A Puzzle about Disability and Old Age

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ABSTRACT It is often claimed that (i) disability is bad for disabled people only when they live in an ableist social environment. However, few believe that (ii) having the physical and mental capacities that typify old age is worse than having the capacities of, say, a typical 30 year-old only because we live in an ageist social environment. This is a problem, because it is plausible that (iii) claim (i) is correct if, and only if, claim (ii) is. The three claims form a trilemma. At least one must be rejected, however attractive each may seem. I submit, first, that how we think about disability-related disadvantage constrains the way we should think of old age-related disadvantages, and vice versa. Second, this constraint forces most of us to revise the way in which we think about either the disadvantages of disability, or old age, or both. Third, ultimately, it is more fruitful to discuss whether the disadvantages specifically connected with disability, or old age, or both, are bad in themselves rather than discussing whether the broad and quite varied set of disadvantages involved in disability and old age, respectively, are bad independently of the nature of the relevant social environment in which they exist.

1. Introduction

A few decades ago, most philosophers accepted something like the *bad-difference view of disability*. On this view, disabilities are kinds of bodily or mental dysfunction that are worse in themselves for the disabled person, and, accordingly, we should seek to mitigate or eliminate the relevant kinds of dysfunction through medical interventions.[1] Ideally, such interventions can transform disabled persons into able-bodied ones and prevent the coming into existence of new disabled persons.[2]

Nowadays, few disability theorists accept this view.[3] Most instead emphasize that what the social environment in which people live play a very large role in determining what counts as a disability and disadvantages disabilities involve. From this, they infer that the morally appropriate way to address disability is to alter the social environment so that it becomes more inclusive and thereby accommodates the 'needs, interests, capacities, and ends' of disabled people as much as it does non-disabled people.[4] Call this view:

The mere-difference view of disability

> Being disabled is no worse in itself for the disabled person than being able-bodied; it is merely different. To the extent that it is worse, this is due not to the disability itself, but to an ableist social environment.[5]

An *ableist* social environment is one which matches the needs and abilities of able-bodied people significantly better than the needs and abilities of disabled people. An example of this is the, until recently, widespread absence of wheelchair access to public buildings.[6] Another example is the still common thought that providing wheelchair access involves 'extra costs,' as if providing access to able-bodied people is the baseline relative to which extra costs are identified.

The mere-difference view certainly does not imply that disabled people are generally as well off as able-bodied people. Indeed proponents of the view typically think they are not. The position is rather that the differentials in well-being that do exist are the result of ableist social structures and not simply to the way in which the bodies and minds of disabled people differ from those of non-disabled people.[7] Being, say, a woman in a sexist society is bad for you. But that is not because being a woman is bad for you in itself. In the absence of sexism, it would make no difference in terms of overall disadvantage whether one is a man or a woman. The mere-difference view of gender seems very plausible. Friends of the mere-difference view of disability claim that, on reflection, we can see that the same is true of their view.

Views about old age similar to these two views of disability are easily conceivable. Yet, remarkably, our thinking seems not to have undergone a similar transition from a bad-difference view of old age to a mere-difference view.[8] For most people – lay people and philosophers, some of whom write on disability – old age generally involves increasing degrees of bodily and mental dysfunction which should be mitigated (though very often they

are not) through healthy life-styles, surgery, medicine, and, ideally in the long term, a scientific understanding of the biological processes of ageing that will enable us to slow down or even reverse these processes.[9] As Hauskeller puts it: 'In ageing, we experience the gradual disintegration of our bodies and, often enough, our minds. Taken by itself this really is bad for us, that is, your ageing is bad for you and mine for me'.[10] On this view it is not the case that, as they age, chronologically and biologically older people are subjected to social processes of 'dis-ageing' (in the way that disabled people become so through a social process of dis-abling, according to some theorists subscribing to the social model of disability). It is inaccurate to say, for example, that as they age in the biological sense the elderly find increasingly that the social world is no longer in harmony with their 'needs, interests, capacities, and ends' and thus are excluded from more and more activities in society in avoidable ways that disadvantage them. In short, most subscribe to:

> *The bad-difference view of old age*
>
> Being old is worse in itself, and not merely different, for the older person than being young. To the extent that it is worse, this is due, in part at least, to old age in itself and not just to an ageist social environment.[11]

Typically, at least in Western societies, ageist social environments are constructed to suit the needs and abilities of people who are not old.[12] As a result, they fail to match the needs and abilities of older people.[13] An example of this is the fact that many social interactions take place in settings involving a cacophony of voices and sounds, discouraging older people from taking part in those interactions – at all, let alone on an equal basis.[14] However, friends of the bad-difference view of old age need not deny that, in part, older people are often worse off than young people as a result of living in an ageist social world. All they need to deny is that

this is *all* there is to the disadvantage of old age. In defense of their view, they can point to fact that most people of, say, 90 and older have significant impairments in, for example, their vision and hearing, mobility, memory and learning ability, and in their ability to adapt to new situations; they can then stress the difficulty of imagining a social world in which such impairments are not disadvantageous.[15]

With the mere-difference and bad-difference views of both disability and old age in mind, it seems natural to conjecture:

The biconditional claim

The mere-difference view of disability is true if, and only if, the mere-difference view of old age is true.

One thought behind this conjecture is that old age generally involves developing disabilities or conditions similar to disabilities.[16] Take deafness.[17] Deafness is generally considered a disability in part because it prevents one from being able to take part in many social interactions. But the same is true, albeit to a lesser extent, of reduced hearing. Generally, older people have worse hearing than young people.[18] If the disadvantages experienced by deaf people are due to an ableist social world, it is difficult to see why the same is not true of older people with impaired hearing. Similarly, if the disadvantages involved in being disabled in a way that involves wheelchair use should be conceived in accordance with the mere-difference view, it is difficult to see why we should not similarly adopt a mere-difference view of the reduced mobility of older people, who are in any case overrepresented in the group of wheelchair users.[19] Similar claims are true of many other conditions characteristic of old age, including slower reflexes, impaired memory, decreased muscle strength, poor

balance and low oxygen consumption. It seems therefore that the mere-difference view of disability and the mere-difference view of old age are in lockstep.

If the mere-difference view of disability and the bad-difference view of old age are widely accepted, and the biconditional claim is plausible, we have a trilemma. Not all three claims can be true. Any pair of them logically entails the negation of the third. Thus, if we accept both the mere-difference view of disability and the bad-difference view of old age, we are committed to agreeing that disability and old age differ in ways that oblige us to reject the biconditional claim. But if we are logically compelled to reject at least one of the three claims, which of them should that be?

In Sections 2-4, I consider each of the claims in turn. I argue that none is plausibly denied, and that in any case that a not implausible denial of the mere-difference view of disability fails to extract us from a trilemmatic predicament. In the final section of the paper, I suggest that the lesson of the preceding discussion is that, in a certain sense, we should reject an assumption often made in discussions of the badness of disability and old age. This is the assumption that the key thing is to determine whether disability or old age are bad in themselves. Rather, I suggest, what is important is to determine whether specific disabilities and specific conditions typifying old age are bad in and of themselves, or, if they are not, to what degree their badness results from an unaccommodating social environment. This is one important lesson we can learn from the discussion of the disability-old age trilemma, and one that has important implications for much published work on the badness of disability and old age. Another lesson is that, as the trilemma highlights, how we think of the badness of disability constrains how we can think about the badness of old age, and vice versa. Thus, theorizing either should be done in tandem with theorizing the other. It is my belief that when we do this we realize that most of us need to revise the ways in which we think about either the disadvantages of disability, or the disadvantages of old age, or both.

2. Rejecting the bad-difference view of old age?

Can we evade the trilemma by denying the bad-difference view of old age? If you are sympathetic to the mere-difference view of disability, that option might be your initial thought, especially if you found the briefly summarized motivation I offered for the biconditional claim above attractive.

The first problem with this way of resolving the trilemma is that the mere-difference view of old age looks extremely implausible. Suppose you were offered a pill at no cost at the age of 25 that would stop your body and mind ageing – meaning, for example, that your risk of Alzheimer's would not double every five years of age after age 64.[20] The pill would not affect the length of your life. Would you decline to take it on the ground that doing so would be pointless as it would not affect you for better or worse? I suspect virtually no one would. [21] After all, people are willing to pay huge sums for medical and quasi-medical products and treatments that allegedly slow down the ageing process marginally, and this attests to the fact that their considered view is that ageing is bad for them.[22] Also, I suspect that most people would still be strongly inclined to take the pill even if they were confident that the social world of the future would be a non-ageist one in which people with slower reflexes, impaired memory, and so on, enjoy maximal feasible social accommodation.[23] In taking the pill, one need not think it will have no negative impacts. Thus, one might be able to see that one is likely to lose out on the experience and wisdom of aging that is gained through living in a 'different skin' and encountering the world, and others' reactions to it, as a person vulnerable both to physical change and negative social attitudes. It would still be rational to accept the pill if its expected benefits outweigh its expected costs.

It might be conceded that most of us probably would choose to take the anti-ageing pill but insisted that this provides little support for the bad difference view of old age. The

choice, it might be said, probably reflects a mid-life bias which makes us underestimate the pleasures and benefits of old age and exaggerate the troubles it involves.[24] We have the idea of a 'well-rounded life' – one that naturally arcs from childhood, through adolescence and maturity, and reaches old age.[25] Old age is merely different from other phases of life. It plays a different, but equally important, role in relation to a life that is good as a whole, and in its absence a life is poorer.[26] So, old age should not be assessed in isolation, but in terms of its contribution to the greater narrative whole of which it is a part.

This reply seems to point up a difference between old age and the age of maturity. It suggests that to explain the value of the latter we do not feel the need to appeal in the same way to its role in one's life as a whole. Admittedly, some might retort that the value of any segment of one's life needs to be determined holistically, e.g., also youth and middle-age, i.e., as part of the greater whole which one's life as a whole consists of. This takes me to the second problem which is that, in itself, the idea of the value of a given segment of one's life being determined holistically in the indicated way is consistent with one's life as a whole being better still if the last stage involves the agility and sharpness of mind of a 25 year-old. More generally, one could clearly live a *more* well-rounded life if one were free of many of the impairments and restrictions that old age typically visits on us – e.g., because that might enable one to complete projects that would otherwise remain unfinished, and because some of the impairments leave parts of our lives difficult to fit into any coherent narrative, even if dependency on others often involves important lessons and strengthens valuable ties.[27] As noted, defenders of the bad-difference view of old age have no need to deny that in some respects ageing is, biologically speaking, good for us.[28] Plausibly, there are certain advantages of maturing – e.g., coming to terms with the fact that at some point one will cease to exist and, as Socrates submits, the tranquility and wisdom of old age – that one would be less likely to enjoy if one were immune to biological processes of ageing (though recall that

the pill in question would not postpone death). However, advocates of the bad-difference view of ageing will then insist that these advantages are outweighed by the accompanying disadvantages.

A further problem is that, like the mere-difference view of disability and the biconditional claim, the bad-difference view of old age can be understood in two different ways. We can understand it as a universal generalization. On this reading it is true if, and only if, of any older person, it is true that this person's life would have been better without biological ageing. We can also understand it as a generic generalization. So understood, it is true if it is true of a sufficiently high number of older people (short, and perhaps far short, of all older people) that their lives would have been better without biological ageing. On the second understanding the claim is like the warning 'Ticks are dangerous', which is true even if far from all ticks carry Lyme's disease.[29] When it is understood in this way, the bad-difference view of old age is very plausible. Certainly, it cannot be refuted simply by pointing to a significant number of people whose lives are better on account of their ageing because they have well-rounded lives. We will return to the distinction between universal and generic generalizations in the conclusion.

A better reason to reject the bad-difference view of old age is the following: Once we zoom in on what, exactly and essentially, old age is, we can see that, at least when it is interpreted in one way, the bad-difference view is highly implausible. The issue here is that one might understand different things by 'old age'. Joona Räsänen helpfully distinguishes chronological, biological and experiential age. Biological age is determined by one's 'biological fitness and health', while experiential age is a matter of the 'amount of time one has been conscious and lived' one's life. [30] We also sometimes speak about age in what we might call 'an existential sense', looking at it as a matter of how far we have come in the narrative that our lives form.[31] All of these diverge from chronological age (i.e., the length of

time that has passed since one came into existence) when one is still alive – e.g., due to prolonged periods of unconsciousness – as well as come apart from one another.

Suppose by 'old age' we mean advanced chronological age. If so, the fact that one is in old age, having lived for, say, 65 years as opposed to 30, cannot plausibly be said to be bad in itself. People who have lived for 65 years typically have fewer years left to live than people at 30, but this not true of being old (65 years or more) in itself. Also, typically the bodies and minds of 65 year-olds are deficient in ways that the bodies and minds of 30 year-olds are not.[32] But again, this is not true of old age in itself – you could, in principle, have a super-healthy, super-sharp mind at the age of 65 – indeed, a mind healthier and sharper than that of your 30 year-old self.[33]

I agree with this. Chronological old age is not bad in itself. So, if by 'old age' we mean old age chronologically speaking, the bad difference view of old age must be false. However, I do not think we can resolve the trilemma by rejecting the bad-difference view of old age on that ground. First, for similar things can be said about any kind of disability. Suppose you are paralyzed. If you have a sci-fi internal, maintenance-free, intention-controlled, mechanical, limbs-controlling device that enables you to be no less agile than non-paralyzed people, that will not be bad for you. In general, being paralyzed is only bad in the absence of such devices, and thus not bad in itself.[34]

What this shows is that the sense of the phrase 'in itself', as that is used in the statement of mere-difference and bad-difference views, is *loose*. What is meant by the claim that old age, or disability, is bad in itself is that old age, or disability, with the body and mind people typically have when they are old in a biological sense or disabled, is bad in feasible, or even all possible, social conditions and norms. Since, say, loss of memory is a typical condition of old age, and assuming that, in varying degrees, loss of memory is bad for the person in question across all, or most, feasible social conditions (even in non-ageist social

environments), old age is – in the looser sense of 'in itself' – which, so I emphasize, is the one employed throughout in this article except for the previous paragraph's brief discussion of my sci-fi example – and in the relevant respect – bad in itself.[35] The same is true of disabilities. Hence, the present objection does not point to a way out of the trilemma. It simply reminds us to clarify our meaning, and once the bad-difference view of old age is so clarified, this view continues to be very plausible.[36]

3. Rejecting the biconditional?

If we must accept the bad-difference view of old age, perhaps we should reject the biconditional. Should we do that? I have already offered what I take to be a strong reason to accept it. This is that many of the disadvantages involved in old age and disability are essentially the same, or at least of the same kind. This entails that old age and disability are relevantly similar when it comes to the nature of the disadvantages that they both involve. However, that might not be decisive if we can point to ways in which the two conditions are also relevantly different.

It is easy to point to differences between being old and being disabled. Unless one dies prematurely, one will eventually become old. The same is not true of being disabled. Conversely, one might live through a temporary disability – a medical intervention may restore function to what was impaired hearing or sight, and so on. However, one cannot live through transitory old age, so that one ceases to be old.[37] In this sense, old age is irreversible, while disability is not.[38] However, these differences are compatible with the biconditional. For it is not about whether old age and disability come to most, or all of us, or are reversible, or irreversible. It is about the *badness*, as such, of old age and disability. It says, of old age and disability, that either both are bad for us in themselves, or neither is. Also, while

reversibility might affect how bad a condition is, in terms of its effects, it does not affect how bad the condition is in itself.

Second, it might be maintained that many of the disadvantages experienced by older people are in a certain sense unavoidable, and perhaps for that reason not a disadvantage to be regretted. Perhaps this is so, but some disabilities, such as severe depression and complete paralysis, seem equally to be conditions that involve unavoidable disadvantages. Even if old age and disability differ in this respect, it is unclear why unavoidability prevents something from being regrettable, and even if it did, the distinction between being and not being unavoidable cuts across the distinction between something being bad in itself and something being bad because of the social circumstances under which it occurs.

Finally, I certainly agree that the biconditional looks insecure if we suppose the following: Disability typically involves disadvantages of one kind; old age typically involves disadvantages of a different kind; and the differences between these two kinds of disadvantage are such that, plausibly, the former are non-existent under some feasible social circumstances while the latter exist whatever feasible social circumstances obtain. However, there is little prospect of these conditions obtaining. First of all, many of the disadvantages associated with old age are similar to those associated with disabilities (I have already mentioned reduced mobility and hearing). Indeed, one disadvantage of becoming old is the increased probability that one will become disabled. WHO estimates that while 10% of the world's population has some form of disability, the same is true of 50% of those over age 85.[39] Second, disabilities form a diverse set of conditions. Muscular dystrophy, orthopedic, speech and hearing impairments, visual impairments, epilepsy, cerebral palsy, mental retardation, HIV, specific learning disabilities, and diabetes are all considered disabilities for the purpose of the Americans with Disability Act.[40] These involve conspicuously different disadvantages. Accordingly, it is unlikely that there is a kind of disadvantage that is

associated with most disabilities but not with old age. This is not to say that there are no kinds of disadvantage that might be associated with most kinds of disability. Indeed one such is being the object of harmful stereotypes. However, it is not as if there are no harmful stereotypes of older people. A PEW study 'finds a sizable gap between the expectations that young and middle-aged adults have about old age and the actual experiences reported by older Americans themselves. These disparities come into sharpest focus when survey respondents are asked about a series of negative benchmarks often associated with aging, such as illness, memory loss, an inability to drive, an end to sexual activity, a struggle with loneliness and depression, and difficulty paying bills. In every instance, older adults report experiencing them at lower levels (often far lower) than younger adults report expecting to encounter them when they grow old'.[41]

More generally, it is worth stressing that although the biconditional is an equivalence claim it does not assert that there are *no* differences between old age and disability. All it claims is that, where the source of the disadvantages involved in old age and disability is concerned, old age and disability do not differ. This claim has a certain prima facie plausibility to it in the absence of any specific reason to think that the disadvantages involved in being disabled are unique – especially in view of the fact that many of the disadvantages (e.g., reduced hearing or mobility) that disability involves are disadvantages also involved in old age (though to a lesser degree than young people think, according to the PEW study). I conclude that, unless we can offer better reasons for rejecting the biconditional claim than those I have discussed here, we must accept it.[42]

4. Rejecting the mere-difference view of disability?

Rejection of the mere-difference view of disabilities looks, then, like the only real option. This move might seem even more attractive in the light of some of the objections that have

been raised to the social model of disability.[43] As Tom Shakespeare puts it: 'What would it mean to create a barrier free utopia for people with learning difficulties? Reading and writing and other cognitive abilities are required for full participation in many areas of contemporary life in developed nations. What about people on the autistic spectrum, who may find social contact difficult to cope with… With many solutions to the disability problem, the concept of addressing special needs seems more coherent that the concept of a barrier free utopia'.[44]

One can reject the mere-difference view of disabilities in an extreme or a moderate way. The extreme denial involves the counterclaim that disabilities are bad in themselves and that the degree to which they are bad is unaffected by social environment.[45] This view seems unconvincing. Even if we ultimately reject the unalloyed social model of disability, one thing it has certainly taught us is that, for a wide range of disabilities, including deafness and lack of mobility, the level and type of disadvantage conferred by disability is hugely affected by social circumstances and perhaps, in some cases, entirely socially mediated. In particular, the way in which others react to disabilities, and how accommodating our social environments are, make a huge difference to how bad for the bearer these disabilities are.

This means that moderate denial of the mere-difference view of disability is more plausible. This moderate denial involves narrowing the scope of the mere-difference view. It says we can distinguish mitigable and immitigable disabilities. The latter are forms of disability, like complete paralysis and depression, where the disadvantage involved in the disability is largely unaffected by, and very significant whatever, the social environment.[46] By contrast, the disadvantage created by mitigable disabilities, such as being paralyzed from the waist down, is affected significantly by environmental arrangements. The moderate denier of the mere-difference view of disabilities then affirms:

The narrow mere-difference view of disability

> Being mitigably disabled is not worse in itself, for the disabled person, than being able-bodied; it is merely different. To the extent that it is worse, this is due not to the mitigable disability itself, but to an ableist social environment.

While the narrow mere-difference view of disability is more plausible than, as it were, the mere-difference view, it has problems of its own. One, about its significance, not its truth, is whether there are more than a few mitigable disabilities. Another – given that a mitigable disability is by definition one where the disadvantage involved is determined by the social environment – is that it is true because it is a tautology. For present purposes, I can set aside these problems. For, unfortunately, while the narrow mere-difference view of disability enables us to escape the original trilemma, it lands us in a new, related trilemma:

1* The narrow mere-difference view of disabilities is true.

2* The narrow bad-difference view of old age is true.

3* The narrow mere-difference view of disabilities is true if, and only if, the narrow mere-difference view of old age is true.

The narrow bad-difference view of old age is restricted to the disadvantages typically experienced by the moderately old – e.g., to those between 65 and 70 years of age. Obviously, for reasons that are the opposite of those explaining why the narrow mere-difference view of disability is more plausible than the mere-difference view, this view about old age is less plausible than the mere bad-difference view of old age. For instance, the narrow bad-difference view of old age is not supported by the fact that, irrespective of the social environment, the condition of typical centenarians appears to be disadvantageous

relative to the condition of typical 30 year-olds. The revised biconditional claim is true for reasons similar to the original biconditional claim.

As with the original trilemma, these three claims cannot all be true. We must reject one of them. Perhaps doing so is less difficult now. If the first leg of the trilemma is stronger, the second leg is weaker. My sense, however, is that while the second leg is weaker, it is still more likely to be true than not. It may be more plausible to put the age-related disadvantages endured by people in their sixties down solely to social circumstances than it is to claim the same about age-related disadvantages experienced by people in their nineties – e.g., because of the frequency of Alzheimer's and severe dementia among people in their nineties.[47] But many would react with disbelief to the claim that, given the right social circumstances, it is no worse to be 65 than it is to be 35. From the armchair, I conjecture that the anti-ageing pharmaceutical industry would continue to be a billion-dollar business, and people would still take my sci-fi anti-ageing pill, even if no one lived beyond their 70th birthday.[48] Thus, the wider upshot is that even if we escape the original trilemma by embracing the moderate rejection of the mere-difference view of disability, we do not escape the trilemmatic predicament altogether.

5. Conclusion

It may be apparent by now that the main aim of this article is not to propose a particular way to exit the age-disability trilemma. Rather, it is, first, to explain why the way we think about mere-difference views in relation to disability constrains how we must think of similar views in relation to old age, and vice versa. A second aim has been to persuade readers that the age-disability trilemma forces most of us to revise the way in which we think about either the disadvantages of disability or old age, or both. However, I also want to make a third and perhaps more important and reflective point.

Essentially, I have argued that none of the three ways out of the trilemma I have sketched looks promising. Assuming that my arguments are sound, perhaps what we should do, instead of starting with the trilemma and then investing our energies in determining which of its horns we can avoid, is to take a critical look at the way in which the trilemma is formulated.

We could start by reminding ourselves that 'disability' and 'old age' are extremely broad categories. The impairments constituting disability are many and varied. Dyslexia, paralysis and deafness, for instance, are very different conditions, and indeed one prominent theme in the disability literature is whether there are any unifying features of the conditions normally considered disabilities (other than the fact that they are generally so considered).[49] The conditions associated with old age – incontinence, loss of memory, reduced mobility, and so on – are similarly heterogeneous. And we should not forget that the condition of the average 65 year-old is quite different from that of the average 95 year-old.[50]

This means the claims about disability and old age involved in the original trilemma must be treated as *generic* generalizations. Understood in this way, they are capable of being true despite the great variety of disadvantages involved in old age and disability. Just as 'Ticks are dangerous' and 'Tigers are striped' can be true even if some ticks are not dangerous and some tigers are not striped, the mere-difference view of disability could be true even if some disabilities are to some degree inherently bad for the disabled person, independently of his or her social environment. Similarly, if the bad-difference view of old age is understood as a generic generalization, it cannot be refuted by pointing out some of the disadvantages old age typically involves are entirely absent in non-ageist social environments.

Even with this clarification – that we are talking about generic generalizations – the trilemma can still be questioned on grounds of its *significance*. That is, we might say that

precisely because true and false generic generalizations abstract from features of the specific conditions over which they generalize, we need to assess whether these specific conditions are bad in themselves or not. What is relevant here, of course, will depend on the perspective from which we address the relevant question. But suppose that the perspective is that of a social reformer. From that perspective, it is not particularly interesting if, say, the bad-difference view of old age is true, since that is consistent with the fact that a lot of the disadvantages involved in old age are to varying degrees determined by the extent to which our social world is ageist – and we might add that ageism often involves structural features we can modify. For a similar reason, it is not particularly interesting that the mere-difference view of disability is false, since that is consistent with there being many disadvantages involved in disability, which are indeed socially determined and for that reason likely to be disadvantages that we can mitigate or even eliminate.[51]

I am suggesting that it is less important to resolve what seems to be a general trilemma which is hard to escape than we might have thought initially, and more important to analyze the specifics of each disadvantage involved in disability or old age. Objecting to the trilemma on the grounds that it gives rise to the wrong sorts of question, and more generally criticizing generic claims about disability and old age that the trilemma requires us to make, is not ad hoc. On reflection, we can see, I think, that similar reservations apply to many other wide, generic generalizations about advantage and disadvantage. For example, is it in itself a good thing to be a teenager, to be able-bodied, or to have a personality which is not deviant in any way? This is not to deny that for many practical purposes generic generalizations are extremely useful. Sometimes, unlike social reformers, we need to act more or less immediately: 'Tigers are dangerous' is useful when you encounter one in the jungle, even if some tigers are not dangerous. Nor is it to deny that generic generalizations often serve political ends. In some cases (e.g., 'Immigrants are criminals') these are deplorable. In others

(e.g., 'Disability is not bad in itself') they are not. Also, looking at matters from the perspective of those promoting the social model of disability, we can see that generic generalizations about disability seem to have had a huge, essentially beneficial influence on societal discourse.[52] Perhaps the same benefits would arise from similar reform of societal discourse on old age. However, if we ask what additional elucidation philosophy can offer here, circumspect conclusions of the sort defended in this article seem warranted.

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NOTES

[1] Jeff McMahan, 'Causing disabled people to exist and causing people to be disabled', *Ethics* 116.1 (2005): 77-99, p. 96. Cf. the characterizations of the medical model of disability in Sara Goering, 'Rethinking disability', *Current Reviews in Musculoskeletal Medicine* 8 (2015): 134-138, p. 134; Andrew J. Hogan, 'Social and medical models of disability and mental health: evolution and renewal', *Canadian Medical Association Journal* 191.1 (2019): E16–E18.

[2] In almost all cases, the latter is a good thing only when we instead cause at least as many additional able-bodied persons to come into existence instead (John Harris, 'One principle and three fallacies of disability studies', *Journal of Medical Ethics* 27 (2001): 383-387, p. 385).

[3] Ron Amundson, 'Disability, Ideology, and Quality of Life: A Bias in Biomedical Ethics', in D. Wasserman, J. Bickenbach and R. Wachbroit (eds) *Quality of Life and Human Difference: Genetic Testing, Health Care, and Disability* (Cambridge: Cambridge University Press, 2005): 101-102; Elizabeth Barnes, 'Valuing disability, causing disability,' *Ethics* 125.1 (2014): 88-113: 89; Tom Shakespeare, 'The social model of disability' in Lennard J. Davis (ed.), *The Disability Studies Reader* (New York: Routledge, 2017): 195-203, pp. 195-197.

[4] Colin Barnes, *Disabled People in Britain and Discrimination: A Case for Anti-discrimination Legislation* (London: C. Hurst & Co., 1991); Michael Oliver, *Understanding Disability: From Theory to Practice* (New York: St. Martin's Press, 1996); Michael Oliver, *The Politics of Disablement* (London: Palgrave Macmillan, 1990); Anita Silvers et. al. *Disability, Difference, Discrimination* (New York: Rowman & Littlefield Publishers, 1998): p. 10). Appealing to the analogous feminist distinction between sex and gender, some defenders of the social model distinguish between impairments and disabilities; they see the latter (unlike the former) as dependent on the social environment (Allen Buchanan, Dan Brock, Norman Daniels, and Dan Wikler, *From Chance to Choice* (Cambridge: Cambridge

University Press, 2000): p. 286). Other theorists who subscribe to the social model criticize this distinction, arguing that even impairments are socially constituted.

[5] People often contrast the medical and the social models of disability as well as intermediate positions between these two models; see Dimitris Anastasiou and James M. Kauffman, 'The social model of disability', *Journal of Medicine and Philosophy* 38 (2013): 441-459; Jonas-Sébastien Beaudry, 'Beyond (models of) disability?' *Journal of Medicine and Philosophy* 41 (2016): 218-228; Dominic Sisti, 'Naturalism and the social model of disability'. *Journal of Medical Ethics* 41 (2015): 553-556; David Wasserman, 'Disability: Definitions, models, and experience,' *Stanford Encyclopedia of Philosophy* (2016) https://plato.stanford.edu/entries/disability/; WHO, *Towards a Common Language for Functioning, Disability and Health* (Geneva, 2002): 1-22. Accessible at: https://www.who.int/classifications/icf/icfbeginnersguide.pdf . As already indicated, the bad-difference view is naturally associated with the medical model, and the mere-difference view with a radical version of the social model of disability. Strictly speaking, however, both views comprise claims about the nature of the disadvantages involved in disability and (unlike the medical and the social models) not claims about the nature of disability itself (which is not to deny that claims about the latter are bound to have implications for the former). For a defense of a view closely related to the mere-difference view, see Barnes, 'Valuing Disability'; Elizabeth Barnes, *The Minority Body* (Oxford: Oxford University Press, 2016). For a reply exhibiting a commitment to the bad-difference view, see Guy Kahane and Julian Savulescu, 'Disability and mere difference,' *Ethics* 126.3 (2016): 774-788; see also Harris, 'One Principle'.

[6] Sophia Moreau, *Faces of Inequality* (Oxford: Oxford University Press, 2020): 56-57.

[7] Barnes, 'Valuing Disability', p. 90.

[8] Oldman, Christine (2002) 'Later life and the social model of disability: A comfortable partnership?' *Ageing & Society* 22: 791-806.

[9] Two surveys documenting the largely negative views of older people in Western countries (and I should stress that these surveys are not about the badness of old age *in itself*) are: 'Discrimination and Negative Attitudes about Ageing are Bad for Your Health,' World Health Organization, September 29, 2016, http://www.who.int/mediacentre/news/releases/2016/discrimination-ageing-youth/en/; Discrimination in the European Union, Special Eurobarometer 493, Wave EB91.4 (Rome: European Commission, May 2019), 75.

[10] Michael Hauskeller, 'Is ageing bad for us?' *Ethics and Medicine: An International Journal of Bioethics* 27.1(2011): 25–32, pp. 29-30. For similar views of old age, see Arthur L. Caplan, 'Death as an unnatural process,' *EMBO Reports* 6 (2005): 72–75, p. 73; Aubrey de Grey and Michael Rae, *Ending ageing* (London, UK: St. Martin's, 2007): p. 10; Thomas Schramme, '"I hope that I get old before I die": Ageing and the concept of disease', *Theoretical Medicine and Bioethics* 34 (2013): 171–187, p. 172. One vital reason why ageing is bad for the ager is that, eventually, it results in his or her death. However, plainly, one can die without ageing and some old people have more years left to live than many young people. Here I am focusing on the badness of ageing independently of its intimate association with death (Hauskeller, 'Is Ageing', p. 26). In any case, this aspect of the badness of old age must be weighed against the benefit of a long life that, as a conceptual matter, old age involves (if we restrict ourselves to lives worth living). I also set aside the badness of the fear of dying, because it is not part of being old in itself, as shown by the fact that often people who feared death when they were young are more reconciled with their more imminent prospect of their death on becoming old. However, it might be true that old age is bad in itself in the sense I delineate in the last paragraph of Section 2, because of the fact that in old age many valuable

activities involve a higher risk of dying and that this forces elderly people to abstain from them, e.g., seeing relatives and friend during a covid-19 pandemic. I thank Nir Eyal for this point.

[11] The bad-difference view of old age is consistent with denying on grounds pertaining to statistical normality that old age is a disease, see Christopher Boorse, 'Health as a theoretical concept', *Philosophy of Science* 44 (1977): 542–573, p. 558. It hardly needs saying that not everything that is bad for you is a disease.

[12] In many sub-Saharan African countries, old age is generally viewed more positively than is typical in Western countries – e.g., moral status is seen as something that rises with age (Nancy S. Jecker, 'African Conceptions of Age-Based Moral Standing', *Hastings Center Report* 50.2 (2020): 35-43, p. 37). Accordingly, the bad difference view of old age might be thought to reflect a peculiarly Western standpoint. However, one might conjecture that this difference is irrelevant for the purpose of assessing the bad difference view of old age because the benefit(/harm) of living in a social world which views old age positively(/negatively) is not something that renders old age good(/bad) in itself.

[13] Friends of the mere-difference view of old age need not deny that there are other forms of ageism, such as anti-millennial ageism, and that in some respects our social world is not designed to meet the needs and abilities of, say, children.

[14] Karen Helfer and Richard Freyman, 'Aging and speech-on-speech masking,' *Ear & Hearing* 29.1 (2008): 87-98; M. Kathleen Pichora-Fuller, 'Cognitive aging and auditory information processing,' *International Journal of Audiology* 42.2 (2003): 26-32.

[15] Sara Burke and Carol Barnes, 'Neural plasticity in the ageing brain,' *Nature Reviews Neuroscience* 7 (2006): 30-40. For data on the correlation between age and disability, see https://ju.se/download/18.3783220012d8f123ca58000115/1520578695703/DISABILITY%20IN%20OLD%20AGE.pdf [accessed March 9, 2021].

[16] Fiona K. Barlow and Nicole Walker, 'Disability and Ageing,' in Nancy Pachana (eds) *Encyclopedia of Geropsychology* (Singapore: Springer, 2015); WHO (2011) *Global Health and Ageing*. Bethesda, Maryland: World Health Organization; Nancy S. Jecker, 2021, 'The Time of One's Life', *History and Philosophy of the Life Sciences* 43.

[17] I am not suggesting that deafness is the most serious functional problem of old age. The increased risk of cancer or fatal strokes is a much greater problem. However, deafness is useful as an example in the present context for the reasons indicated in the main text.

[18] For the correlation between age and reduced hearing, see https://i0.wp.com/the-ncha.com/wp-content/uploads/2016/02/Graph-Prevalence-of-hearing-loss-in-each-age-group-e1457366259614.jpg?ssl=1 [accessed March 9, 2021].

[19] H. Stephen Kaye, Taewoon Kang, and Mitchell P. LaPlante, 'Mobility Device Use in the United States,' *Disability Statistics Report* 14 (Washington, D.C.: US Department of Education, National Institute of Disability and Rehabilitation Research, 2000).

[20] WHO, *Global Health*, p. 14.

[21] Thought experiments involving anti-disability pills have been offered by several theorists against the mere-difference view of disability. Many of the responses and counterresponses to these uses apply, *mutatis mutandis*, here as well. My main point is that similar thought experiments bear on the mere difference view of old age.

[22] 'In 2018, the global anti-aging market was estimated to be worth about 50.2 billion U.S. dollars', https://www.statista.com/statistics/509679/value-of-the-global-anti-aging-market/

[23] Given the similar discussion in the disability literature, it might be suggested that many would take this pill simply to avoid the transitional costs that biological ageing involves (e.g., the costs of realizing that one can no longer engage in various activities that one enjoyed in one's youth) and not to avoid the badness of the state of being old. I am skeptical about this hypothesis. The fact that ageing is a slow, gradual process reduces the transitional costs: thus

it does not involve the ageing person's 'lifestyle, and perhaps even his self-conception' being 'radically, drastically interrupted' (Barnes, 'Valuing Disability', p. 96). I also conjecture that many transitional costs consist in coming to terms precisely with the fact that, with greater age, one enters a worse state than one was in before: the transitional cost involved is more a matter of coming to terms with the fact that one can no longer, for example, engage in mountaineering, which one values, and less a matter of the psychological costs involved in schooling oneself out of valuing mountaineering.

[24] Nancy S. Jecker, *Ending Midlife Bias* (New York: Oxford University Press, 2020).

[25] The more misanthropic amongst us might have a less positive view of parts of old age and how it fits into a narrative structure, cf. William Shakespeare: 'Last scene of all, That ends this strange eventful history, Is second childishness and mere oblivion, Sans teeth, sans eyes, sans taste, sans everything' (*As You Like It* (Harmondsworth: Penguin Classics, 2005 [1623]), Act II, Scene VII.

[26] Socrates reports that he loves talking to the very old, for 'they're a long way ahead of us on a road which we too are probably going to have to travel' (Plato, *The Republic* (Harmondsworth: Penguin Classics, 1983): 328e. Also, the very old are less distracted by the pleasures of the body. For a defense of a narrative view of life according to which each stage of a life, including old age, makes an essential contribution the meaning and value of the person's life as a whole, see Jecker, *Ending*, pp. 99-126. Jecker argues that, typically, young people's assessment of the qualities of old age is negatively biased in much the same way that many have argued that able-bodied people's assessment of the qualities of being disabled is negatively biased – see also the reference to the PEW study. For related analyses of middle-aged people's perception of Alzheimer's – see Rebecca Dresser, "Dementia, Disability, and Advance Medical Directives" in I. Glenn Cohen et. al. (eds.) *Disability,*

Health, Law, and Bioethics (New York: Cambridge University Press, 2020), 77-87, pp. 78-83.

[27] If a well-rounded life is one with a narrative structure – say, 'a beginning, a middle and an end' – I do not see why a person who has the body of a 25 year-old but a normal life span could not enjoy such a life, although that narrative structure would plainly differ from the standard narrative. More generally, it seems that such a person could be no less capable of enjoying a meaningful life than the rest of us. For an overview of theories of the meaning of life, see Thaddeuz Metz, 'The Meaning of Life', *Stanford Encyclopedia of Philosophy* (2021), https://plato.stanford.edu/entries/life-meaning/. See also Jecker, *Ending*, pp. 112-123.

[28] Barnes, 'Valuing Disability,' p. 90 makes a related, but the reverse point in support of the mere-difference view of disability.

[29] Sarah Leslie and Adam Lerner, 'Generic generalizations', *Stanford Encyclopedia of Philosophy* (2016): https://stanford.library.sydney.edu.au/entries/generics/.

[30] Joona Räsänen, 'Age and ageing: What do they mean?' *Ratio* 34.1 (2021): 33–43, pp. 34-36. It should be noted that biological ageing is affected by social conditions and that even within a person there could be variation in that person's biological age depending on differences in relation to different bodily functions, e.g., Jerry can have the bone density of an older person chronologically speaking (e.g., due to genetics or malnutrition) but the cardiovascular health of a younger person (e.g., due to diet and exercise). I thank an anonymous reviewer for this point.

[31] Jecker, *Ending*, p. 15.

[32] Eurostat, *Disability statistics – prevalence and demographics.* (Luxembourg: Eurostat, 2106): p. 4.

[33] Strictly speaking, this is irrelevant. If you had even better health and an even sharper mind when you were 30, and thus your present situation represents a decline relative to your earlier

state, ageing might be bad for you in an intrapersonal sense even if, compared with others, you are well off.

[34] Addressing a similar concern, Barnes ('Valuing Disability', p. 91) suggests that on the bad-difference view disabilities are 'an automatic or intrinsic' disadvantage (well-being-wise) (see also Barnes, *The Minority*, 63-64; Kahane and Savulescu, 'Disability', p. 776).

[35] The bad-difference view is compatible with old age being bad for old person in large part, but not wholly, as a result of ageism. For helpful discussions of ageism, see Juliana U. Bidadanure, 'Discrimination and Age', in K. Lippert-Rasmussen (ed.) *The Routledge Handbook of the Ethics of Discrimination* (Abingdon: Routledge, 2018), 243-253, pp. 249-250; Juliana U. Bidadanure, *Justice Across Ages* (Oxford: Oxford University Press, 2021), esp. pp. 11-15, 175-181; Jecker, 'The time'; Jecker *Ending*, esp. 239-274.

[36] For the purpose of this article it might be simplest then to adopt a working definition, according to which old age is the life people typically live after turning 65, with the physical and mental conditions this typically involves, cf. Jecker, *Ending*, pp. 17-18. I realize it is to some extent arbitrary how we delimit the different segments of which a life consists, and that the thresholds are bound to be sensitive to time and place, and associated facts about lifestyle, diet and deprivation, and so on. However, these complications do not affect the substance of my argument.

[37] At any rate, not in a chronological sense of 'old'. Biological age is different in principle, at least (see above).

[38] Strictly speaking, this irreversibility claim is false with regard to biological age.

[39] Neena L. Chappell and Heather A. Cooke, 'Age Related Disabilities - Aging and Quality of Life' *International Encyclopedia of Rehabilitation* 56 (2010): 1-3, p. 2; OECD, 'Dementia Care in 9 OECD Countries: A Comparative Analysis', *OECD Health Working Papers* (Paris: OECD, 2004): p. 14

[40] https://www.upcounsel.com/list-of-disabilities-covered-under-ada

[41] Paul Taylor et. al., 'Growing Old in America: Expectations vs. Reality', *PEW Studies* June 29 (2009): 1-151, p. 2. Available at: https://www.pewresearch.org/wp-content/uploads/sites/3/2010/10/Getting-Old-in-America.pdf. See also Jennifer A. Richeson and J. Nicole Shelton, 'A social psychological perspective on the stigmatization of older adults,' in Laura L. Carstensen and Christine R. Hartel (eds), *National Research Council (US) Committee on Aging Frontiers in Social Psychology, Personality, and Adult Developmental Psychology* (Washington, DC: National Academies Press, 2006): 174-208.; Michelle P. Silver, Michelle P., Natalie I. Warrick, and Alaina Cyr, 'Student Expectations About Mental Health and Aging,' *Gerontology & Geriatrics Education* 37.2 (2016): 185-207.

[42] One suggestion along those lines, which I owe to Bastian Steuwer, appeals ton the fact that typically old age involves the decline across a broad range of different functions, whereas most disabilities involve a decline in one or a few functionings. Arguably, it is easier to adjust the social environment to accommodate people with one or a few functional limitations than to accommodate people with a wide range of different functional limitations, which suggests that the mere-difference view is more plausible in the case of disability than in the case of old age. However, at least some disabilities (eventually) involve a (steep) decline across a broad range of different functionings, e.g., Alzheimer's and chronic obstructive pulmonary disease. Also, typically the decline of functionings involved in old age is gradual, thus, making accommodation easier than in the case of suddenly incurred disabilities, e.g., paraplegia as a result of a car accidents. Hence, I am skeptical of the suggestion that the indicated difference defeats the biconditional claim.

[43] For a different set of objections relating to the implications of the mere-difference view (made in connection with the permissibility of causing disabilities), see McMahan, 'Causing'.

[44] Shakespeare, 'The Social Model', p. 219; see also Greg Bognar, 'Is disability mere difference?' *Journal of Medical Ethics* 42.1(2016): 46-49; Harris, 'One Principle'; Peter Singer, 'Ethics and Disability: A Response to Koch,' *Journal of Disability Policy Studies* 16.2 (2005): 130–33.

[45] This claim might be more plausible if made about the pro tanto badness of disability than if made about the all things considered badness of disability. I thank Vuko Andrić for this observation.

[46] Vuko Andrić and Joachim Wündisch, 'Is it bad to be disabled? Adjudicating between the mere-difference and the bad-difference views of disability,' *Journal of Ethics and Social Philosophy* 9.3 (2015): 1-17, p. 9; Joel Michael Reynolds, 'Disability and the problem of suffering,' *Journal of Medical Ethics* 46.8 (2020): p. 547; Törbjörn Tännsjö, *Setting Health-Care Priorities* (Oxford: Oxford University Press, 2019): p. 130.

[47] American Psychological Association, *Older Adults' Health and Age-Related Changes: Reality Versus Myth* (Washington, DC: American Psychological Association, 1998): p. 2; WHO, *Global Health*, p. 14

[48] One reason might be that being old is a comparative concept. It might be stressed that those in their sixties, in a world where no one lives beyond 70 years, would be considered 'older' than they would in our world, where many live longer.

[49] Goering, 'Rethinking', p. 137

[50] Giola Santoni, Sara Angleman, Anna-Karin Welmer, Francesca Mangialasche, Alessandra Marengoni, and Laura Fratiglioni, 'Age-Related Variation in Health Status after Age 60,' *PLoS One* 10.3 (2015): p. 8.

[51] Cf. Barnes, 'Valuing'; Kahane and Savulescu 'Disability'.

[52] Mary Crossley, 'Reasonable accommodation as part and parcel of the antidiscrimination project,' *Rutgers Law Journal* 35.3 (2004): 861-958, pp. 875-881; Mike Oliver, 'The social

model in action: If I had a hammer', in Colin Barnes and Geoffrey Mercer (eds) *Implementing the Social Model of Disability* (Leeds: The Disability Press, 2004): 18-31; Adam M. Samaha, 'What Good Is the Social Model of Disability?' *The University of Chicago Law Review* 74.4 (2007): 1251-1308, p. 1308; Shakespeare, 'The Social Model', pp. 198-199; Lorella Terzi, 'The social model of disability,' *Journal of Applied Philosophy* 21.2 (2004): 141-157, pp. 155-156.