11

DEHUMANIZATION, DISABILITY, AND EUGENICS

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11.1 Introduction

Eugenics and dehumanization are often thought to be closely related because the best-known state-sponsored eugenic program—that of the Nazis, from 1933 until 1945—involved the extreme dehumanization of certain sorts of people, such as Jewish people and people with disabilities (Black 2003: Chs.15–17; Smith 2001). Under the Nazi regime, there was the systematic segregation, internment, sterilization, and murder of such people. This formed part of an explicit program of genocide and extermination of Jewish people and people with disabilities (amongst others), who were subject to such treatment because they were deemed to be less than fully human and, in some cases, had "lives without value" or "lives not worth living" (Binding and Hoche 1920; Proctor 1988; Taylor 2015). They were not merely viewed as different from those that the Nazis envisaged as populating the Third Reich, but they were depicted as inferior sorts of people: *Untermenschen* (subhumans) or a *Gegenrasse* (counter-race) who lacked the desired characteristics and abilities to stock future generations (Stone 2010; see Steizinger, this volume). Thus, we find the standard tropes of dehumanization—assimilating Jews to vermin and social diseases, comparing disabled people to burdensome animals—in Nazi propaganda and in public forms of state communication.

These dehumanizing depictions were sufficiently extreme in nature that the Nazi state apparatus, with the support of the German *volk*, could see itself justified not simply in protecting the German nation from the concocted threats posed by such sorts of people, but as dutifully eliminating those threats from present and future generations altogether. In the name of eugenics, between 70 000 to 100 000 German citizens with disabilities (Weindling 2014) were systematically murdered by the Nazis through the Aktion T4 euthanasia program early in the Second World War; approximately 6 000 000 Jews were murdered during the more temporally and geographically expansive genocidal Holocaust that was the culmination of the Nazi enthusiasm for "racial hygiene," or eugenics.

Recognition of the dehumanizing nature of these genocidal and murderous laws and policies is often thought to have been important in the ending of what I have called the "short history" of eugenics (Wilson 2018a: Ch.2), that being a history that runs for the 80 years between Galton's early thoughts about eugenics in 1865 and the end of the Second World War in 1945. What about eugenics itself? Is there something about the very idea of eugenics itself that is dehumanizing or, instead, should we properly reserve that judgment about eugenics for extreme implementations of the practice of it, such as one finds in Nazi laws and policies?

Addressing these questions will involve shifting from contexts of mass violence to those in which dehumanization operates in more subtle ways (High 2015; see Milam, this volume). The question is neither rhetorical nor merely what is sometimes called (disparagingly) a "matter of academic interest," for two reasons.

Contemporary philosophers and bioethicist have explored forms of eugenics in a more favorable light under the headings of *utopian* eugenics (Kitcher 2000), *liberal* eugenics (Agar 2004), and *moderate* eugenics (Selgelid 2014). Here, their discussions link directly to social policies and norms governing our thinking about biotechnological advances, such as those concerning "procreative beneficence" (Savulescu 2001; Savulescu 2008; Savulescu and Kahane 2009). These explorations might be seen as aiming to sift the worthy wheat at the core of eugenics from the dehumanizing chaff that is mixed together with it as a result of the association of eugenics with what might be thought of as its "Nazification." As Selgelid says, circumspectly, "The fact that the previous practice of eugenics was bad does not imply that eugenics, per se, is necessarily an altogether bad thing or that a better future eugenics would not be possible" (Selgelid 2014: 6). This note of inferential caution about "eugenics, per se" is well-taken. I would issue my own caution about signaling the possibility of a "better future eugenics," however, in light of a second reason for viewing the question of whether eugenics itself is dehumanizing as more than merely academic.

From the standpoint of many people with disabilities, eugenics does not feel that distant from their lived experience (Garland-Thomson 2012; Kafer 2013; Wilson 2018b). Whether or not Selgelid himself intends to convey a more enthusiastic view of a possible eugenic future, from the perspective of those with disabilities, especially disabilities that were the focus of past eugenic policies, practices, and laws, even signaling the possibility of a brighter eugenic future functions as a red flag. Since eugenics viewed from such a standpoint seems very much a project aimed at eliminating people *like them*, identifying a possible "better future eugenics" exemplifies the eugenic logic (Garland-Thomson 2012) that they are all too familiar with.

Be that as it may, to address further the question of whether eugenics in and of itself is dehumanizing, one needs to understand both the context in which Nazi eugenics developed and the general ideas at the heart of eugenics. First, consider the context.

11.2 Eugenics: Heart and history

Eugenics made its legislative appearance in Germany during the first six months of the Nazi regime's rule in July 1933 in the form of a sterilization law, a law modeled in part on a Prussian law drafted in the previous year. It mandated sterilization for people with a variety of conditions, including those thought to have hereditary forms of schizophrenia, blindness, and deafness, as well as chronic alcoholics, epileptics, those with Huntington's chorea, and "mental defectives." This sterilization law was further extended later in 1933 to allow for the castration of criminals and homosexuals and was used as the basis for sterilizing "mixed race" children from 1935 onward, although the law did not strictly allow for their sterilization (Weindling 2014; see Steizinger, this volume).

The interwar beginnings of Nazi eugenics were located in an international milieu in which eugenic ideas, practices, policies, and laws were commonplace. For example, by the early 1930s, more than thirty North American state or provincial jurisdictions had passed eugenic sterilization laws, typically multiple times as these laws were modified or amended, often in order to avoid legal challenges based in the violation of constitutional rights. In Europe, Denmark passed a eugenic sterilization law in 1929, and the other Scandinavian countries—Norway, Sweden, and Finland—followed suit in 1934 and 1935 (Broberg and Roll-Hansen 1996). The Nazis passed their first eugenic sterilization law not only in an accepting international political context (Paul 1995: Ch.5; Proctor 1988: Ch.4), but also against the background of a supportive scientific community; large International Eugenics Congresses were held in London in 1912, and in New York in 1921 and 1932 (Kühl 2013). Moreover, as Allan Chase (1977), Edwin Black (2003), and Stephan Kühl (1994) have each argued, the Nazis viewed themselves in the early 1930s as extending what was commonly practiced in North America. They even based their sterilization legislation on Harry Laughlin's "model sterilization law", developed over the preceding decade at the Eugenics Records Office in Cold Spring Harbor in New York.

Although the international reach of eugenic ideas was vast, not all countries in which those ideas had significant support enacted eugenic laws. For example, despite being home to active eugenics societies with prominent supporters and spokespersons, neither Great Britain nor Australia passed eugenic sterilization laws. In countries such as Portugal, Spain, and Brazil, eugenics was cast racially but did not lead to substantial sterilization or immigration laws anchored in eugenic ideas. In Asia, eugenic thinking was implemented in laws and social policies typically after 1945, often being associated with policies of population growth control, as was also the case in China and in India (Connelly 2008; Kühl 2013).

Eugenics itself began three generations earlier as a progressive-sounding, meliorative project of intergenerational human improvement. It was articulated as such a project by the polymath Francis Galton in the last third of the 19th century, starting with a pair of articles in the popular British magazine, *Macmillans* (Galton 1865). Galton's eugenics arose within a broader context in which evolutionary thinking had been adapted to social transformation and change, with forms of artificial selection having been moved to center stage in Charles Darwin's theory of natural selection. Darwin's classic "one long argument" for natural selection begins, after all, with an extended analogy between the power of artificial selection—directed by human agency and applied to farming animal stocks and plant species—and of selection without such direction—natural selection. This analogy and focus on human improvement sometimes creates the impression that early eugenic thought was chiefly directed at what later would be called positive eugenics, the selection of desirable traits to be passed down to future generations. Yet the development of eugenics in late 19th-century North America around the so-called *eugenic family studies* (Rafter 1988; Wilson 2014a) with their focus on "degenerate" families should remind us that negative eugenics was an integral part of eugenic thinking from the outset.

Consider two general ideas at the heart of eugenics, brought forcefully together by Galton, that go beyond the bare-bones idea that eugenics is a project of human improvement. These are, first, the idea that human reproductive value is unevenly distributed both within and across human populations, and second, the idea that we can harness the insights of science and technology to direct the constitution of human populations over generational time. As Galton said in defining the term "eugenics" in 1883, eugenics is "[t]he science of improving stock, not only by judicious mating, but whatever tends to give the more suitable races or strains of blood a better chance of prevailing over the less suitable than they otherwise would have had" (Galton 1883: 25n). What the science of eugenics was to do was to provide the means both to distinguish those of higher quality reproductive value from those of lower quality reproductive value, and to guide, constrain, and even shape human populations to promote higher-quality people in future generations.

11.3 Eugenic traits and reproductive value

To say that human reproductive potential is unevenly distributed within and across human populations is a euphemistic way of expressing the idea that some people have traits that make them more valuable as hereditary contributors to future generations, while others have traits that make them less valuable in this respect. That is because the traits themselves have differential value to human society and are assumed to be heritable.

Such traits are what I have elsewhere (Wilson 2014b) called *eugenic traits*: traits that are the basis for treating people thought to have them differentially via eugenic ideas, policies, laws, and practices. Eugenic traits include both valued traits, such as high intelligence, and devalued traits, such as intellectual disability. Historically, the most common eugenic traits that served as the basis for the eugenic practice of eugenic sterilization in at least North America were feeblemindedness, mental deficiency, epilepsy, and relatively indeterminate forms of mental illness, such as insanity (Wilson 2018a: Ch.3; see also Kaelber n.d.; Reilly 2015). Here, many eugenic traits are disabilities.

The exemplary and historically predominant eugenic traits for sterilization indicate that intellectual abilities and psychiatric tendencies loom large when eugenic evaluations are made. In other contexts, race and ethnicity and their proxies, such as country of origin or geographical ancestry, have functioned as eugenic traits, such as when they have been the basis for eugenic immigration policies. Consider the 1924 Johnson-Reid Immigration Act in the United States, which tightened existing quotas for the number of immigrants from certain countries or geographical regions, or the so-called White Australia Policy, beginning with Australia's original immigration restriction act in 1901, which included a fifty-word dictation test that could be conducted in any European language and that few people of non-European ancestry passed. In both cases, people of certain colors and ethnicities were excluded as potential immigrants to the United States and Australia because they were viewed as less suitable "races" to stock these growing nations (Baynton 2016; Stern 2005; see Esses, Medianu, and Sutter, this volume).

So eugenic traits are used to distinguish those perceived as having more valuable reproductive potential from those deemed to have less. Eugenic traits also serve as the basis for social policies, such as sexual sterilization and immigration restriction acts, that directly influence the composition of future generations. Science and technology can inform social decisions here, such as by developing ways to measure intelligence (e.g., IQ tests) or to quantify ancestry (e.g., genetic tests). Science and technology also contribute to providing the means through which the reproduction of some is curtailed (e.g., surgical sterilization) or promoted (e.g., prenatal genetic diagnosis and in vitro fertilization).

One might argue that there is nothing dehumanizing about the detection of eugenic traits per se nor about the uses of science and technology to implement eugenic social policies. Following the pathway explored by proponents of utopian, liberal, or moderate eugenics, the idea here is that even if there have been particular implementations of eugenics during its short history that have dehumanized some people, eugenics is essentially a meliorative project, one that aims to use science and technology to make human lives better over generational time (see also Cavaliere 2018; Glover 2006; Wilson 2019; Wilson and St. Pierre 2016). With recognition of the limits to state-level policies in the regulation of reproductive rights, and assuming respect for the rights of individuals to determine the character of their own life trajectories, eugenics itself need be no more dehumanizing than other forms of preventative health care, bioenhancement, and the technological enabling of individual human flourishing. It is this line of thinking, which I find surprisingly prevalent amongst bioethicists and other applied ethicists, that underlies Selgelid's gesture toward the possibility of a "better future eugenics," as well as the application of the idea of procreative beneficence to avoid creating children with disabilities (Barker and Wilson 2019; Garland-Thomson 2020).

11.4 The epistemic importance of standpoint

The historical research that has been done on eugenics and ongoing philosophical reflection on the nature and significance of eugenics are often sensitive, however, to the possibility that eugenics may arise in problematic new forms. Yet, despite that sensitivity, very little of that historical research and philosophical reflection has drawn directly on the voices and perspectives of those who have lived through a eugenic past.

When one is focused on the short history of eugenics, ending in 1945, this is understandable. This is both because of the distance in time and because of the radically eliminativist outcomes of the implementation of eugenic ideas: murder, euthanasia, and genocide. Despite the respectable place that oral history has established for itself as an epistemic resource over the past forty years, it has only recently been drawn on in understanding eugenics beyond its short history. This has been primarily via the testimony of sterilization survivors from North Carolina in the United States (Begos et al. 2012) and Alberta in Canada (EugenicsArchives.ca; Muir 2014). There are at least three reasons why the voices and narratives of eugenics survivors are important to understanding the dehumanizing effects of eugenics as practiced beyond the extremes of Nazism.

First and most straightforwardly, the details provided in audio and video narratives specify numerous ways in which those who became eugenic targets were dehumanized beyond their institutionalization and sterilization. Those details range across the confinements and regimentation of everyday institutionalized life and include reflections on ignorance about and the belated discovery of sterilizations having been performed on oneself, as well as the downstream sequelae of having been (often wrongfully) classified as "low-grade morons" or "incapable of intelligent parenthood." For example, children at the Provincial Training School in Red Deer, Alberta, were subject to psychotropic medical experimentation, were typically deceived about the nature of the surgeries that were performed on them, and were subject to extreme physical punishment and extended periods of isolation in what was called "the side room" (Fairbrother 2014a; Fairbrother 2014b). As their stories reveal, Alberta's eugenics survivors have faced limited employment opportunities throughout their long post-institutional lives and have been shut out of even adoptive parenthood. This is due to their having been targets of eugenics in the diagnostic labels applied to them, the quality of the education they received, and the fact that they had been institutionalized and sterilized. Thus, a *standpoint eugenics*—eugenics from the perspective of those most directly marginalized by the associated ideas and practices—is a rich source of content about the forms that dehumanization has actually taken for people classified so as to become targets of eugenics (Dyck 2013; Wilson 2018c).

Second, the process of narrative formation itself and its role in constructing shared experiences and community serve to rehumanize the subjective experience of individual survivors (see Machery, this volume). They do so not only by linking survivors together to form kinship-like communities that they were denied through their institutionalization, segregation, and sterilization, but also by showing the value of the content of what is narrated to audiences and other local community members. This effectively creates a receptive audience for the stories told, drawing attention to how those perspectives have seldom been sought out or heard. The typical absence of the voices and perspectives of those with intellectual disabilities in particular is in part a function of the dehumanized status that they have been accorded in the larger community. By making their oral histories a centerpiece of the constructed collective memory of eugenic history, the subhumanizing tendency of silence or hearer negligence is at least partly countered (Wilson 2015).

Third, the narratives of eugenics survivors have found particular resonance with people living with disabilities. This is especially true around issues of parenting with disability, the uses of reproductive technologies that invite the option to selectively terminate fetuses flagged as having some designated genetic condition—the best-known case being that of Trisomy 21 and Down syndrome—and the eugenic logic behind views that assume it would be better to eliminate disability in the individual early on than to accommodate to the lived reality of life with disability later. Connecting people now living with disability with the shared experiences of those subject to eugenic sterilization more than fifty years ago has been instrumental in motivating a broadening of the concept of eugenic survivorship to include some who are several generations younger than the youngest survivors of eugenic sterilization programs that ended only in the 1970s. This in turn provides a motivating context in which people living with disability today, particularly those parenting with disability in one way or another, can locate their own narratives, understand their own life histories, and form a sense of community that they likely otherwise would lack. It is part of the rehumanization of people living with disability today (see Esses, Medianu, and Sutter, this volume).

11.5 Disability, reproductive technologies, and newgenic traits

A focal point for discussions of the continuing effects of a eugenic past on contemporary society has been the relationships between reproductive technologies and disability (Ladd-Taylor 2014; Parens and Asch 2000; Wilson 2017). As already noted, given that disability, especially intellectual disability, has functioned as a strongly negative eugenic trait in the past, people with disabilities tend to view with scepticism the reconsideration of eugenics as a neutral or endorsement-worthy project. Reproductive technologies—including contraception, prenatal screening, and in vitro fertilization—are generally viewed by able-bodied citizens and in public discourse as increasing parental autonomy and are portrayed within medical contexts as health-conducive. Within the disability community, however, such optimism is often viewed as naïve and ignorant about the realities of the eugenic past. In addition, for those with the traits seen as important to prevent in future generations—for example, Down syndrome, spina bifida, blindness—enthusiasm for the view that such technologies provide for the means of human improvement is often taken to be problematic.

The best-known of the claims made from the standpoint of those with the very traits targeted in prenatal screening is often called the *expressivist objection*: the claim that the practice of prenatal screening with selective abortion expresses a strongly negative view of people with those traits, a view sufficiently strongly negative to be dehumanizing (Asch 2000; Parens and Asch 1999; Saxton 1997; Saxton 2000). This general claim rests on three others, beginning with a claim about the function of prenatal testing, that we can view as premises in an argument for the expressivist objection:

1. The practice of prenatal testing functions chiefly to detect fetuses that have a biological profile predictive of postnatal impairment.
2. The general expectation (but not requirement) in individual instances of this practice is that a fetus with such a profile will be terminated, rather than carried to term.
3. That expectation implies the judgment that such a fetus is not worth carrying to term to become, in turn, a baby, infant, child, then adult with that impairment.

Although one might challenge any one of these claims, it is, typically, the inference being made within the expressivist objection—an inference not about the fetus terminated but, more generally, about people with these negatively valued traits—that has been challenged. For example, Bonnie Steinbock states, "From the fact that a couple wants to avoid the birth of a child with a disability, it just does not follow that they value less the lives of existing people with disabilities, any more than taking folic acid to avoid spina bifida indicates a devaluing of the lives of people with spina bifida" (Steinbock 2000: 121). What these claims—about a practice that, in effect, aims to prevent the birth of a child with a given impairment—indicate, according to Steinbock, is simply that the corresponding trait is not value neutral but negative. And this is something that is not dehumanizing of those with the trait.

Although Steinbock's example of taking folic acid is developed in terms of the decisions of individuals, rather than in terms of an overall societal practice, it is worth probing at whether there is something dehumanizing of those with a particular trait within in the practice described by points (1) through (3) that is not present in other societal practices that also aim to avoid or prevent the very same traits from appearing in future generations. One relevant difference that perhaps allows us to understand the attribution of dehumanization is that points (1) through (3) describe a practice of terminating an otherwise desired pregnancy, whereas the general practice of taking, recommending, or even prescribing folic acid does not. The first expresses a view of the trait that is so negatively valued that its presence provides a sufficient reason to terminate a process that would otherwise produce a child with that trait; the second expresses only the view that it would be better, other things being equal, for that individual not to have that trait. That first expression needs to be understood against the historical reality of the devaluation of the lives of people with disabilities. As Asch has said,

> For people with disabilities to work each day against the societally imposed hardships can be exhausting; learning that the world one lives in considers it better to 'solve' problems of disability by prenatal detection and abortion, rather than by expending those resources in improving society so that everyone—including those people who have disabilities—could participate more easily, is demoralizing. It invalidates the effort to lead a life in an inhospitable world. (Asch 2000: 240)

The demoralization here is directly connected to the perception of dehumanization: traits such as Down syndrome, spina bifida, or blindness, unlike other less desired traits (such as having an elevated risk of high blood pressure or being hemaphilic), are sufficiently devalued that the individuals with them are better prevented from coming into existence than accommodated with the challenges they will face as people with those disabilities.

Like the eugenic traits of the past, such newgenic traits serve to identify individuals whose lives are not viewed as being as valuable as those without such traits. That connection to shared practices of non-inclusion or even outright elimination makes the contemporary uses of reproductive technologies a site for a form of dehumanization of people with a variety of disabilities, one perceived to be continuous with the eugenic past. More generally, contemporary technologies that are deployed to prevent or eliminate disabilities in future generations raise more than the specter of eugenic dehumanization, from the standpoint of those with kindred disabilities.

11.6 How marked human variation dehumanizes

Let us take stock of where we are. In Section 11.3, I suggested that the mere designation and detection of eugenic traits itself, based as it is on the idea that people have differential levels of reproductive value, might be thought of as dehumanizing. I concluded that section, however, by returning to the countering thought that eugenics itself is essentially meliorative, contrasting in this respect with particular dehumanizing implementations of the core idea of eugenics. In Sections 11.4 and 11.5, I explained why the standpoints of eugenics survivors and of those who strongly identify with those standpoints make that countering thought an uneasy one to maintain. In this section, I probe further into the relationship between eugenics and disability in order to advance this dialectic.

In *Enforcing Normalcy*, the disability theorist Leonard Davis argued that eugenics served as a crucible for the social construction of disability in the late 19th century (Davis 1995). While Davis's claim has, rightly, been influential, the resulting constructivist view of disability provides only a limited answer to what I have called the *puzzle of marked variation* (Wilson 2018a: Ch.5). That puzzle raises questions, in part, about how we think about human variation, and addressing it allows for further reflection on the relationship between eugenics, disability, and dehumanization.

The puzzle is this: why is it that, amongst the infinite range of variation we find within human populations, we view some of it as mere variation—variation that hardly draws our attention—and some of it as *marked* variation, where marked variation becomes the basis for positive and negative evaluations, together with corresponding forms of social expression, such as laws, policies, and practices? In the context of eugenics, marked variation appears as eugenic traits. So the puzzle of marked variation here is to explain why we distinguish between eugenic traits and mere human variation in the ways in which we do.

The general answer I have argued for to the puzzle of marked variation blends together psychological and social dimensions to our perceptions of and responses to marked variation (see Haslam, this volume; Fiske, this volume). We are socio-cognitive beasts, with psychological tendencies to distinguish between those who are like us and those who are unlike us. Those dispositions operate on highly value-laden categorizations of other people, and their content is sensitive to specific social and scientific contexts. With the rise of eugenic thinking and its link to putatively meliorative practices in the late 19th century, those not like us came to be viewed as subnormal, particularly as intellectually and emotionally subnormal. This is a form of cognitively mediated normativity that marks off disability in terms of subnormalcy. It is created, reinforced, and transmitted through individual, extended, and group-level cognition (see Kronfeldner, this volume).

Many of the values that underpin the constitutive categorizations of people participating in eugenic thinking are dehumanizing—some essentially so. To negatively value a eugenic trait sufficiently to justify the bodily intervention of compulsory sexual sterilization is to dehumanize those with that trait. Proponents of the expressivist objection would say that the same is true of traits such as Down syndrome, since results from screening and diagnostic tests that elevate awareness of the perceived chance of one's fetus having Down syndrome are sufficient for the vast majority of pregnant women (or couples) to terminate an otherwise desirable pregnancy. In the first case it is the person sterilized who is treated as less than fully human; in the second case, it is people with Down syndrome, more generally. In both cases, a process beginning with the detection of marked variation in our species ends with the dehumanization of individuals or putative sorts of people with disabilities. If the psychological tendencies in play here run deep in human nature, as I think they do, this may suggest to some a pessimistic conclusion about our capacity to counter or even resist these forms of dehumanization (Garland-Thomson 2020). Selgelid's "better future eugenics" is little more than wishful thinking.

One might well object to this pessimism as overstating or oversimplifying the relationship between marked variation (and so, disability) and dehumanization. Cognitively mediated normativity that operates through "like us" detectors may well be a part of our species' psychological profile. Yet, the values on which it does so are themselves a function of historical contingencies. And those contingencies are subject to social progress and change. To illustrate, consider the cases of race or gender.

Both race and gender may serve as inputs to the same kind of "like us" detection mechanisms, and the response to those determined not to be like us may be differential (Kendig 2018). But it doesn't follow that such detection and response to these kinds of marked variations are themselves dehumanizing. The detection of race and gender can be—indeed, have been in relatively recent history—socially scaffolded in positive ways. We have come to see these as neutral traits across many contexts in which they are detected, including contexts of employment, democratic participation, and community leadership. And in other contexts, such as athleticism or care, we have come to valorize those who, in the past, had been negatively valued by virtue of not being "like us." Disability should be no different here.

Whether or not disability should be viewed together with race and gender in this way, the cases of race and gender are indeed instructive for understanding disability as marked variation that dehumanizes. For while there have been changes to the values underlying the perception of gendered and racialized differences that constitute advances and counters to some forms of devaluation, those changes are significantly more pronounced as ideals than as variables that govern our day-to-day perception and response of those differences. The cognitively mediated normativity that operates on racialized and gendered differences certainly need not be dehumanizing, and can even be rehumanizing. But, as a matter of fact, it often *is* dehumanizing, not just historically but in contemporary society.

When we turn to disability, the contrast between ideal and reality is even more striking. This is especially so when we consider the possibility of *positively* valuing what have been negative eugenic traits in the past and are still so in the present. It is logically possible that the detection of, say, intellectual disability as a form of marked variation could go hand in hand with valorization, rather than devaluation, as has happened in some ways with race and gender. For example, celebration, rather that approbation and fear, might accompany the discovery during pregnancy that one's fetus had screened positively for Trisomy 21 and so one's child was likely to have Down syndrome. Or a diagnosis of schizophrenia in one's teenage son might bring smiles and sighs of relief. Yet, sadly, this possible world seems very distant from the world we live in.

Much like racialized and gendered differences, the actual ways in which such cognitively mediated normativity operates in the world we live in often create pathways of dehumanization. This is because racism, sexism, and ableism are all very real features of our social worlds. Even if we conceptualize the relevant psychological mechanisms here as value neutral, they operate on and reinforce the effects of dehumanizing evaluations of people who are not "like us." In the case of disability, these dehumanizing evaluations continue to run surprisingly deep, as the valorization thought experiment above indicates. For this reason, the distinction between, if you like, eugenic theory and the practice or implementation of that theory is not sufficiently robust to make one optimistic about the prospects for Selgelid's "better future eugenics."

11.7 Understanding the persistence of eugenic dehumanization

Whether it is, ultimately, defensible to view practices like prenatal screening with selective termination (Section 11.5) or the kind of cognitively mediated normativity that I have postulated as underlying eugenic thinking (Section 11.6) as themselves dehumanizing for those who have been targets of eugenics or newgenics remain open issues. By contrast, eugenic sterilization, particularly involuntary eugenic sterilization, is a paradigm of a practice that is widely accepted as dehumanizing (Myerson et al. 1936; Reilly 2015). This is not simply because of its bodily invasiveness, but because of the negative changes that it brings to one's overall life trajectory. One thing that stands in need of explanation is the persistence of this form of eugenic dehumanization beyond 1950, well after the atrocities of Nazi eugenics became well-known, and even as reproductive rights have come to gain wider acceptance as basic rights to which all individuals are entitled. As recounted in Section 11.2, in Alberta eugenic sterilization persisted until the 1970s, as it did in the Scandinavian countries and in a small number of American states.

Moreover, in more recent years a number of cases of sterilization with eugenic undertones have emerged (Women With Disabilities Australia 2013). This includes the sterilization of girls and women with intellectual disabilities in Australia in 2012, of African-American and Latina women in the Californian prison system in 2013, and of low-caste women in the province of Chhattisgarh in India where a long-standing practice of paid sterilization was brought to the wider public eye in 2014 after about twenty women died following their careless sterilization (Wilson 2018b). What is it that explains the staying power of this form of eugenic dehumanization, particularly given its recognition as a core practice in the dark past of eugenics?

An appeal to eugenics per se as an endorsable meliorative project seems particularly ill-suited to developing an answer to this question. More generally, the common tendency to search for an explanation here in terms of the positive attraction of powerful ideas should be resisted. Instead, one should move out from the realm of ideas to explore the social mechanics governing eugenic practices themselves in order to explain eugenic sterilization's staying power (see Smith, this volume).

I have suggested elsewhere (Wilson 2018a: Ch.8) that the first step here is to recognize at least some eugenic sterilization as manifesting *wrongful accusation*—accusation that doesn't simply happen to get some details wrong about a particular case but that manifests a systematic set of errors that make mistaken categorization, institutionalization, and sterilization robustly supported outcomes. That was certainly the case in Alberta. But this idea of eugenics as wrongful accusation itself derives from taking the standpoint of eugenics survivors seriously, since it was an idea suggested, in nascent form, by one such survivor from Alberta, Ken Nelson (Whiting 1996).

The robustness here stems, in part, from the social dynamics governing what is sometimes called *witnessing*, whereby bystanders or "witnesses" are called on to side with either perpetrator or victim. The psychiatrist Judith Herman has developed a rich, three-agent model of the perpetration of, and resistance to, sexual crimes, particularly in her influential *Trauma and Recovery* (1992). I have argued that this model can be adapted (no doubt in ways that Herman herself would reject) to understand the social mechanics of eugenics as a form of wrongful accusation, and so too the persistence of dehumanizing eugenic practices, such as sexual sterilization.

The key here is to return to the distinction between what we might call eugenic ideology or the eugenic ideal, on the one hand, and, on the other, how eugenics was implemented in at least some practices of sexual sterilization. In eugenic ideology, we can think of those with eugenic traits as perpetrators of a eugenic crime, the victims of which are normal citizens, and the bystanders or witnesses to which are advocates, such as community and political leaders. Given that conceptualization, what we see in cases of eugenics, in practice is an occupant-role shift, as depicted in Table 11.1, letting "the feebleminded" stand in for those with eugenic traits more generally.

Here the activity of eugenic allies or advocates becoming perpetrators looms large in the psychosocial dynamics in play. Called to act on behalf of the normal, allies or advocates come to play crucial causal roles in making those deemed "feebleminded" and ascribed other eugenic traits

Table 11.1 From eugenic ideology to eugenics in practice

Role: occupant in eugenic ideology	*Occupant-role shift in eugenics in practice*
perpetrator: the feebleminded	the feebleminded *become victims*
victim: the normal	the normal *become bystanders*
bystander: ally or advocate	advocates *become perpetrators*

into victims of a kind of eugenics crusade. Those roles direct the persistence of dehumanizing eugenic practices.

That persistence is typically conceptualized in terms of the resurgence of appealing eugenic ideas and ideals: unfettered social improvement, the excise of disease and disability, and increased human perfection. Insofar as such ideas play a role in the persistence of dehumanizing eugenic practices, however, they do so through the psychosocial dynamics expressed in this three-agent model featuring perpetrator, victim, and bystander. I have hypothesized that the corruption of the bystander or witnessing role is especially powerful in driving this dynamic in the history of eugenics and in its continuation in contemporary forms. If this is correct, then it identifies a dimension to the persistence of eugenic dehumanization that involves the complicity of "good citizens," those who see themselves as acting for the promotion of the social good, in such dehumanization.

11.8 Concluding larger questions about dehumanization

If this account of the psychosocial dynamics of eugenic dehumanization is on track, larger questions about eugenic dehumanization loom. Can the perceived eugenic threat of degeneracy and the degradation of the gene pool justify policies regarding institutionalization and sterilization at all? Should the systematic wrongfulness that results when eugenics moves from theory to practice be viewed as an unfortunate but, on balance, necessary evil for the protection of society? Are there any people who are legitimate targets of eugenic practices?

As I hope this chapter as a whole suggests, these are not simply abstract questions to be thrown around in some history, philosophy, or bioethics seminar. Eugenic dehumanization persists not simply as a set of ideas or utopian ideals but in technologically mediated practices (See Paladino, Vaes, and Jetten, this volume). Collectively, those practices continue to affect many individual lives today. With expansions in the reach of genetic and reproductive technologies to direct intergenerational change, addressing these questions will take on even more importance for decisions about what sorts of people populate our future.

Answers to these large questions are hard, and they are not settled by anything I have said here. But, both recognizing the fundamental persistence of eugenic dehumanization in practice and understanding the psychosocial dynamics that give that dehumanization its staying power are constraints on how we should answer them.

Finally, eugenics is just one specific cluster of ideas that governs how we, collectively, respond to human variation and difference, a cluster centered on the intergenerational improvement of the putative quality of future populations. The psychosocial mechanisms that operate in eugenic dehumanization that I have specified likely operate beyond the realm of eugenics (Kendig 2018).

Consider, for example, much-discussed, recent U.S. policing practices resulting in the deaths of African-American citizens who not only had committed no relevant crime but had little objective basis on which even to be detained or questioned by police. Important work on implicit bias and dehumanization by Jennifer Eberhardt and colleagues has been applied both to understand and to counter this form of dehumanization (Eberhardt et al. 2004; Eberhardt et al. 2006; Goff et al. 2008). In addition to how we understand the input representations (e.g., stereotypes) and the in-the-head processing (e.g., implicit associations), operant here are processes and mechanisms governing the *interpersonal* dynamics that have often resulted in the killing of an innocent person. Attending to the occupant-role shift that characterizes the dynamics of witnessing in cases of wrongful accusation may shed complementary light on how such policing practices persist and what else might be adopted as a countering strategy of rehumanization.

References

Agar, N. (2004) *Liberal Eugenics: In Defence of Human Enhancement*, Cambridge: Blackwell.

Asch, A. (2000) "Why I Haven't Changed My Mind About Prenatal Diagnosis: Reflections and Reminders," in E. Parens and A. Asch (eds.) *Prenatal Testing and Disability Rights*, Washington, DC: Georgetown University Press, pp. 234–258.

Barker, M. J. and R. A. Wilson (2019) "Well-Being, Disability, and Choosing Children," *Mind* 128 (April 2019):305–328.

Baynton, D. C. (2016) *Defectives in the Land: Disability and Immigration in the Age of Eugenics*, Chicago: University of Chicago Press.

Begos, K., D. Deaver, J. Railey, and S. Sexton (2012) *Against Their Will: North Carolina's Sterilization Program and the Campaign for Reparations*, Florida: Gray Oak Books.

Binding, K. and A. Hoche (1920) *Die Freigabe der Vernichtung Lebensunwerten Lebens: Ihr Mass und Ihr Ziel*, Leipzig: Felix Meiner.

Black, E. (2003) *War Against the Week: Eugenics and America's Campaign to Create a Master Race*, New York, NY: Four Walls/Eight Windows.

Broberg, G. and Roll-Hansen N. (1996) (eds.) *Eugenics and the Welfare State: Sterilization Policy in Denmark, Sweden, Norway, and Finland*, East Lansing, MI: Michigan State University Press.

Cavaliere, G. (2018) "Looking into the Shadow: The Eugenics Argument in Debates on Reproductive Technologies and Practices," *Monash Bioethics Review* 36(1–4):1–22.

Chase, A. (1977) *The Legacy of Malthus: The Social Costs of the New Scientific Racism*, New York, NY: Alfred A. Knopf.

Connelly, M. (2008) *Fatal Misconception: The Struggle to Control World Population*, Cambridge, MA: Belknap Press.

Davis, L. (1995) *Enforcing Normalcy: Deafness, Disability and the Body*, London: Verso.

Dyck, E. (2013) *Facing Eugenics: Reproduction, Sterilization, and the Politics of Choice*, Toronto: University of Toronto Press.

Eberhardt, J. L., Goff, P. A., Purdie, V. J., and Davies, P. G. (2004) "Seeing Black: Race, Crime, and Visual Processing," *Journal of Personality and Social Psychology* 87(6):876–893.

Eberhardt, J. L., Davies, P. G., Purdie-Vaughns, V. J., and Johnson S. L. (2006) "Looking Deathworthy: Perceived Stereotypicality of Black Defendants Predicts Capital-sentencing Outcomes," *Psychological Science* 17(5):383–386.

EugenicsArchive.ca

Esses, V. M., Medianu, S. and Sutter, A. (2020) "The Dehumanization and Rehumanization of Refugees," in M. Kronfeldner (ed.) *The Routledge Handbook of Dehumanization*, London and New York: Routledge, pp. 275–291. (this volume).

Fairbrother, N. (2014a) "Nelson, Ken and Nelson, Crystal", EugenicsArchive.ca. Retrieved December 12, 2019, from http://eugenicsarchive.ca/discover/our-stories/ken

Fairbrother, N. (2014b) "Sinclair, Glenn", EugenicsArchive.ca. Retrieved December 12, 2019, from http://eugenicsarchive.ca/discover/our-stories/glenn

Fiske, S. T. (2020) "How Status and Interdependence Explain Different Forms of Dehumanization," in M. Kronfeldner (ed.) *The Routledge Handbook of Dehumanization*, London and New York: Routledge, pp. 245–259. (this volume).

Galton, F. (1883) *Inquiries into Human Faculty and Its Development*, London: MacMillan.

Garland-Thomson, R. (2012) "The Case for Conserving Disability," *Journal of Bioethical Inquiry* 9(3):339–355.

Garland-Thomson, R. (2020) "How We Got to CRISPR: The Dilemma of Being Human," *Perspectives in Biology and Medicine* 63(1):28–43.

Glover, J. (2006) *Choosing Children: Genes, Disability, and Design*, Oxford: Clarendon Press.

Goff, P. A., J. L. Eberhardt, M. J. Williams, and M. C. Jackson (2008) "Not Yet Human: Implicit Knowledge, Historical Dehumanization, and Contemporary Consequences," *Journal of Personality and Social Psychology* 94(2):292–306.

Haslam N. (2020) "The Social Psychology of Dehumanization," in M. Kronfeldner (ed.) *The Routledge Handbook of Dehumanization*, London and New York: Routledge, pp. 125–144. (this volume).

Herman, J. (1992) *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror*, New York, NY: Basic Books.

High, S. (2015) "Introduction," in S. High (ed.) *Beyond Testimony and Trauma: Oral History in the Aftermath of Mass Violence*, Vancouver, BC: University of British Columbia Press, pp. 3–28.

Kaelber, L. (n.d) *Eugenics: Compulsory Sterilization in 50 American States*. Available from http://www.uvm.edu/%7Elkaelber/eugenics/.

Kafer, A. (2013) *Feminist, Queer, Crip*, Bloomington, IN: Indiana University Press.

Kendig, C. (2018) "Considering the Role Marked Variation Plays in Classifying Humans: A Normative Approach," *Philosophy, Theory, and Practice in Biology* 10(13):1–15.

Kitcher, P. (2000) "Utopian Eugenics and Social Inequality," in P. R. Sloan (ed.) *Controlling Our Destinies: Historical, Philosophical, Ethical, and Theological Perspectives on the Human Genome Project*, Notre Dame: University of Notre Dame Press, pp. 229–262.

Kronfeldner, M. (2020) "Psychological Essentialism and Dehumanization," in M. Kronfeldner (ed.), *The Routledge Handbook of Dehumanization*, London and New York: Routledge, pp. 362–377. (this volume).

Kühl, S. (1994) *The Nazi Connection: Eugenics, American Racism, and German National Socialism*, New York, NY: Oxford University Press.

Kühl, S. (2013) *For the Betterment of the Race: The Rise and Fall of the International Movement for Eugenics and Racial Hygiene*, Basingstoke, UK: Palgrave Macmillan.

Ladd-Taylor, M. (2014) "Contraception or Eugenics? Sterilization and "Mental Retardation" in the 1970s and 1980s," *Canadian Bulletin of Medical History* 31(1):189–211.

Machery, E. (2020) "Dehumanization and the Loss of Moral Standing," in M. Kronfeldner (ed.), *The Routledge Handbook of Dehumanization*, London and New York: Routledge, pp. 145–158. (this volume).

Milam, E. L. (2020) "Theorizing the Inhumanity of Human Nature, 1955–1985," in M. Kronfeldner (ed.), *The Routledge Handbook of Dehumanization*, London and New York: Routledge, pp. 112–124. (this volume).

Muir, L. (2014) *A Whisper Past: Childless after Eugenic Sterilization in Alberta*, Victoria: Friesen Press.

Myerson, A., J. B. Ayer, T. J. Putnam, C. E. Keeler, and L. Alexander (1936) Eugenical Sterilization—A Reorientation of the Problem. *By the Committee of the American Neurological Association for the Investigation of Eugenical Sterilization*, New York, NY: Macmillans.

Paladino, M. P., Vaes, J. and Jetten, J. (2020) "Motivational and Cognitive Underpinnings of Fear of Social Robots That Become 'Too Human For Us'," in M. Kronfeldner (ed.), *The Routledge Handbook of Dehumanization*, London and New York: Routledge, pp. 292–306. (this volume).

Parens, E. and A. Asch (1999) "Disability Rights Critique of Prenatal Genetic Testing: Reflections and Recommendations" Hastings Center Report, S1–22," reprinted in E. Parens and A. Asch (eds.) *Prenatal Testing and Disability Rights*, Washington, DC: Georgetown University Press, 2000, pp. 3–43.

Parens, E. and A. Asch (2000) (eds.) *Prenatal Testing and Disability Rights*, Washington, DC: Georgetown University Press.

Paul, D. B. (1995) *Controlling Human Heredity: 1865 to the Present*, New York, NY: Humanity Books.

Proctor, R. (1988) *Racial Hygiene: Medicine Under the Nazis*, Cambridge, MA: Harvard University Press.

Rafter, N. (1988) *White Trash: The Eugenic Family Studies 1977–1919*, Boston, MA: Northeastern University Press.

Reilly, P. (2015) "Eugenics and Involuntary Sterilization: 1907–2015," *Annual Review of Genomics and Human Genetics* 16:351–368.

Savulescu, J. (2001) "Procreative Beneficence: Why We Should Select the Best Children," *Bioethics* 15(5/6):413–426.

Savulescu, J. (2008) "Procreative Beneficence: Reasons to Not Have Disabled Children," in L. Skene and J. Thompson (eds.) *The Sorting Society: The Ethics of Genetic Screening and Therapy*, New York, NY: Cambridge University Press, pp. 51–68.

Savulescu, J. and Kahane G. (2009) "The Moral Obligation to Create Children with the Best Chance of the Best Life," *Bioethics* 23(5):274–290.

Saxton, M. (1997) "Disability Rights and Selective Abortion," in R. Solinger (ed.) *Abortion Wars: A Half Century of Struggle, 1950–2000*, Berkeley, CA: University of California Press, pp. 374–395.

Saxton, M. (2000) "Why Members of the Disability Community Oppose Prenatal Diagnosis and Selective Abortion," in E. Parens and A. Asch (eds.) *Prenatal Testing and Disability Rights*, Washington, DC: Georgetown University Press, pp. 147–164.

Selgelid, M. J. (2014) "Moderate Eugenics and Human Enhancement," *Medical Health Care and Philosophy* 17:3–12.

Smith, D. L. (2001) *Less Than Human: Why We Demean, Enslave, and Exterminate Others*, New York, NY: St. Martin's Press.

Smith, D. L. (2020) "Dehumanization, the Problem of Humanity, and the Problem of Monstrosity," in M. Kronfeldner (ed.), *The Routledge Handbook of Dehumanization*, London and New York: Routledge, pp. 355–361. (this volume).

Steizinger, J. (2020) "Dehumanizing Strategies in Nazi Ideology and their Anthropological Context," in M. Kronfeldner (ed.), *The Routledge Handbook of Dehumanization*, London and New York: Routledge, pp. 98–111. (this volume).

Steinbock, B. (2000) "Disability, Prenatal Testing, and Selective Abortion," in E. Parens and A. Asch (eds.) *Prenatal Testing and Disability Rights*, Washington, DC: Georgetown University Press, pp. 108–123.

Stern, A. M. (2005) *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America*, Berkeley, CA: University of California Press.

Stone, D. (2010) *Histories of the Holocaust*, New York, NY: Oxford University Press.

Taylor, A. (2015) "Expressions of 'Lives Worth Living' and Their Foreclosure through Philosophical Theorizing on Moral Status and Intellectual Disability," in Shelley Tremain (ed.) *Foucault and the Government of Disability*, Ann Arbor: University of Michigan Press, revised edition, pp. 372–395.

Weindling, P. (2014) "Nazi Sterilization." Retrieved 12 December, 2019, from http://eugenicsarchive.ca/discover/encyclopedia/535eed207095aa0000000243

Whiting, G. (1996) *The Sterilization of Leilani Muir*, Ottawa: National Film Board of Canada.

Wilson, R. A. (2014a) "Eugenic Family Studies." Retrieved 12 December, 2019, from http://www.eugenicsarchives.ca/discover/encyclopedia/535eebbb7095aa0000000225

Wilson, R. A. (2014b) "Eugenic Traits." Retrieved 12 December, 2019 from http://eugenicsarchive.ca/discover/encyclopedia/535eeb757095aa0000000221

Wilson, R. A. (2015) "The Role of Oral History in Surviving a Eugenic Past," in S. High (ed.) *Beyond Testimony and Trauma: Oral History in the Aftermath of Mass Violence*, Vancouver: University of British Columbia Press, pp. 119–138.

Wilson, R. A. (2017) "Contemporary Forms of Eugenics," eLS Wiley Online Library. DOI: 10.1002/9780470015902.a0027075

Wilson, R. A. (2018a) *The Eugenic Mind Project*, Cambridge, MA: MIT Press.

Wilson, R. A. (2018b) "Eugenics Never Went Away," *Aeon Magazine*, https://aeon.co/essays/eugenics-today-where-eugenic-sterilisation-continues-now

Wilson, R. A. (2018c) "Eugenic Thinking," *Philosophy, Theory, and Practice in Biology* 10(12):1–8.

Wilson, R. A. (2019) "Eugenics Undefended," *Monash Bioethics Reviews* 37(1):68–75.

Wilson, R. A. and St. Pierre J. (2016) "Eugenics and Disability," in P. Devlieger, B. Miranda-Galarza, S. E. Brown and M. Strickfaden (eds.) *Rethinking Disability: World Perspectives in Culture and Society*, Antwerp: Garant Publishing, pp. 93–112.

Women With Disabilities Australia (2013) "Dehumanized: The Forced Sterilisation of Women and Girls with Disabilities in Australia, WWDA Submission to the Senate Inquiry into the Involuntary or Coerced Sterilisation of People with Disabilities in Australia." Retrieved 12 December, 2019 from http://wwda.org.au/papers/subs/subs2011/