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**The (In)Compatibility of the Privation Theory of Evil and the Mere-Difference View of Disability**

**Nicholas Colgrove\***

*Abstract.* The privation theory of evil (PTE) states that evil is the absence of some good that is supposed to be present. For example, if vision is an intrinsic good, and if human beings are supposed to have vision, then PTE implies that a human being's lacking vision is an evil, or a bad state of affairs. The mere-difference view of disability (MDD) states that disabilities like blindness are not inherently bad. Therefore, it would seem that lacking sight is not a bad state of affairs. Thus PTE and MDD seem to be in tension. This essay discusses that apparent tension and explains how it might be resolved without doing violence to either view. Given the prominence of PTE in the history of Christian theology, and the wide support for MDD among disability theorists, it is worth finding a way to harmonize these two views. *National Catholic Bioethics Quarterly* 20.2 (Summer 2020): 329-348.

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\* Nicholas Colgrove, PhD, is a post-doctoral fellow in bioethics and philosophy at Wake Forest University in Winston-Salem, North Carolina.

The privation theory of evil (PTE) states that evil is the absence of some good that is supposed to be present. For example, if vision is an intrinsic good, and if human beings are supposed to have vision, then PTE implies that lacking vision is bad—that is, an evil—for human beings.

Throughout this paper, I take *evil*, or *bad*, to be equivalent to some *bad state of affairs* in a broad sense. Hence *evil* should not be read as *moral evil*. Therefore, on PTE, disabilities like blindness are bad insofar as they are or entail the lack of some good that human beings are supposed to have. The view that disabilities are inherently bad states of affairs is called the bad-difference view of disability. BDD is rejected by defenders of the mere-difference view of disability (MDD). On MDD, disabilities are not inherently bad. Rather, as Elizabeth Barnes puts it, people with disabilities are more appropriately described as “differently-abled.”<sup>1</sup> There is, therefore, an apparent tension between PTE and MDD because the former (seemingly) implies BDD. This essay provides an overview of that apparent incompatibility and provides suggestions for how we might resolve it.

### **The Costs of Incompatibility**

Eliminating the apparent tension between PTE and MDD is worthwhile for a few reasons. First, many Christians are motivated to preserve PTE, given its prominent place in the history of Christian theology. (Although PTE is often traced back to St. Augustine’s writings, the theory plays an important role in Islamic and Jewish thought.)<sup>2</sup> Rejecting PTE would, for example, do significant damage to the theological perspectives of Augustine and St. Thomas Aquinas.

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<sup>1</sup> Elizabeth Barnes, *The Minority Body: A Theory of Disability* (New York: Oxford University Press, 2016), 68, 177.

<sup>2</sup> See Nasrin Rouzati, “Evil and Human Suffering in Islamic Thought—Towards a Mystical Theodicy,” *Religions* 9.2 (February 2018): 47–60, doi: 10.3390/rel9020047; and Harry Blumberg, “Theories of Evil in Medieval Jewish Philosophy,” *Hebrew Union College Annual* 43 (1972): 149–168.

Moreover, as Todd Calder notes, PTE is thought by some authors to be the only account of evil compatible with Christian theism.

Calder attributes such a view to Augustine.<sup>3</sup> Specifically, Augustine wrote, “There is no way of solving the religious question of good and evil, unless whatever is, as far as it is, is from God; while as far as it falls away from being it is not of God, and yet is always ordered by Divine Providence in agreement with the whole system.”<sup>4</sup> The religious question, to put it very roughly, is, How can there be evil if a perfectly good God created all that is? Augustine is clear that “God is not the author of evil.” Yet if God created “all natures and substances,” and if He is not the author of evil, then evil is not a substance at all; rather it is a kind of corruption that “exists not by itself, but in some substance which it corrupts.”<sup>5</sup>

If that is correct, then to reject PTE would be to reject Christian theism. So, if MDD undermines PTE, to accept MDD would be to reject Christian theism. This cost is obviously too high for the committed Christian. But the cost is too high for the non-Christian as well, at least if he or she has any interest in promoting MDD.

Practically speaking, if MDD implies that Christian theism false, then we can expect MDD to be met with substantial resistance. If MDD and PTE can be reconciled on a conceptual level, this obstacle will be removed. Additionally, all else being equal, it is a virtue of an account of disability if it may be reconciled with a wide range of metaphysical perspectives. For example, if MDD requires the acceptance of some very specific account of good and evil or

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<sup>3</sup> See Todd C. Calder, “Is the Privation Theory of Evil Dead?,” *American Philosophical Quarterly* 44.4 (October 2007): 371–378.

<sup>4</sup> Augustine, *On the Morals of Manicheans*, trans. Richard Stothert (Buffalo, NY, 1887; New Advent, n.d.), 7.10, <https://www.newadvent.org/fathers/1402.htm>.

<sup>5</sup> *Ibid.*, 2.3, 5.7.

well-being, then the MDD advocate has the added task of convincing his or her audience to accept not just MDD, but the entire metaphysics it entails.

On a conceptual level, if theoretical simplicity is an epistemic virtue, then an account of MDD that builds in an entire, content-rich metaphysics will be far less attractive than an account of MDD without so much baggage.<sup>6</sup> Indeed, this is likely why Barnes—in her defense of MDD—attempted to construct an account that is “as neutral as possible with respect to theories of well-being.”<sup>7</sup> Hence, if one wishes to defend MDD, then there is reason to construct an account of MDD that is compatible with PTE.

Christians, we have seen, may have good reason to preserve PTE. But why should one care about preserving MDD, especially if it seems to threaten PTE and, perhaps, Christian theism by extension? In response, there may be good epistemic and moral reasons for taking MDD seriously. First, MDD is frequently defended by disability activists, disability theorists, and individuals with disabilities.<sup>8</sup> To simply dismiss these views as mistaken risks a kind of epistemic or hermeneutical injustice.<sup>9</sup> In other words, the testimony of individuals with disabilities must be taken seriously. Failure to do so may sometimes be a matter of life and death.

Alison Davis, for example, was born with myelomeningocele spina bifida. When she was born, physicians told her parents that they should simply let her die because she was expected to have “no worthwhile quality of life.” “Go home and have another,” were their instructions. Yet

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<sup>6</sup> For a short discussion of simplicity as an epistemic virtue, see Paul Draper, “Humean Arguments from Evil,” in *The Blackwell Companion to the Problem of Evil*, ed. Justin P. McBrayer and Daniel Howard-Snyder (Malden, MA: Wiley Blackwell, 2013), 70–71.

<sup>7</sup> Barnes, *Minority Body*, 84n4.

<sup>8</sup> See Anita Silvers, “On the Possibility and Desirability on Constructing a Neutral Conception of Disability,” *Theoretical Medicine and Bioethics* 24.6 (November 2003): 471–487, doi: 10.1023/B:META.0000006924.82156.5b; and Harriet McBryde Johnson, *Too Late to Die Young: Nearly True Tales from a Life* (New York: Picador Press, 2005).

<sup>9</sup> See Barnes, *Minority Body*, chap. 6.

Davis described herself as leading a “full and happy life.”<sup>10</sup> Hence, if we account for the testimony of only able-bodied individuals when determining what counts as worthwhile quality of life, we are apt to make gross moral mistakes. Taking seriously the testimony and assessments of people with disabilities will, therefore, contribute to our guarding against these kinds of mistakes in judgment and action.

So far, I have sketched a few reasons for taking both PTE and MDD seriously. We cannot simply reject either one, because there are many independent defenses and criticisms of both positions.<sup>11</sup> Moving forward, therefore, my goal is not to assess the overall plausibility of PTE or MDD. Rather, I am concerned with explaining how the two views may fit together. For that reason, I will set wider debates to the side and simply assume that both positions are independently plausible. If PTE and MDD are incompatible, there will be serious costs of accepting one view or the other. As a result, in the remainder of this paper, I will sketch a few ways in which the two may be rendered compatible *without doing serious violence to either view*.

First, I provide an overview of PTE and its implications for different accounts of disability. Second, I outline MDD, using Barnes’s account as a paradigmatic example. Third, I consider three ways in which we might seek to harmonize PTE with MDD. The first way draws a distinction between disabilities and impairments. It may be that PTE implies that impairments

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<sup>10</sup> Alison Davis, “Right to Life of Handicapped,” letter to editor, *Journal of Medical Ethics* 9.3 (September 1983): 181, doi: 10.1136/jme.9.3.181-a.

<sup>11</sup> For criticisms of PTE, see G. Stanley Kane, “Evil and Privation,” *International Journal for Philosophy of Religion* 11.1 (March 1980): 43–58, doi: 10.1007/BF00138764. For a defense of PTE, see Bill Anglin and Stewart Goetz, “Evil Is Privation,” *International Journal for Philosophy of Religion* 13.1 (March 1982): 3–12, doi: 10.1007/BF00148934. For criticisms of MDD, see John Harris, “One Principle and Three Fallacies of Disability Studies,” *Journal of Medical Ethics* 27.6 (December 2001): 383–387, doi: 10.1136/jme.27.6.383. For a defense of MDD, see Anita Silvers, “(In)Equality, (Ab)Normality, and the Americans with Disabilities Act,” *Journal of Medicine and Philosophy* 21.2 (April 1996): 209–224, doi: 10.1093/jmp/21.2.209.

(like lacking vision) are bad without implying that disabilities (like blindness) are bad. Next, I consider ways of revising the account of “supposed to have” that is central to PTE. For example, vision may be a good, but not a good that human beings are supposed to have. If so, then the absence of vision would not a bad thing (i.e., an evil) for human beings.

These two solutions face problems. The former damages MDD, while the latter damages PTE. Thus I advance what I think is the most promising solution. I draw from discussions of *defeat* to argue that whatever badness is associated with having a disabled body on PTE, it may be defeated by the goods associated with being embodied in a unique way (i.e., having a particular identity or way of experiencing or relating to the world). To be clear, *defeat* is a technical term. If an evil is defeated in the relevant sense, it is not simply overcome. Rather, it is woven into some good as constitutive part of that good—the good could not exist without it. I make this clarification now to preemptively guard against Barnes’s concern that describing disability as something that must be overcome is to commit a kind of hermeneutical injustice toward those who see disability as a good.<sup>12</sup> On my view, disability is not something to be overcome. So, charges of hermeneutical injustice should not stick. If successful, this essay will demonstrate that we may maintain both PTE and MDD without doing serious violence to either view.

### **The Privation Theory of Evil**

According to David Alexander, PTE includes the claim that “evil (or badness in general) is the absence of a good that is *supposed to be present*.”<sup>13</sup> However, not all absences—all privations whatsoever—are evils. As Aquinas puts the view,

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<sup>12</sup> Barnes, *Minority Body*, 179-186.

<sup>13</sup> Alexander, *Goodness, God, and Evil*, 96, emphasis added.

Evil is in a substance because something which it was originally to have, and which it ought to have, is lacking in it. Thus, if a man has no wings, that is not an evil for him, because he was not born to have them; even if a man does not have blond hair, that is not an evil, for, though he may have such hair, it is not something that is necessarily due him. But it is an evil if he has no hands, for these he is born to, and should, have—if he is to be perfect. Yet this defect is not an evil for a bird.<sup>14</sup>

To put PTE a bit more formally, Alexander writes: “Some object *O* is bad in such-and-such a way just in case *O* lacks some feature that *O* is supposed to have. The idea that *O* is supposed to have some feature is itself a kind-relative notion. *O* is supposed to have feature *F* just in case *O* belongs to some kind *K* such that *K*s in general have *F* or flourishing (or well-functioning) members of *K* are *F*.”<sup>15</sup>

Applying Alexander’s framework to Aquinas’s claims, blond hair is not a feature that belongs to the kind *human being* in the same way that having hands is. After all, human beings generally do not have blond hair. But human beings generally do have hands. It follows that having hands—unlike having blond hair—is a feature that human beings are supposed to have. Lacking hands is, therefore, a bad thing for human beings. PTE also seems to have direct implications for physical disabilities like blindness. If some physical disability *D* is identical with the loss of some feature that human beings are supposed to have, then *D* is an evil. For example, if blindness is identical with the lack of vision and human beings are supposed to have vision, then PTE implies that blindness is an evil.

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<sup>14</sup> Thomas Aquinas *Summa contra gentiles: Book Three—Providence, part 1*, trans. Vernon J. Bourke (Notre Dame, IN: University of Notre Dame Press), III.6.1.

<sup>15</sup> Alexander, *Goodness, God, and Evil*, 97.

These implications—for example, that physical disabilities like blindness are bad or entail something bad—align with what Barnes calls the bad-difference view of disability (BDD). On BDD, “not only is having a disability a bad thing,” but it “would still be a bad thing even if society was fully accommodating of disabled people.”<sup>16</sup> BDD is often associated with medical models of disability. According to David Wasserman and colleagues, the medical model “understands a disability as a physical or mental impairment of the individual,” where “the limitations faced by people with disabilities” result “primarily, or solely, from their impairments.”<sup>17</sup> In other words, on the medical model, disability is something bad—some kind of defect—that inhibits an individual’s ability to flourish independently of whether society is accommodating toward people with disabilities. As such, on BDD, blindness would be bad even if there were no negative social consequences associated with being blind. So far, this seems to be what PTE implies. If so, then it seems like defenders of MDD must reject PTE. At least, they must reject PTE if we cannot break the link between PTE and BDD. Before attempting to break that link, however, I must say more about MDD generally.

### **The Mere-Difference View of Disability**

According to Barnes, the central tenet of MDD is the denial that disability is bad in itself. Other important tenets of MDD often include the following four claims:

1. Disability is analogous to features like sexuality, gender, ethnicity, and race.
2. Disability is not a defect or departure from ‘normal functioning’.
3. Disability is a valuable part of human diversity that should be celebrated and preserved.

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<sup>16</sup> Ibid., 55.

<sup>17</sup> David Wasserman et al., “Disability: Definitions, Models, Experience,” in *Stanford Encyclopedia of Philosophy*, Stanford University, revised May 23, 2016, <https://plato.stanford.edu/archives/sum2016/entries/disability/>.



4. A principal source of the bad effects of disability is society's treatment of disabled people, rather than disability itself.<sup>18</sup>

Claim 2 seems to reject medical models of disability, while claim 4 seems to affirm a social model of disability.<sup>19</sup> According to Wasserman and colleagues, the social model understands “disability as a relation between an individual and her social environment,” such that whatever limitations people with disability face are primarily, or solely, the result of unjust social structures.<sup>20</sup>

Although these four claims are generally characteristic of MDD, there are many variations of it. Anita Silvers, for example, claims that “a disabling condition is a state of society itself, not a physical or mental state of a minority of society's members, and ... it is the way society is organized, rather than personal deficits, which disadvantages this minority.”<sup>21</sup> If we apply Silvers's claim to individuals who are deaf, there are no “personal deficits” associated with deafness that make people who are deaf *inherently* worse off than people who are not deaf. Thus any disadvantages or limitations associated with deafness are merely the result of unjust social structures.

Wasserman and colleagues identify this as an extreme perspective in discussions of disability.<sup>22</sup> Similarly, Barnes claims that Silvers's version of MDD is “deeply implausible when we consider the full spectrum of disabilities.” She notes, “It's hard to see why we should deny that, say, being unable to visually experience the faces of your loved ones or auditorily

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<sup>18</sup> Barnes, *Minority Body*, 69–70.

<sup>19</sup> Kevin Timpe and Aaron Cobb noted, people who favor MDD often reject medical models of disability in favor of social models. Aaron D. Cobb and Kevin Timpe, “Disability and the Theodicy of Defeat,” *Journal of Analytic Theology* 5 (2017): 109n21, doi: 10.12978/jat.v5i1.148.

<sup>20</sup> See Wasserman et al., “Disability.”

<sup>21</sup> Silvers, “(In)Equality,” 210.

<sup>22</sup> Wasserman et al., “Disability.”

experience birdsong are bad effects of blindness and deafness, respectively—bad effects that would persist in the absence of ableism.”<sup>23</sup> But these bad effects do not justify the claim that particular disabilities are inherently bad or make people worse off. For Barnes, there are simply certain advantages and disadvantages to being embodied in different ways.

I will focus almost entirely on Barnes’s version of MDD because her account is relatively weak compared with versions of MDD like the one Silvers presents. If PTE conflicts with weaker versions of MDD, then it will conflict with stronger versions as well. Hence, if we cannot reconcile PTE with a relatively weak version of MDD, there is little hope that we will be able to reconcile PTE and MDD generally. With this in mind, I will consider three ways in which we might harmonize PTE with MDD. First, by appealing to the distinction between disabilities and impairments. Second, by revising the account of “supposed to have” that is central to PTE. And third, by drawing on resources from literature on *defeat*. I argue that only the third option accomplishes reconciliation while leaving both PTE and MDD sufficiently intact.

### **The Disability–Impairment Distinction**

First, we might try to reconcile PTE with MDD by appealing to a distinction between *disability* and *impairment*. Impairments are physiological features such as the lack of vision, loss of hearing, and so on. Disabilities are something else not identical to or reducible to impairments. It may be that PTE implies that all physical impairments are bad because they are always the same as the lack of some features that human beings are supposed to have. But PTE does not say the same for disabilities.

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<sup>23</sup> Barnes, *Minority Body*, 27.

Barnes would probably resist this claim. As she puts it, “That disability is merely a loss or a lack of some good is ... an inadequate conception of disability.”<sup>24</sup> She considers “some forms of peripheral neuropathy,” for example, in which a subject’s “nerves become hypersensitized, to the point where even mild touch is painful.”<sup>25</sup> Assuming that this is a kind of impairment, it follows on PTE that the subject lacks some feature *F* that he or she is supposed to have. Against this claim, Barnes says that such a subject does not lack anything. In fact, the function of his or her nerves is enhanced. This will not persuade defenders of PTE, however, because they will just say that human beings are supposed to have nerves that are neither insufficiently nor overly sensitive. Subjects with the relevant form of peripheral neuropathy *do* lack those kinds of nerves.

Still, there is considerable support for the view that disabilities are not the same as or reducible to impairments. Licia Carlson, for example, characterized the disability–impairment distinction as follows: “Having an impairment (a particular biological, physiological, psychological condition or trait) is distinct from being disabled because the latter reflects the interaction between the individual and his or her environment. ‘Disability’ is no longer located within the individual, as a particular static trait, but is a relational term.”<sup>26</sup> To identify disabilities with particular physiological features or traits is to accept an “overly medicalized view of disability.” Rather, as Barnes suggests, being disabled should be understood as being embodied in a unique way that is intimately connected to one’s “social identity and sense of self.”<sup>27</sup> These comments by Barnes seem odd given her explicit claim that she uses *disability* “to refer to

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<sup>24</sup> Ibid., 57.

<sup>25</sup> Ibid., 17.

<sup>26</sup> Licia Carlson, *The Faces of Intellectual Disability: Philosophical Reflections* (Bloomington, IN: Indiana University Press, 2009), 5.

<sup>27</sup> Barnes, *Minority Body*, 106, 107.

particular bodily features or conditions” and that “a distinction between disability and impairment isn’t necessary” in general.<sup>28</sup> Whatever the case, if we accept that disabilities and impairments are distinct, then what holds for impairments will not always hold for disabilities. Even if PTE implies that all impairments are bad, it does not follow that PTE also implies that all disabilities are bad.

Unfortunately, I do not think that this type of appeal to the disability–impairment distinction will ultimately resolve the tension between PTE and MDD. Let us grant that blindness is not the same as lacking vision. Blindness—as a physical disability—still entails a lack of vision. So, if PTE implies that lacking vision is bad, then PTE implies the following: blindness entails something inherently bad. To illustrate, suppose we ask, What is the difference between the body of a person who is blind and the body of his or her non-blind but otherwise identical twin? An obvious answer is that one person lacks vision, the other does not. Their bodies are otherwise comparable. These types of differences, Barnes argues, make people “different ... but that difference isn’t by itself a bad thing.” Thus “to be disabled is to have a minority body, but not to have a broken or defective body.”<sup>29</sup>

Yet PTE implies that lacking vision—the impairment—*is* bad, since human beings are supposed to have vision. Returning to the twins case, the difference between a body that lacks vision and an otherwise comparable one that does not is this: one has an impairment (which PTE implies is something bad), the other does not. The difference between bodies is, therefore, a bad difference. This directly contradicts Barnes’s claim that the difference between these bodies “isn’t by itself a bad thing.”

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<sup>28</sup> Ibid., 5.

<sup>29</sup> Ibid., 6.

Matters are made worse, given that Barnes acknowledges that in principle some disabilities may be the same as impairments.<sup>30</sup> In those cases, supposing PTE implies that all impairments are inherently bad, PTE would also imply that the relevant disabilities are inherently bad. Since this is the central claim MDD denies, PTE and MDD remain in conflict. So, by itself, an appeal to the distinction between impairment and disability will not allow us to resolve the tension between PTE and MDD.

### **Rethinking *Supposed to Have***

This takes us to a second proposal for reconciling PTE and MDD. Perhaps we should revise the account of *supposed to have* that is central to PTE. We need an account of *supposed to have* that does not imply that bodies with impairments are inherently bad in some way. At the core of PTE, after all, is the idea that there is some standard for human beings such that deviations from that standard are bad. Aquinas thought that having hands is part of the standard, whereas having blond hair is not.

Recall Alexander's account: A human being is supposed to have a feature, *F*, if and only if

1. Human beings in general have *F*,
2. (All) flourishing members of the human race have *F*, or
3. (All) well-functioning members of the human race have *F*.

I include *all* in disjuncts 2 and 3 to make explicit an implicit universal quantifier in both. If we do not quantify the disjuncts in this way, blatant contradictions would arise. For example, some flourishing members of the human race have blonde hair. Some have non-blonde hair. Without

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<sup>30</sup> Ibid., 5.

the relevant quantifier, it would follow that a given person should have both blonde and non-blonde hair, which is absurd.

That aside, we are looking for an account of *supposed to have* that does not imply that bodies with impairments are lacking some feature that they are supposed to have. Given disjunct 1, if most human beings have *F*, it follows that a particular human being *S* should have *F*. (At least if we read *in general* to mean *usually* or *mostly*. There may be other ways to read *in general*, but I will set that possibility aside for now.) For example, most human beings have vision. It follows that lacking vision is bad for human beings. This is not the desired result. To locate the source of the problem—and work toward resolving it—we need to consider each disjunct in turn.

#### *Disjunct 1: General Features*

There are good reasons to omit disjunct 1 from Alexander's biconditional. It faces too many counterexamples. Human beings generally have dark hair. Disjunct 1 would therefore imply that human beings are supposed to have dark hair. This is obviously implausible. Barnes makes a similar point, noting that there are plenty of physiological oddities that do not count as disabilities or bad states of affairs generally: "Michael Phelps is quite clearly a departure from normal species functioning, but he is also quite clearly not disabled,"<sup>31</sup> nor does it seem like there is something inherently wrong with his body. For these reasons, we should omit disjunct 1 from the above biconditional.

#### *Disjunct 2: Flourishing*

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<sup>31</sup> Ibid., 14.

Regarding disjunct 2, Barnes argues that many people with disabilities flourish in the full sense of the word. She is emphatic that some human beings are both blind and fully flourishing, for example, and that their flourishing is not merely in spite of their blindness.<sup>32</sup> Many will resist such claims, however. Elizabeth Harman, for instance, argues that disabilities are *bad states*, defined as “states that are in themselves bad, not bad because they are worse than the state the person would otherwise have been in. (If one wants a further account of a bad state, I am willing to offer one: bad states are those states that are worse in some way than the normal healthy state for a member of one’s species).”<sup>33</sup> For Harman, a fully flourishing human being is, in part, one who is not subject to any bad states. Bad states diminish or destroy creaturely flourishing. Disabilities are bad states. So there is no such thing as a human being who is both disabled and fully flourishing. Maybe some human beings who are disabled enjoy pleasant lives. But they do not truly flourish on Harman’s account.

In response to Harman, Barnes argues that if we change our understanding of *flourishing*, we get different answers to the question, Is it possible for people with disabilities to flourish? Barnes argues that “although Aristotelian or objective list views often *in fact* support this characterization [i.e., that disabilities are bad states] of the bad-difference view, they certainly don’t have to. ... It’s perfectly consistent for an objective list view of well-being to simply leave out non-disability from their list of things that a flourishing life requires.”<sup>34</sup> So which features should be included on the list of things required for human flourishing? To best answer this question, it might be helpful to say a bit about human nature in a very general sense. Drawing

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<sup>32</sup> Ibid., 93-98, 168–169.

<sup>33</sup> Elizabeth Harman, “Harming as Causing Harm,” in *Harming Future Persons: Ethics, Genetics and the Nonidentity Problem*, ed. Melinda A. Roberts and David T. Wasserman (New York: Springer, 2009), 139.

<sup>34</sup> Barnes, *Minority Body*, 61–62.

from Eberl, “a relatively basic account of human nature” states that “the primary common features are *life, sentience, sociability, and rationality*.”<sup>35</sup>

Flourishing is obviously impossible without life. Hence, conditions that deprive one of his or her life undermine his or her flourishing. The same may be said for sociability and rationality, although here the picture becomes more complicated. Some conditions may interfere with one’s flourishing as a social creature not because of an inherent feature of the condition, but only because of unjust social structures. Deaf individuals who are excluded from various social circles may be prevented from flourishing as social beings in some way, but this may be entirely due to their being unfairly excluded by their peers. In those cases, defenders of MDD could assert that there is nothing bad about deafness per se, even if individuals who are deaf are mistreated in many ways. Similar stories may follow for rationality.

Sentience will potentially be more difficult for the defender of MDD. As Eberl argued, “Sentience may be understood broadly to refer to human beings’ capacity to sense their environment and respond to it, along with the correlative experiences of pleasure and pain. One could then deduce that depriving a person of any of her senses—say, by blinding her—or causing her unwarranted pain would be bad for her.”<sup>36</sup> If Eberl is right, then the defender of MDD will need to argue that—when someone is blinded, for example—the badness involved is not intrinsic to being embodied in a blind body.

Barnes adopts this approach. On her view, whatever badness is associated with the case of blinding someone, it must have something to do with violating some “non-interference” norm or the “transition costs” in moving from non-blind to blind. Regarding non-interference, Barnes

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<sup>35</sup> Jason T. Eberl, “A Thomistic Appraisal of Human Enhancement Technologies,” *Theoretical Medicine and Bioethics* 35.4 (July 2014): 296, emphasis original, doi: 10.1007/s11017-014-9300-x.

<sup>36</sup> *Ibid.*



claims that to blind someone without his or her consent would be to unjustifiably interfere with another person's life. Furthermore, she argues that causing a non-disabled person to become disabled involves a "drastic" interruption in his or her life, which is almost certain to be a "deeply painful process."<sup>37</sup> Either way, the badness involved in causing disability is not rooted in the claim that being disabled is bad compared with being non-disabled.

This approach has some implausible implications, however. First, the non-interference response centers on an individual's consent. It is plausible that there is something bad about causing a person to be disabled without his or her consent. But what about when a person *does* consent? Here, it seems Barnes's non-interference response does not apply. That is, suppose there is a mere difference between bodies that are blind and bodies that are not blind. Is it wrong to blind someone who requests to be blinded? Barnes's non-interference response is silent here. If being rendered blind involves merely transitioning from one neutral state to another there is no reason to deny a consenting individual from undergoing such a transition. Yet causing blindness or other physical disabilities will strike many as objectionable.

There is, for example, ample discussion on the wrongness associated with amputating healthy limbs.<sup>38</sup> Furthermore, while some authors—like Tim Bayne and Neil Levy—argue that amputation of healthy limbs *is* permissible, the point here is simply that accepting Barnes's argument requires accepting that the highly controversial practice is permissible.<sup>39</sup> Lastly, Barnes may respond that objections to the practice of amputating healthy limbs reflects distorted

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<sup>37</sup> Barnes, *Minority Body*, 147–158.

<sup>38</sup> For a helpful discussion, see Sabine Müller, "Body Integrity Identity Disorder (BIID)—Is Amputation of Healthy Limbs Ethically Justified?," *American Journal of Bioethics* 9.1 (January 2009): 36–43, doi: 10.1080/15265160802588194.

<sup>39</sup> See Tim Bayne and Neil Levy, "Amputees by Choice: Body Integrity Identity Disorder and the Ethics of Amputation," *Journal of Applied Philosophy* 22.1 (March 2005): 75–86, doi: 10.1111/j.1468-5930.2005.00293.x.

intuitions—perhaps these objections even “communicate ableism”—in that the objector takes life without limbs to be worse than life with limbs.<sup>40</sup> Barnes’s response strikes me as too simplistic, however. One can think that destroying healthy limbs, tissues, and organs is generally a very bad thing for medical personnel to do without thinking that the subject whose limbs are being destroyed will be worse off (i.e., less happy) after the procedure.

Second, the transition costs associated with causing an individual to become disabled may explain why adults who have acquired disabilities sometimes judge that becoming disabled was bad for them. But, as Barnes notes, the same transition costs do not apply to fetuses or infants. So if it is bad to cause disability in fetuses or infants, it is not because of transition costs. In these cases, Barnes turns to her non-interference defense: it is wrong to cause disability in infants because “we tend to think you should refrain from drastically altering a child’s physical development.”<sup>41</sup> But this line of reasoning applies just as well to removing disability as it does to causing disability. That is, Barnes argues, “Causing and removing disability are, in the absence of transition costs, on a par.”<sup>42</sup> In short, this means that if causing a fetus to become disabled is morally impermissible—which I suspect many people maintain—then causing a disabled fetus to be non-disabled is morally impermissible in precisely the same way and to the same degree. Barnes recognizes that this claim will strike many as “counterintuitive” because “most people assume it’s worse, *ceteris paribus*, to be disabled than to be non-disabled. But the mere-difference view rejects this assumption outright.”<sup>43</sup>

This discussion reveals that, if MDD is correct and we wish to reconcile it with PTE, we cannot maintain that human flourishing depends on having features like vision, hearing,

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<sup>40</sup> See Barnes, *Minority Body*, 155–157.

<sup>41</sup> *Ibid.*, 149.

<sup>42</sup> *Ibid.*, 151.

<sup>43</sup> *Ibid.*, 156–157.

mobility, or any other physiological features that are identical with or entailed by some physical disability. Even granting that features like vision are intrinsic goods—as Barnes does<sup>44</sup>—they cannot be thought of as goods required for human beings’ flourishing as living, sentient, social, rational animals. Furthermore, any attempt to transition an infant by, say, improving or restoring his or her senses is not morally different than causing an infant to lack those same senses. Both restoring and removing are morally objectionable, given that they violate important non-interference norms. Hence, if causing an infant to lack vision is morally abhorrent, it follows that restoring an infant’s vision is morally abhorrent in the exact same way. Lastly, if we accept PTE and MDD, the defender of MDD must take care to ensure that the features on our list of things required for human flourishing do not entail one’s having the relevant physiological features. If *being healthy* is on the list—insofar as animals require a certain degree of health to flourish qua animals—we must make sure that *being healthy* does not entail that one has the ability to see, hear, speak, walk, and so on.

These all strike me as high costs. To maintain PTE and MDD, one must accept a very particular, controversial view of human flourishing and, plausibly, of health. Namely, those who lack all five senses, on the current view, are still capable of flourishing fully as *sentient* animals. Whether such a view is plausible or not, this commitment to a very specific view of human flourishing seems to be in tension with Barnes’s stated goal of remaining “as neutral as possible with respect to theories of well-being.” That is, Eberl’s account of *human nature* is rather general, while the account of *human flourishing* that Barnes must embrace is heavy-laden with content. Although there may be relatively little controversy in saying that human beings are sentient animals, there is likely to be much more controversy over the claim that flourishing as a

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<sup>44</sup> Ibid., 56–58.

sentient animal does not require the ability to see, hear, speak, feel, and move. As a result, even if this represents a way to reconcile MDD and PTE, it would be better to reconcile the positions without requiring such weighty commitments.

### *Disjunct 3: Functioning Well*

Disjunct 3 is especially problematic if there is a direct connection between flourishing and functioning well. It may be that a necessary condition of flourishing is that one's body functions well, for example. Thus if Barnes is right—that disability and flourishing fully are compatible—then having a physical impairment *must not* imply that one's body is failing to function well. I will now examine the plausibility of that claim.

Consider Alexander's biconditional if we focus only on disjunct 3:

A human being is *supposed to have* some feature, *F*, just in case (*all*) well-functioning members of the human kind have *F*.

Within the tradition of PTE, functioning well is often understood in an ideal sense. The paradigmatic instance of functioning well is to function perfectly. Brian Brock, for example, interprets Augustine as claiming that human development generally follows “a ‘pattern’ or ‘potential’ woven into the fabric of the body, present from birth.”<sup>45</sup> At present, all human beings fall short of the normative ideal, and, insofar as each person falls short of the norm, that is an evil.

This does not imply that all human beings are disabled, of course. This is crucial to note, given Timpe's suggestion that this sort of claim “diminishes the very real difficulties faced by

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<sup>45</sup> Brian Brock, “Augustine's Hierarchies of Human Wholeness and Their Healing,” in *Disability in the Christian Tradition: A Reader*, ed. Brian Brock and John Swinton (Grand Rapids, MI: Eerdmans, 2012), 68.

people with disabilities and demeans the ways that they have been, and are still, mistreated.”<sup>46</sup>

Rather, the fact that all fall short of the standard of perfection implies that everyone is subject to some bad states of affairs (even though not all bad states are disabilities).

But, as Brock points out, even though all human beings fall short of the standard, Augustine held that “the perfect individual pattern hidden in humans from conception will be expressed in its fullness in the Resurrection,” which led him to conclude that in the resurrection, “all human infirmity will be healed,” including conditions that we describe as or, at least, associate with disabilities.<sup>47</sup> It should be noted that what counts as an infirmity here may be ambiguous for the Christian. Christ’s wounds, for example, have obvious theological and phenomenological importance. Yet there is a sense in which they may be described as a deviation from perfect function. They are, after all, the result of a brutal injury. This means that there is conceptual space to allow that some impairments might persist in the resurrection in the same way, given their relevance to one’s self-identity.

In the previous section, we saw that it is at least possible to construct an account of flourishing such that defenders of PTE could preserve the claim that people with disabilities flourish in the full sense of the word. Function is not so amenable. After all, particular body parts seem to have particular functions. These functions also seem to be consistent across individuals. The function of a heart, for example, is to pump blood. And this function seems to be consistent for all human hearts. Hearts that fail to pump blood are bad hearts. Therefore, it makes sense to evaluate different human hearts according to that standard.

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<sup>46</sup> Kevin Timpe, *Disability and Inclusive Communities* (Grand Rapids, MI: Calvin College Press, 2018), 98.

<sup>47</sup> Brock, “Augustine’s Hierarchies,” 69.

What about other body parts, like eyes and ears? Is the function of an eye to enable the body to see? If so, then eyes that fail to perform this function are bad. Suppose some individual *R* has eyes that fail to perform their characteristic function altogether. Drawing from the distinction between disability and impairment, it seems uncontroversial to say that *R* has an impairment. On PTE it seems that impairments are inherently bad. Thus, when all else is equal, the difference that exists in bodies that have impairments, compared with those that do not, is a bad difference. This runs contrary to MDD.

In response, defenders of MDD are free to reject the idealized standard of perfect function. Of course, for PTE to have any substance, there must be *some* standard of functioning well. Without a standard, there are no bad states of affairs whatsoever—not even broken bones would be bad—which is untenable. As a result, defenders of MDD simply need to show that there is a standard of functioning well that can be satisfied completely by people with physical disabilities.

There are at least three ways of defending this claim. One may argue that: (1) body parts do not have particular functions; (2) physical disabilities are not and do not entail any degree of dysfunction in the body, or (3) being a well-functioning member of the kind *human being* has nothing to do with the state of one's body.

Option 1 is implausible. If body parts do not have functions, then there is no such thing as a malfunctioning body part (e.g., no such thing as a malfunctioning heart), which is false. Regarding option 2, if physical disabilities never entail dysfunctions in the body, then people who are blind—from, say, macular degeneration or some traumatic injury to the eyes—do not have malfunctioning eyes. It follows that the function of eyes cannot be to enable vision. If that were the function of a human being's eyes, then failure to perform that function would be a bad

thing. We may wonder, therefore, What is the function of an eye if not to see or to enable the body to see? The defender of MDD will need to tell us.

Furthermore, whatever story they offer must allow us to make sense of practices like corrective eye surgery. If the function of the eye is not to see, then these types of surgeries are not actually corrective so much as they are elective. They do not restore a lost function that eyes ought to have generally. Instead, they just allow the eye to do something different than it could do previously. This change cannot be thought of as a good thing. The same goes for medical procedures that improve hearing, movement in one's limbs, or "correct" any impairment in general: None of these procedures *restores* proper function to any of a patient's body parts.

Here, a concern raised in the previous section returns: If the transition from lacking vision to having vision is a mere difference (transition costs aside), the transition from having vision to lacking vision is a mere difference as well. Where people consent to these transitions (in either direction), Barnes's preferred defense of MDD implies that these transitions are permissible. More specifically, the individual who blinds himself or herself does nothing to inhibit or diminish the function of his or her eyes. Their eyes function no worse after the blinding as they did before it.

Further, in the case of fetuses and infants, according to Barnes's non-interference principles, it is wrong to cause transitions in either direction, since we "should refrain from drastically altering a child's physical development." It follows that physicians do something *immoral* when they operate on an infant's eyes, "restoring" vision when the infant otherwise lacks vision due to some anatomical feature of their eyes. In fact, the physician cannot even claim to be improving the *function* of the infant's eyes. And even if we set aside concerns about non-interference, the physician, on this view, simply changes the infant's body from having one

neutral feature (blindness) to having another neutral feature (non-blindness), which is akin to changing the infant's hair color. Hence "restoring" vision in infants is, at best, a morally neutral undertaking, although Barnes claims the practice is morally abhorrent in the same exact way as *inducing* blindness in infants.<sup>48</sup>

Lastly, Option 2 implies that any impairment *I*, which is entailed by a particular physical disability *D*, does not involve any bodily dysfunction. The proper function of a particular body part is never impeded or diminished by a given impairment entailed by a particular disability. This requirement places a tremendous restriction on what can count as the proper function of a particular body part. The proper function of a human being's nerves, for example, cannot involve sending signals to and from one's limbs. If it did, then the bodies of people with certain forms of paraplegia would be dysfunctional, which would make their bodies *bad* in some way (on PTE). This runs contrary to MDD.

The restrictions regarding what counts as a body part's proper function might be so extreme that option 2 collapses into option 1: we cannot specify proper functions for body parts at all. The impairments that are entailed by physical disabilities come in so many variations that it would be impossible to define each body part's proper function in ways that avoid implying that impairments cause or simply are dysfunctions.

Option 3 involves the claim that being a well-functioning member of the kind *human being* has nothing to do with the state or function of one's body. Being embodied might be necessary for being a well-functioning human being, of course. As I argued in the previous section, it seems reasonable to assume that—at a very general level—human beings are living, sentient, social, rational animals. So, on option 3, that one's body *operates* well is not required

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<sup>48</sup> Barnes, *Minority Body*, 147–148, 151.



for one to count as a well-functioning member of the species. This option also allows us to say that any dysfunction in the lives of people with disabilities is due to social disruption, whether extrinsic factors (e.g., unjust or exclusionary social structures) or intrinsic factors (e.g., defects in the agent's own character).

Option 3 seems to be more plausible than options 1 and 2, but it does come with costs. Namely, we must accept a particular, controversial account of what the function of a human being is. Function cannot be understood as requiring one's body parts to function well or at all, nor can functioning well (*qua human being*) be affected by the operation of one's body parts. This seems like a project that can be done. But again, it would be preferable to reconcile PTE with MDD without requiring a commitment to a specific, controversial account of proper function.

### *Costs of Rethinking "Supposed to Have"*

PTE tells us that there exists some kind of standard for human beings, deviations from which are bad. Supposing there is a standard for perfect human flourishing or functioning, individuals suffer from evils or bad states of affairs to the extent that they fail to meet that standard. Above, I argued that it is possible to define human flourishing and function in ways that it is possible—in principle—to show that flourishing fully and functioning well are compatible with having a physical disability. Doing so shows that PTE and MDD can coexist. But in both cases, we must accept substantial and fairly controversial claims about human flourishing and function. I argued that the cost of accepting these claims is high. As a result, my goal in the next section will be to harmonize PTE with MDD while avoiding such high costs.

## Disability and Defeat

As a different type of response than those considered above, I will now explore how literature on *defeat* may help resolve the tension between PTE and MDD. Timpe and Cobb have explored a similar theme, although their goal was to show that “if there are *bad-difference* disabilities, then the defeat of evil that God’s goodness to His creation requires must involve the defeat of the suffering attending those *bad-difference* disabilities.”<sup>49</sup> They also proposed ways in which God might defeat this suffering. But my concern is not the suffering associated with disabilities. Rather, I will explore a solution through which the badness of impairment may be defeated by the good of being embodied in a particular way. I then consider and respond to objections to that solution.

### *A Proposed Solution*

To start, I will continue to suppose that physical disabilities entail some impairments, and that, on PTE, impairments are inherently bad. Thus physical disabilities entail some inherently bad state of affairs. Disabilities are not identical with those bad states of affairs, however. Instead, disabilities—or rather the good of being embodied in a particular way—can defeat the badness of those states of affairs.

This may seem like an outright denial of Barnes’s account of MDD since she holds that in some cases, disabilities are indistinguishable from impairments and she insists that these disabilities are not inherently bad. However, even if we must reject Barnes’s claim about the relations between certain disabilities and impairments to *some* extent, we do not have to reject the most central and important aspects of her account of MDD. In short, Barnes’s most

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<sup>49</sup> See Timpe and Cobb, “Disability and the Theodicy of Defeat,” 110, emphasis original.

sophisticated and well-developed claims about the nature of disability actually give us reason to reject her earlier claim that sometimes the disability–impairment distinction collapses (or so I will argue).

Regarding *defeat*, Marilyn McCord Adams states that some “evil *e* can be defeated if it can be included in some good-enough whole to which it bears a relation of organic (rather than merely additive) unity; *e* is defeated within the context of the individual’s life if the individual’s life is a good whole to which *e* bears the relevant organic unity.”<sup>50</sup> As Timpe and Cobb explained, “Only the *defeat* of evil allows the person to fold her experience of horrendous evil into a life story the parts of which she would not wish away in spite of their horror.”<sup>51</sup>

This type of defeat *might* be at work in disability pride movements, which often are associated with “disability rights activists who say they value being disabled and would not want to be ‘cured’ (even if a magic pill was available that cured their disability with no risks and no side effects).”<sup>52</sup> Disability pride flies in the face of the perspective that disability is tragic or inherently bad. As Barnes puts it, the “bedrock of the disability pride movement” is that “*being disabled* is something valuable.”<sup>53</sup>

What does disability pride have to do with defeat? As noted above, *defeat* is a technical term. It does not mean “overcoming” or “flourishing in spite of.” Rather, it occurs when some feature, event, state of affairs, and so on is incorporated into a whole, such that the whole itself cannot be obtained without the relevant feature, and the whole is judged to be a great good. In the case of disability, an impairment and the consequences that it has for one’s life—both good

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<sup>50</sup> Marilyn McCord Adams, *Horrendous Evils and the Goodness of God* (Ithaca, NY: Cornell University Press, 1999), 28.

<sup>51</sup> Timpe and Cobb, “Disability and the Theodicy of Defeat,” 105, emphasis original.

<sup>52</sup> Barnes, *Minority Body*, 105.

<sup>53</sup> *Ibid.*, 92, emphasis original.

and bad, whether in an ableist culture or not—may be woven into one’s life story in such a way that one’s life (i.e., one’s identity, experiences, and way of relating to the world) is judged to be a tremendous good. This good (one’s life story) cannot be obtained without the relevant impairment, however.

This follows even if the impairment is not required for one’s *bare metaphysical identity*, to use Adams’s term. To help distinguish between what I call one’s life story and one’s bare metaphysical identity, Adams writes, “What we are attached to in ourselves, in a reasonable self-concern, is not just our bare metaphysical identity, but also projects, friendships, and at least some of the most important features of our personal history and character.”<sup>54</sup> One’s life story includes both one’s bare metaphysical identity and the other features that Adams lists here. This distinction seems to be at work in Timpe’s essay as well, when he writes: “While being a parent is only a contingent part of my identity, stripping me of the relationship I have with my children in the afterlife would involve a needless, damaging, and perhaps even unjust change to my identity. So too with some disabilities.”<sup>55</sup> Being a parent is not an essential part of Timpe’s bare metaphysical identity, but it is an essential part of his life story.

It must be emphasized that when an evil is defeated, it is not simply overcome or undone, nor does an agent flourish *in spite of* that evil. If *defeat* simply meant “overcoming,” then this proposal might commit hermeneutical injustice against individuals with disabilities who have “positive experiences of disability.”<sup>56</sup> After all, if the best one can do is flourish in spite of being disabled, then there is no conceptual space for the idea that disability is (or can be) a positive

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<sup>54</sup> See Robert Merrihew Adams, “Existence, Self-Interest, and the Problem of Evil,” *Noûs* 13.1 (March 1979): 60, doi: 10.2307/2214795.

<sup>55</sup> Kevin Timpe, “Disabled Beatitude,” in *The Lost Sheep in Philosophy of Religion: New Perspectives on Disability, Gender, Race, and Animals*, ed. Blake Hereth and Kevin Timpe (New York: Routledge, 2020), 244.

<sup>56</sup> Barnes, *Minority Body*, 179, emphasis original.

state of affairs. To advance the view that disability is always a tragedy is to make “positive experiences of disability difficult to articulate and understand,” which, for Barnes, means committing hermeneutical injustice.<sup>57</sup> The current line of argument suggests that disability—as understood in terms of one’s personal identity, experiences, and relationships—is not deficient or bad, even if impairments are bad.

To further illustrate, compare the discussion of *defeat* to the testimony of Nadina LaSpina, a disability rights activist who contracted polio as a child, lost the function of her legs, and now lives in chronic pain: “Certainly the pain...of disability [is] not wonderful, yet that identity is who I am. And I am proud of it”.<sup>58</sup> Here LaSpinda is explicitly taking pride in *herself*—her *identity*—as it has been shaped by certain features of her existence (e.g., her impairments). It is clear that in LaSpinda’s case, we have a particular disability that entails certain negative states of affairs. But LaSpina’s *identity*—as being a particular human being with a unique life story, set of experiences, and way of relating to the world—is not lacking anything. That is, there is nothing inherently bad about LaSpinda’s identity, even on the classical formulation of PTE. So her taking pride in being a particular person is perfectly reasonable. In this way, even those who defend a classical version of PTE can still “leave room for the coherence of *disability pride*.”<sup>59</sup>

### *Affirming the Mere-Difference View of Disability*

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<sup>57</sup> Ibid.

<sup>58</sup> As quoted in Barnes, *Minority Body*, 115.

<sup>59</sup> Ibid., 168.

To drive home the point that defenders of PTE can use the concept of defeat to affirm MDD, recall the claims generally associated with the latter. Defenders of MDD deny the claim that disability is bad in itself. Other important tenets may include:

1. Disability is analogous to features like sexuality, gender, ethnicity, and race.
2. Disability is not a defect or departure from “normal functioning.”
3. Disability is a valuable part of human diversity that should be celebrated and preserved.
4. A principal source of the bad effects of disability is society’s treatment of disabled people, rather than disability itself.<sup>60</sup>

MDD is fundamentally a view about disability. If disability is not merely about the physiological features of one’s body, but is, instead, about the unique experiences, personal identity, and relations which result from being embodied in a particular way, then there is a *mere difference* when comparing those things. Rather than focusing on differences between bodies, MDD seems—most fundamentally—to be concerned with differences between people (or respective identities). This, at least, follows from understanding disability in ways other than the “overly medicalized view,” which identifies disability with particular sets of physiological features.

Consider tenet 1. Differences in sexuality and gender are not reducible to bodily features or functions. Disability, we are told, is just like that. Specifically, disability involves a “complex, multi-faceted *experience* of inhabiting” a particular kind of body. Most importantly, Barnes notes, “when people value disability, they value this unique, complex *experience*.”<sup>61</sup>

These claims seem to conflict with Barnes’s explicit use of *disability* as referring “to particular bodily features or conditions.” There are two claims to consider here, however. First,

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<sup>60</sup> Ibid., 69-70.

<sup>61</sup> Barnes, *Minority Body*, 107, emphasis added.

that some disabilities are indistinguishable from particular physiological features (e.g., impairments). Second, that saying a disability is reducible to (or indistinguishable from) a particular bodily feature is to endorse an overly medicalized and incorrect view of disability. One cannot affirm both claims. The second claim seems to align better with MDD than the first, since MDD often involves a rejection of the medical model of disability. Further, the first claim (by itself) really has nothing to do with the central tenets of MDD (listed above). Since we must reject one of the two claims anyway, I think the best way to think about Barnes's *overall* account of MDD is to set the first claim aside.

Defenders of PTE can, therefore, proceed as follows: There is a bad difference between bodies that are impaired and comparable bodies that are not. This is because impairments involve the failure of the body—or some of its parts—to function well. But there is not a bad difference between disability and non-disability, because disability is not the same as (or reducible to) having a particular kind of body. Disability is about having a particular kind of identity or set of experiences and relations in virtue of being embodied in a particular way. When comparing a person with a disability with someone without one, therefore, there is a mere difference between them. These people's respective identities—personal stories, ways of experiencing the world, and so on—are merely different; neither is inherently better or worse.

By going this route, the defender of PTE can affirm tenets 1–4. Regarding tenet 1, disability, as a special kind of identity or way of experiencing the world, is analogous to sexuality, gender, ethnicity, and race. Disability is not a defect because PTE generally does not adjudicate between differences in personal identities. If character traits were included within one's personal identity, then PTE might have something to say about those (e.g., that vicious character traits are evils). But physical disabilities and impairments are not character traits.

Tenet 2 is safe because there is no standard of normal functioning with respect to personal identity. People have unique identities and experiences. PTE does not entail that some of them are worse than others or even that their relative value is commensurable.

Regarding tenet 3, PTE is compatible with the claim that there is something good about individuals' experiencing the world in distinct ways. Augustine, for example, is emphatic that "in the bounty of his goodness," God creates a plurality of creatures and objects. The *differences* between created things "contribute to the more perfect being of the universe." Thus those who argue that these differences are a bad thing—as though the moon should not have been made because it is not the sun—are woefully ignorant. For Augustine, "All things were created in their proper order."<sup>62</sup> Failure to see things this way—to appreciate or even celebrate diversity in God's creation—is a failure to see God's creation as perfectly good.

How does this help defend tenet 3? It allows one to argue that "in the bounty of his goodness," God made (or allowed) human beings to relate to the world in different ways, to enjoy different ways of experiencing life, etc. It can be argued that disability—as a distinct way of experiencing and relating to the world—is just such a difference. Defenders of PTE may maintain that, in some way, the perfection of the whole created order might be impoverished (in some way) were disability absent. Insofar as God is to be praised for his creating diverse beings, God may be praised for creating human beings with differing personal stories, experiences, and ways of relating to the world.

Lastly, consider tenet 4—the claim that the principal source of the bad effects of disability is society's treatment of people with disabilities rather than disability itself. Not everyone who is disabled will experience the relevant kind of defeat. That is, not all will come to

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<sup>62</sup> Augustine, *On Free Choice of the Will*, trans. Thomas Williams (Indianapolis, IN: Hackett, 1993), 81–2, 88–89.



see their disability as a “valuable part of human diversity” or something to be celebrated. Unjust social structures may be to blame in many, if not *most*, of those cases. Social structures that disadvantage individuals with disabilities may make it much more difficult for those individuals to recognize or accept their impairments as essential components of some great, irreplaceable good (e.g., their identity or their unique way of experiencing/relating to the world). Given that the defender of PTE can affirm all four core tenets of MDD, therefore, it seems PTE and MDD can coexist comfortably.

### **PTE and MDD are Compatible**

In this essay, I have described several ways to reconcile PTE and MDD. Some available options require a commitment to a very controversial—if not straightforwardly implausible—account of human nature, human flourishing, and bodily function. I suggested that in those cases, the cost of reconciliation is probably too high. Hence, I have sketched another path to reconciliation, which draws from literature on the defeat of evil. This path allows us to reconcile PTE with MDD without substantial metaphysical costs. Specifically, PTE identifies impairments as *bad*. The badness of impairment may be woven into a greater good: one’s identity or experience of the world, as grounded in being embodied in a unique way. When this occurs, the badness of impairment is *defeated*. If successful, then those who maintain that PTE is central to the Christian faith may embrace the central tenets of MDD without fear of undermining their commitment to belief in the goodness of God’s creation or the nature of evil within it. Defenders of MDD, furthermore, are relieved of the burden of convincing their readers to embrace a highly controversial account of human flourishing and function. This project, therefore, stands to benefit both the defender of PTE and the advocate of MDD alike.