stereotypes about them, and acting as if those features were not so salient to her.

(5) The teacher might consider gathering more information about the student's abilities and limitations, privately solicit information about her wishes of the student, consider the social consequences of being seen as a person with a disability, admire just how impressive it is for her to have succeeded in his class without accommodations, and work with her privately to find a mutually agreeable arrangement. He may come to realize that she deeply identifies with the value of social inclusion, so he has good reason to accept this aspect of her but also perhaps some reason to help her adjust her priorities.

²³ Even Kant seems to countenance this form of dissembling: Kant and Gregor (1996) MM 6:453

(6) While it may be difficult for the daughter to watch her father struggle without providing help, the best she can do for him may involve accepting her father's condition, appreciating his good features, and reviving the respect she has always had for him as an autonomous, rational and responsible person. And, what is perhaps more important, her father should work to respect, accept and appreciate himself as well.

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