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The Deficit View and Its Critics

This paper investigates what it is to understand human differences in terms of deficits and examines criticisms of this approach. In the past few decades, across many fields of inquiry and outside the academy there has been a surge of interest in critiquing "the deficit view" of all manner of group differences and deviations from the norm. But what exactly is meant by "deficit view" and related terms when they figure in accounts of human differences? Do critics of the deficit view claim that they are never appropriate or that particular applications of the approach are inappropriate? The aim of this paper is twofold: to identify and articulate some of the conceptual issues at the heart of debates about deficit approaches and to examine how these issues matter. Autism is my focus case. As we will see, many critiques of the deficit view of autism tend to characterize what is problematic about taking a deficit view in terms of the personal and social harm that deficit views can or do effect. One important upshot of my discussion, I argue, is that there is another kind of drawback to deficit thinking that is independent of the deficit view's potential negative personal and social consequences, a drawback that deserves serious consideration and sustained critical attention: in some instances, at least, deficit views impede scientific and philosophical progress in our understanding of the phenomena themselves. Thus, articulating and assessing deficit approaches is of practical and theoretical importance.

Keywords: autism; deficit view; neurodiversity; pathologization

I. Introduction

This paper investigates what it is to understand human differences in terms of deficits and examines criticisms of this approach. "Deficit model," "Deficit-based approach," "deficit view," and like terms are used in a wide variety of domains to characterize how individuals, groups of people, organizations, and even places are studied and understood. Deficit approaches are critiqued for conceptualizing the target individual or group primarily (or even solely) in terms of their perceived deficiencies, dysfunctions, problems, needs, and limitations. In the past few decades, across many fields of inquiry (e.g., psychiatry, psychology, linguistics, sociology, education, disability studies, and anthropology) and outside the academy (e.g., by advocacy groups and practitioners in the helping professions), there has been a surge of interest (e.g., Akhtar and Jaswal 2013; Bourke et al. 2010; Davidson and Orsini 2013; Lerner 2007; Robertson 2010; Sass 2000, 2000-1a, 2000-1b, 2001; Valencia 1997, 2010, 2011[2002]) in critiquing "the deficit view" of all manner of group differences and deviations from the norm, including autism and other psychiatric conditions. Theorists cited as having or promoting a deficit view have taken it as a serious allegation (e.g., Cummins and Swain 1983), and some critics go so far as to argue that a deficit approach to understanding human differences diminishes people's life chances and even their humanity. On this line of criticism, challenging deficit thinking is seen as a moral imperative.

The aim of this paper is twofold: to identify and articulate some of the conceptual issues at the heart of debates about deficit approaches and to examine how these issues matter. Autism is my focus case. As we will see, many critiques of the deficit view of autism tend to characterize what is problematic about taking a deficit view in terms of the personal and social harm that deficit views can or do effect. One important contribution of my discussion, I argue, is that there is another kind of drawback to deficit thinking that is independent of the deficit view's potential negative personal and social consequences, a drawback that deserves serious consideration and sustained critical attention: in some instances, at least, deficit views impede scientific and philosophical progress in our understanding of the phenomena themselves. Thus, articulating and assessing deficit approaches is of practical and theoretical importance. Section II briefly sketches the deficit view of autism. Section III examines the conceptual interrelations between "lack," "deficit," "deviation," and "pathology" to home in on what, if anything, is distinctive about a deficit view as a form of pathologization of differences. Section IV investigates what is problematic about taking a deficit view by exploring the grounds for two claims: (i) the deficit approach, as it is currently practiced, is problematic; (ii) the very idea of a deficit approach is objectionable. In Section V I conclude with some reflections on the value of this conceptual work and its applicability to deficit treatments of other human differences.

II. The Deficit View of Autism

There are few uncontested facts about autism. Although we have some clues about its possible environmental triggers and its biological underpinnings, its cause or causes are unknown. Currently it is understood as a developmental, psychiatric disorder that can manifest in diverse ways in different individuals with the condition; it can also manifest differently over the lifetime of one individual.

Perhaps the most well-known and influential instance of a deficit treatment of autism is the "lack of theory of mind" or "mindblindness" account (Baron-Cohen 1990; 1995). Like many other explanations of autists' differences, the mindblindness account of autism starts from the idea that difficulty with social interaction is a defining mark of the condition, and conceptualizes and investigates the limits on interpersonal understanding between autists¹ and typical individuals almost exclusively in terms of autists' limitations. People with autism are attributed a lack or delay in the development of the "theory of mind" module and are thereby said to be "mindblind" (Baron-Cohen 1990).² They are characterized as mindblind, for example, to what a person's pacing, head shaking, watch checking, and facial expressions at a train station reveals about what that person feels, believes and desires. It is hypothesized that this specific cognitive deficit explains autists' social and communicative difficulties. In typical individuals, the theory of mind contains generalizations about how humans' mental states and behaviors are usually connected. The possession and use of knowledge of these generalizations is taken to explain typical individuals' abilities to predict behavior from mental state attributions and to explain behavior by inferring mental states from observable behavior, two abilities integral to interpersonal understanding.

The mindblindness hypothesis is not anomalous in its focus on deficits associated with autism. This focus is common in scientific and non-scientific representations of the condition. Given that autism is classified as a disorder, it is not surprising that the bulk of autism research and intervention strategies have a largely negative emphasis. Researchers and practitioners aim to identify, characterize, and intervene on "what's wrong" with autistic individuals. For example, developmental psychopathologists investigate specific risk factors for autism at various developmental stages and assess their relations to subsequent development. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) diagnostic criteria for autism spectrum disorder constitute a list of deficits, impairments, limitations, and negatively valued deviations from behavioral norms (e.g., little or no

eye contact, failure to initiate or respond to social interactions) and repetitive or stereotyped activities (e.g., spinning objects, echolalia, hand flapping).

Critics argue that this deficit-based approach to understanding autism is problematic in many respects. One oft-cited problem (Prizant and Field-Meyers 2015; Silberman 2015; Davidson and Orsini 2013) is that deficit views of autism define autistic individuals in terms of a list of deficits and over-emphasize autists' weaknesses, sometimes to the complete exclusion of mention of strengths or neutral differences associated with autism (e.g., attention to detail, the ability to maintain veridical representations when performing high level, complex tasks). The deficit view "has largely ignored their [autists'] cognitive strengths, their diverse way of being, and their gifts and talents. Many academic studies of autism present a limited or token discussion of the strengths, gifts, and talents of autistic people, or they leave them out entirely" (Robertson 2010, n.p.).

The neurodiversity movement is particularly outspoken in its rejection of the deficit view of autism. Neurodiversity, the provocative idea that some forms of atypical neurological development, such as autism and schizophrenia, may be positive human variations (Blume 1998), has invigorated various advocacy movements (Harmon 2004; Solomon 2008). The neurodiversity movement, as it figures in autism rights movements, rejects the idea that autism needs to be "cured" (Sinclair 1993). The very idea of a cure for autism is misguided and dangerous, on this view. Proponents advance the idea that autism (in at least some of its manifestations) is an ineliminable aspect of an autistic person's identity, a way of being that should be respected and supported, even celebrated, rather than eliminated. Proponents of neurodiversity and autism acceptance do not argue that all aspects of autism are benign or beneficial human variations. They acknowledge that some of the ways autism manifests are experienced as impairing by some individuals with those manifestations and emphasize that how human variations are experienced crucially depends on social, political, and environmental factors outside the individuals who have these differences.

III. What Is a Deficit View?

In critiques of deficit approaches to autism, like those mentioned above, the precise meaning of "deficit," "deficit view," "deficit model," and like terms is often taken for granted, and there is little systematic discussion of what constitutes a deficit approach, despite the abundance of particular critiques of deficit views of autism. This section examines the notion "deficit view" and interrelations between the concepts "lack," "deviation," "pathology," and "deficit" to articulate the distinctive character of a deficit approach. The next section explores various ways of understanding what is problematic about taking a deficit approach to autism.

It is helpful to distinguish two different collections of uses of "view" in critiques of deficit views. First, some of the terms used in critiques of deficit views (e.g., "deficit-lens," "-thinking," "-approach," "-ideology," "-laden perceptions," "-paradigm," "-thinking," "-picture," "-model") suggest that the intended target of criticism is an outlook, an all-encompassing attitude, methodology, interpretive stance, orientation, or style of reasoning. A key concern about this kind of deficit view is that it functions as a prejudice that infects scientific practice taken as a whole (e.g., the reliability and validity of multiple aspects of scientific reasoning including hypothesis formulation, hypothesis testing, scientific observation, the interpretation of data, the communication of findings to the lay public, and the attitudes, interests, and values that inform the science of autism). "Focus" in "deficit-focus" connotes a problematic over-emphasis, in research topics and intervention strategies, of the person's or group's weaknesses. The editors of *Worlds of Autism: Across the Spectrum of Neurological Difference* (Davidson and Orsini 2013), a volume that brings together work in the burgeoning field of critical autism studies, 4 characterize the contributors as supportive of "approaches to autism that are destigmatizing and

abilities-focused rather than deficit-based" (9) and as generally united in their aim to move "beyond deficit-focused ways of thinking about autism" (10) and to "interrogate dominant depictions of autism as a deficit disorder" (12). Summing up these methodological commitments, the editors list a "[c]oncern to advance new, enabling narratives of autism that challenge the predominant (deficit-focused and degrading) constructions that influence public opinion, policy, and popular culture" (12) as one of the three main defining elements of a critical approach to the study of autism.

A second, narrower use of "view" in "deficit view" picks out specific explanatory hypotheses that posit neurophysiological, cognitive, perceptual, affective, or behavioral lacks in people with autism. For example, it has been hypothesized that people with autism have deficits in attributing mental states not only to others but to themselves and thereby lack introspective awareness or self-consciousness (Frith and Happé 1999). On this hypothesis, "individuals with autism may know as little about their own minds as about the minds of other people. This is not to say that these individuals lack mental states, but that in an important sense they are unable to reflect on their mental states" (ibid, 7). 5

The distinctions between senses of the root word "view" in "deficit view" matter for determining appropriate responses to problematic deficit views. As Wittgenstein (2009[1953]) was keen to emphasize in his discussions of philosophy and its methods, there are different kinds of problems that beset us as thinkers (e.g., conceptual difficulties and empirical problems). The appropriate methods for treating each kind of problem likewise differ. Leaving aside the particulars of Wittgenstein's thought on the topic, this general insight can be applied to the issue of how to counteract problematic deficit views. Arguably, the methods required to counteract a deficit approach, understood as an all-encompassing, prejudicial way of looking at autism and people with autism, and those required to falsify a specific explanatory hypothesis or argumentative thesis about autism differ significantly. While the discovery of new contrary information or evidence may falsify or refute a specific hypothesis or empirical claim, the grip of a way of looking at things, framework, or conception may not be loosened, let alone released, simply through a method of presenting new information or evidence that challenges that way of looking at things, framework, or conception.

We just saw that some uses of "view" in "deficit view" pick out an all-encompassing approach or way of looking at things while others refer to specific explanatory hypotheses. But what then is it, in addition, to understand some phenomenon in terms of deficits? Roughly, to understand some phenomenon in terms of deficits is to (a) conceptualize the phenomenon as the lack or absence of some feature, trait, capacity, etc. and then (b) characterize this lack or absence as a deficit in the feature, trait, capacity, etc. in question--that is, as the lack or absence of some feature, trait, capacity, etc. that one ought to have. In short, labeling some feature a "deficit" serves a normative function.

Let me refine this characterization of a deficit view a bit by making some observations about the interrelations between "lack," "deficit," "deviation," and "pathology," concepts used regularly to describe, explain, and evaluate individual and group differences. Conflating these concepts results in a failure to attend to the movements theorists make between the concepts' descriptive and evaluative aspects when they figure in accounts of human differences. Attending to the interrelations between them helps to disentangle two key characteristics of deficit views: pathologization and privative explanation and description.

Lack. The language of lack and absence figures prominently in autism research. Autists are said to have various neurobiological, psychological, and behavioral lacks. Regarding the neurobiology of autism, there is a

vast amount of research investigating possible differences in neurological structure and function in autists and comparison groups. For example, some neuroscientific findings suggest that adults with autism may have smaller amygdala volume (Aylward et al. 1999; Nacewicz et al. 2006) and that there is decreased activation in the fusiform face area and occipital face area in some people with autism under some conditions (Humphreys et al. 2008). As for behavioral lacks, the DSM-5 entry for autism spectrum disorder lists lack of eye contact and failure to initiate or respond to social interactions as indicators of autism. Psychologists theorize about and test for developmental delays in and absences of capacities including empathy, face processing, executive functioning, theory of mind, central coherence, and social motivation, for example.

Deficit and its relation to lack. Notice that there is an important difference between an absence or lack and a deficit. The latter implies a normative/prescriptive judgment while the former does not. Roughly, X suffers a deficit of F only if X lacks F and X ought to have or be F. A lack or absence of F in X is a necessary but not sufficient condition for X to suffer a deficit of F, and thus we should ask what work must be done to anchor talk of deficits. What makes it the case that X ought to have or be F? Disability rights movements argue that people with differences such as blindness, deafness, or paraplegia, for example, are not necessarily deficient or impaired. Rather, the question of whether lack of sight, hearing, or a limb constitutes a deficit is person- and context-specific (Silvers 2003). A person with a lack of sight, hearing, or a limb may experience harm or suffering in connection with the lack in some social and material environments but not others. For example, a person in a wheelchair is not disabled with respect to building entry if the building is wheelchair accessible. Thus, not being able to walk is only a deficit in contexts in which walking is the only way to self-locomote.

Deviation and pathology. Next, consider the interrelations between the concepts "deviation" and "pathology". A deviation can be an excess or a deficiency in the mean or what is normal (OED, sense 2a). As Hacking (1990) observes, there is a fundamental tension in the idea of the normal: "The normal stands indifferently for what is typical, the unenthusiastic objective average, but it also stands for what has been, good health, and for what shall be, our chosen destiny. That is why the benign and sterile-sounding word 'normal' has become one of the most powerful ideological tools of the twentieth century" (169). "Deviation" and "normal" can be used with either a descriptive or evaluative sense or both at the same time. With the notion of the normal we can say at once what is usual and what ought to be. In the evaluative sense, what is normal may be taken as an ideal to aspire to or a standard to maintain or return to and deviations in either direction (excess or deficiency) are understood either as pathologies or as valued movements away from the ideal or standard. For example, hyperactivity and hypoactivity are pathological deviations in endocrinology (e.g., thyroid activity) and in psychiatry (e.g., behavior). On this understanding of "pathology" a deficit is just one kind of negatively valued deviation from the normal taken as an evaluative standard, a falling short of the standard. 6

Attending to distinctions between lack and deficit, on the one hand, and deviation and pathology, on the other, allows us to better understand how taking a deficit approach relates to pathologization. As we saw above, broadly speaking, a pathology is a negatively valued deviation from the mean. In a more restrictive, medical sense, pathologies are manifestations of disease. In the psychological sense, to pathologize a behavior or mood, say, is to treat it as psychologically unhealthy. Pathologization, in the pejorative sense, has been a danger and a reality of psychiatry's systems of diagnosis and classification since the emergence of the field. Interpreting autists' neurological, cognitive, affective, and behavioral differences as pathological is one among many examples of the pernicious pathologization of human diversity in psychiatry (and elsewhere) according to critics (e.g., Nadesan 2005).

Deficit views pathologize the differences they seek to describe and explain. Yet, the conceptual distinctions between "deficit" and "pathology" suggest that we should not simply equate "taking a deficit view of autism" with "pathologizing autism." A pathological feature, trait, or capacity can be the undesirable presence, exaggeration, excess, or super-abundance of what is normal. A deficit, on the other hand, is, strictly speaking, the absence or lack of some feature, trait, or capacity that one ought to have. While all deficits are pathologies, since they are lacks or absences of what one ought to have, not all pathologies are deficits. Taking a deficit view is a specific kind of pathologization. It conceptualizes human differences in terms of undesirable lacks or absences, not in terms of undesirable presence, exaggeration, and over-abundance, or as something else altogether.

IV. What Is Problematic About Taking a Deficit View?

Turning now to what is problematic about a deficit view, notice that the foregoing brings out an important ambiguity in critical discussions of deficit views. On the one hand, the concern could be that the deficit approach to understanding autism, as it is currently practiced, is problematic. On the other hand, the concern could be that the very idea of a deficit approach to understanding autism (and perhaps more widely) is objectionable. The first way of specifying the claim that deficit views are problematic leaves it open that there could be acceptable uses of a deficit approach. The second shuts out this possibility. No matter how carefully one applies a deficit approach, it is, by its very nature, problematic. Different kinds of prescriptions will follow from each reading of what is problematic about taking a deficit view. For example, on the "as it is currently practiced" reading researchers can continue to use deficit approaches but should keep aware of the dangers of doing so since the dangers are significant enough to warrant proceeding extremely cautiously whenever deficit approaches are used. However, if the very idea of a deficit approach is objectionable, then the recommendation may be to abandon completely deficit approaches. The critical discussion below is organized around these two ways of understanding the idea that the deficit view is problematic.

The Deficit View As It Is Currently Practiced

The deficit approach to autism as it is currently practiced is problematic in at least three respects. First, those who take a deficit approach to autism tend to focus one-sidedly on deficits, to overlook alternative explanations, and to be too quick to assume that one offers a valid explanation or faithful description of the relevant phenomena merely by pointing to a lack or an absence. For example, consider the research on differences in face perception in individuals with autism. It is a standard belief, at least in the West, that a lot of visual information about people's feelings and thoughts is captured in their eyes. Thus, face perception is taken to play an important role in social cognition. Researchers investigate autists' looking and face scanning behavior while perceiving a face to try and determine whether and how autists' face perception differs from that of comparison groups.

Some studies suggest that autists look at faces for less time and look at different parts of the face than non-autistic individuals (Falck-Ytter and Hofsten 2011). People with autism tend to look at the other person's mouth or chin rather than their eyes. In a well-known study Klin and colleagues (2002) recorded autists' scanning behavior while viewing an emotional scene of the film "Who's Afraid of Virginia Wolf?" and found that autists spent more time looking at the actors' mouths than the actors' eyes.

The dominant explanations for these behavioral differences are deficit-based. 7 For example, it is hypothesized that people with autism do not attend to the most emotionally salient region of faces because they are not interested in social stimuli (Grelotti et al. 2002) 8 and that when they do look at the most emotionally salient

region of faces perceptual processing deficits specific to emotions and faces compromise their ability to see the emotional significance of faces (e.g., Klin et al. 2002; Riby and Hancock 2009).

A viable but neglected alternative interpretation of autists' lack of eye contact and atypical face scanning behavior is that some autistic individuals actively avoid eye contact and do not look at faces as often or for as long or at the same face regions as non-autistic individuals because it is overwhelming and disturbing for them to do so (Cole 1999). Some autists may experience the "overwhelming presence of another" (Cole 1999, 90) when they meet another person's gaze. Autists may also have a stronger skin conductance reaction to direct gaze (Tanaka and Sung 2013) and heightened activation of the amygdala, a part of the brain that plays a key role in processing emotions, during gaze fixation (Dalton et al. 2005). These findings suggest that autists may have a heightened emotional response to direct eye contact.

Many autobiographical accounts of autism support this second line of explanation. For instance, Donna Williams, an autistic adult, wrote in her best-selling memoir, *Nobody Nowhere* (1992), that she was overwhelmed by perceiving faces. Here she explains how she developed ways to avoid looking at them: "I had recognized three ways in which I had avoided looking at people. One was to look straight through what was in front of me. Another was to look away at something else. The third was to stare blankly ahead with one eye and turn the other one inwards blurring whatever view I had" (Williams 1992, 173, quoted in Cole 1999, 91). The second line of explanation casts doubt on the claim that seeing is dissociated from feeling in autistic individuals.

A second way the deficit approach to autism is problematic, as it is currently practiced, is that there is moral complacency in how deficit attributions are made. Deficit attributions require a standard by which to measure deficiency or inadequacy, and this requirement brings with it the danger of moral complacency in how the value judgments that inform deficit attribution are made. Value judgments are made automatically and unthinkingly. Suppose for the sake of argument that the neurological, psychological, and behavioral lack attributions to autists are true. What legitimates the move from attributions of mere lack to attributions of deficits to autists in these domains? What makes it the case that autists' amygdala ought to be such-and-such size, that autists ought to make eye contact, for example? There is a seamless move from attribution of lack or absence to attribution of a deficit. The difficult and crucial question of what makes it the case that X ought to have or be F oftentimes is not explicitly addressed.

A closely related manifestation of moral complacency in deficit attribution is the tendency to assume that the values that inform deficit explanations as they are currently practiced are the values we should be using to make judgments about observed lacks and absences in people with autism. Accepted values may be so entrenched that those making deficit determinations do not even recognize that they are making a choice to assign negative value to the deviation.

The conflation of autism with suffering is a case in point. Murray (2012) observes that in the dominant scientific and non-scientific narratives of autism, "suffering is integral to the manifestation of the condition and subsequent diagnostic process it is one of the ways by which autism is properly known" (21). However, many people labeled autistic do not experience autism in terms of severity and suffering. And many parents of children with autism find it misleading to conceptualize their children as "autism sufferers" or as "suffering with" autism. A reevaluation of values is needed here. There is no easy equation between autism and suffering or, more generally, between absence and suffering. 9 Instead, the value judgments that underlie inferences from

autism and from lack or absence of F to suffering should be discussed as part of an open empirical process that includes the voices of autists whose interests and values are represented in the determinations (Silvers 2003).

Third, there is a tendency to use deficit-like terminology to describe autists in interpretations of differences between autistics and non-autistics when the interpreter knows that the autistic interpretee is autistic. 10 Mottron (2011), an autism researcher and autism rights advocate, provides compelling examples of this tendency when interpreting functional magnetic resonance images (fMRIs) of autistic subjects' brains:

[R]esearchers systematically report changes in the activation of some brain regions as deficits in the autistic group -- rather than evidence simply of their alternative, yet sometimes successful, brain organization. Similarly, variations in cortical volume have been ascribed to a deficit when they appear in autism, regardless of whether the cortex is thicker or thinner than expected. (34)

Mottron (2011) also notes that there tends to be a positive bias in favor of typical individuals when interpreting differences in intelligence test performance in autistic children and typically developing ones. Typically developing individuals are not described as having a deficit when autistic individuals outperform non-autistic comparison groups. Moreover, when superior performance is observed in autistic test subjects it is sometimes explained as a mere byproduct of a deficiency in some other capacity or feature rather than as a strength in its own right. For example, exceptional performance on the Block Design nonverbal subtest and embedded figure tasks are often understood as low-level perceptual strengths that are byproducts of high-level conceptual deficits. 11

Mottron's (2011) critique suggests that whether some observed difference counts as a deficit partly depends on how the person interpreting the observed difference conceptualizes the person that exhibits that difference. In these examples, whether an observed brain difference counts as a deficiency or as some other kind of variation, or whether a test performance counts as a deficit, mere byproduct, or strength in its own right partly depends on whether the person being tested is already understood as autistic.

Like the first and second problems discussed above, the third problem is not a problem with deficit explanations per se but with explanation by deficit as it is currently practiced. It is a tendency one has to be aware of and preempt if one takes a deficit-based approach. To say that concern is warranted here is not to claim that if researchers are looking for deficits, they will find them. We should allow that even researchers who are searching for deficits may end up with findings that contradict their initial hypotheses.

The Very Idea of a Deficit View

It is not difficult to see how the deficit approach to autism, as it is currently practiced, is problematic. There is moral complacency in the choice and application of standards in deficit attribution, unreflective use of "lack" and "deficit" to characterize differences observed in autists' brains and behavior, and a tendency to focus one-sidedly on deficits and overlook alternative explanations. It is harder to make out what it would mean to say that the very idea of a deficit explanation or approach is objectionable, at least for some phenomena. Below I explore two ways to develop this stronger line of objection to deficit views.

First, to conceptualize a person primarily in terms of deficits is de-humanizing. Roughly speaking, de-humanization occurs when individuals or groups are understood, evaluated, and treated as lacking in full humanity. Some forms of de-humanization, like those found in the context of war, slavery, and genocide, for

example, are extreme and explicit. Some are more moderate, passive, subtle and implicit (e.g., perceiving people from another culture as less capable of characteristically human emotions) (Bain, Vaes and Leyens 2014). The form of de-humanization of individuals with autism that I examine below is more akin to the second kind, where de-humanized individuals or groups are perceived, evaluated, or treated as lacking some feature, trait, capacity and so forth that is taken to be characteristically human.

Consider the "lack of empathy" portrayal of autism, one of the most common scientific and non-scientific representations of the condition by experts and laypeople alike. It risks de-humanizing autistic individuals. On the "lack of empathy" hypothesis, autists are said to have an empathy deficit whereby they are incapable, to varying degrees, of "putting themselves into someone else's shoes, imagining the world through someone else's eyes and responding appropriately to someone else's feelings" (Baron-Cohen 2003, 137). Autism is increasingly positioned as an empathy deficit while empathy is increasingly positioned as a fundamental human trait both in popular culture and in research on autism (McDonagh 2013). Taken together, these two trends prompt one to conceptualize autists as deficient in a hallmark of being human. 12

De-humanization is used to justify the oppression, exclusion, exploitation, and marginalization of the de-humanized other. These far-reaching, demoralizing effects of extreme and overt de-humanization have been felt across cultures and historical eras. Recent research in social psychology (e.g., Haslam et al. 2005; Haslam 2006; Leyens et al. 2007) suggests that more moderate, subtle, and passive forms of de-humanization have less obvious but nonetheless harmful effects that are not well understood. 13 De-humanization may manifest at the bodily interaction level, for example, when negative beliefs about an out-group compromise mimicry behavior (imitating intonation, posture, and facial expressions) and one's abilities to perceive the behavior of members of the out-group as expressive of their affective states and to intuitively grasp their intentions and actions (Gallagher and Varga 2014).

The above-cited social psychology research investigates the de-humanization of those one perceives as members of cultural, racial, or ethnic out-groups, but arguably the issues extend to other kinds of "others," including those labeled autistic. The possibility that negative beliefs about an out-group can negatively impact one's social cognition capacities (e.g., perception of intentions and motor mimicry) when trying to make sense of an out-group member's behavior raises serious questions about whether and how the "lack of empathy" conception of autism impacts non-autistic individuals' abilities to recognize autists' emotions and intentions, or to perceive them as having a "fully human" inner life when autistics are perceived as out-group members. 14

A second way of reading what it would mean to say that the very idea of a deficit approach is objectionable in the case of autism, and perhaps more widely, is that purely deficit views impede progress in our understanding of the phenomena themselves. "Perhaps more widely", in my above formulation, leaves open the possibility that there could be a purely deficit view of some phenomenon that does not impede progress in our understanding of that phenomenon. "Purely" allows that deficit attributions can be part of a larger explanatory framework that includes attributions of excess and even attributions of different qualitative forms, resulting in an overall explanation that goes beyond conceptualizing the phenomenon simply in terms of what is missing. With these qualifications in mind, below I unpack the claim that purely deficit views' blinkered reliance on privative description and explanation impedes progress in our understanding of the phenomena themselves.

Sass's critique of the deficit view of schizophrenia (2000; 2000-1a; 2000-1b; 2001) furthers reflection on this relatively neglected issue. While Sass does not make the distinction between problems with the deficit view as

it is currently practiced and the very idea of a deficit view as objectionable or explicitly discuss the conceptual interrelations between "lack," "deficit," "deviation," and "pathology," his careful analysis of the drawbacks of purely privative description and explanation in the nosology of schizophrenia proves helpful for developing the idea that a purely deficit view impedes progress in our understanding of the phenomena themselves. Below I summarize Sass's critique and distill some general lessons from it concerning the uses of quantitative and qualitative concepts in understanding variation, which I then apply to the case of autism. 15

The purely deficit view of schizophrenia sees schizophrenia "entirely in terms of the loss of higher or more quintessentially human capacities of mind and spirit" (Sass 2000-1a, 56) or in terms of defects or deficits taken to involve "decline of one or more of the higher cognitive faculties widely considered to define the human essence, such as rationality, volition, or the capacity for abstraction or self-consciousness" (Sass 2001, 252). The deficit view finds its expression in the set of features that mainstream American and British psychiatry, at least, increasingly conceptualizes as the defining features of schizophrenia, the so-called negative symptoms, many of which are identifiable by the deprivative "a" that precedes each feature or function that is hypothesized to be lacking: alogia or poverty of speech, affective flattening, avolition, apathy, anhedonia, and inattentiveness (Sass 2000).

Sass critiques the deficit view by undermining the positive-negative symptoms distinction on which it relies. A common assumption is that positive symptoms reflect excess and negative symptoms reflect lack. For example, thought blocking is characterized as a negative symptom (a thought is lacking or removed) while thought insertion is characterized as a positive symptom (a new thought is added). The positive-negative distinction may seem commonsensical and straightforward, but "its logic as well as its clinical accuracy are actually quite problematic" (Sass 2000, 154). One problem with the distinction is that there is arbitrariness in classifying something as positive or negative since "[t]he absence of one thing will, after all, inevitably allow for, indeed necessitate, the presence of something else" (Sass 2000, 154). For example, flat affect, a so-called negative symptom, is often accompanied by the presence of something abnormal and anomalous: mask-like faces or incongruous facial expression. Likewise, asociality, the absence of other-directed, socially oriented behavior, is often accompanied by the presence of unusual or socially inappropriate, self-directed behavior (ibid).

Another problem is that a lack on the behavioral level is taken to indicate a lack of psychological activity or subjective life or some underlying and fundamental deficit or diminishment in function. Recent research on the subjective experience of schizophrenia, however, suggests that observed behavioral lacks may not have direct equivalents or analogues on the experiential level (Sass 2000, 155). For example, flat affect is often accompanied by intense emotional reactivity at the experiential level despite lack of overt behaviors like affective expression, and asocial behavior can be accompanied by a stated yearning for contact with others. There are also positive-negative discrepancies on a single plane or level. For example, on the experiential level, Schneiderian first rank symptoms are considered positive symptoms because they involve the presence of experiences normally absent: hallucinations (e.g., hearing voices) and delusions (e.g., thought insertion). However, these symptoms imply the simultaneous absence of something normally present: a sense of ownership or intentional control (Sass 2000, 154). Moreover, the loss of some feature or function is often accompanied by an exaggeration of another in schizophrenia (Sass 2001).

These examples bring out that a deficit view of schizophrenia is too simplistic to capture the complex, unusual, sometimes even contrary qualities of the subjective experience of schizophrenia. The deficit view understands

so-called negative symptoms "in purely quantitative or negative terms--as a simple privation of something normally present" (Sass 2001, 259) and emphasizes loss, absence, and decrease. Thus, it fails to appreciate the relevance of super-abundance or excess of "exaggerated cognitive capacities" (Sass 2001, 252) or to consider the possible advantages of alternative forms of functioning (Sass 2000-1a, 64) and the "qualitative uniqueness of schizophrenic orientations" (Sass 2001, 252). 16

Two lines of reasoning that underlie Sass's critique of the deficit view of schizophrenia can be used to develop the idea that a purely deficit approach impedes progress in our understanding of the phenomena themselves (and is thus objectionable in principle, at least for some phenomena). First, conceptualizing a phenomenon purely in terms of privation omits features, traits, capacities, and so forth that are, for some purposes and interests, better described as a higher degree of features, traits, capacities and so forth that are present to a lesser degree in typical individuals. Assuming that the deficit attributions are true, the kind of knowledge of the relevant phenomenon's quantitative variation of the normal that one gains from a purely privative explanation or description of that phenomenon is partial, at best. Such a construal leaves the phenomenon with no positive identity. It merely identifies what it is not, what it lacks, what it is missing by comparison with something else that has those attributes, capacities, and so forth.

Second, understanding a phenomenon purely through quantitative comparison with some other phenomenon is problematic (even if excesses and super-abundances are included in the comparisons) because it omits qualitative concepts when they are needed. That is, even if one conceives of the phenomenon as not just a matter of what is less or missing, but also as a matter of something more, a super-abundance, exaggeration, or excess, in some respects, one still neglects ways the phenomenon differs qualitatively. A purely quantitative descriptive and explanatory framework is a secondary, derivative, dependent, and reactive way to understand the phenomenon in question. In an important sense, the phenomenon has no identity of its own, independent from mere quantitative comparison with what is labeled normal.

The above observations about quantitative and qualitative concepts prompt a question about the relation between these two ways of conceptualizing variation. What effect, if any, does taking a purely deficit approach to understanding a phenomenon have on one's ability to conceive of that phenomenon in terms of qualitative difference? Feminist philosopher, Jay's (1981), analysis of the use of the A/Not-A dichotomy in understanding female-male gender differences suggest that, at least in some cases, a deficit approach is conceptually constraining in that it compromises one's ability to conceive of qualitatively different forms. Jay (1981) observes that an A/Not-A dichotomy underpins a purely deficit view. This kind of dichotomy construes A positively, in terms of presence, and not-A negatively, in terms of the absence of something A is or has. Phrased this way, the dichotomy prompts one to understand that which is labeled Not-A as a lesser form of A rather than as a form of its own. Only one term (A) has positive reality.

To return to the example of gender differences, Jay (1981) reminds us that historically woman and femaleness have regularly been characterized as Not-A. Woman has been understood as "misbegotten male" (Aristotle), "the lesser man" (Tennyson), or as a castrated man (Freud). Being a woman, on these conceptions, is the failure to become a man. Women are diminished or deformed men. Femaleness is a lack of maleness.

More generally, Jay's (1981) analysis suggests that relying on an A/Not-A dichotomy as a starting point and primary framework for understanding human differences, as a purely deficit view does, may have a harmful consequence for theorizing: it may inhibit creative, flexible conceptualization of those differences in our

explanatory and descriptive frameworks exactly where we need it most--in the faithful depiction of qualitative variation. Reliance on this kind of dichotomy might make it more difficult to conceive of qualitatively different kinds of phenomena or encourage neglect of qualitative variation. One who understands a phenomenon in terms of an A/Not-A dichotomy finds it difficult "to conceive of the possibility of alternative forms of order (third possibilities). Within such thinking, the only alternative to the one order is disorder" (Jay 1981, 54).

The lessons from Sass's critique of schizophrenia (2000, 2000-1a, 2000-1b, 2001) and Jay's (1981) analysis of the A/Not-A dichotomy in conceptualizing gender differences readily apply to the case of autism. Before discussing how the lessons apply, a few cautions about autism are in order. First, the kinds of differences associated with autism mentioned below are only a sampling of those reported. Second, we would do well to keep in mind the adage, common in autism communities, "If you have met one person with autism, you have met one person with autism". The heterogeneity of autism presents many challenges for nosology, and it is unclear how far one can generalize from particular personal accounts and research studies of differences associated with autism. Third, the impact of these differences on autists' development and everyday social functioning are not well understood.

Concerning the inclusion of quantitative excess, exaggeration, and super-abundance of traits, features, capacities and so forth, attributions of this kind are sometimes included in representations of autism. Take for example "hyperreactivity to sensory input" as a subcategory under "Restricted and repetitive behaviors" in the diagnostic criteria for autism spectrum disorder (DSM-5), the extreme male brain theory (Baron-Cohen and Hammer 1997, Baron-Cohen 2002; 2003), or the idea that autism can be thought of as the pathological excess of traits that are normally understood as desirable in their cultural context such as individuality, autonomy, and self-reliance in the Western world (Straus 2013). Nevertheless, when it comes to understanding autism as quantitative deviation from the normal, deficit attributions dominate. Autism, like schizophrenia and femaleness, has been characterized routinely as Not-A, as a deficit in a trait, feature, capacity and so forth that A is or has.

As for the inclusion of qualitative variation in explanations and descriptions of autism, there is a pressing need for more thoroughgoing reflection in scientific and philosophical investigations of autism on how autists' ways of being in the world, their subjectivity, experience, behavior, intelligence, and so forth differ qualitatively. Qualitative concepts are needed to capture the diversity and complexity of differences between autistic and typical individuals. Consider, for example, how Williams, an autistic adult, describes her perception of mood:

I could tell mood from a foot better than from a face. I could sense the slightest change in regular pace and intensity of movement of foot. I could sense any asymmetry in rhythm that indicated erraticness and unpredictability. Facial expression, by comparison, was so overlaid with stored expression, full of so many attempts to cover up or sway impression that the foot was much truer. I used sound in the same way, even breathing. Intonation aside, I could sense change in regular rhythm, pace, intensity and pitch. (quoted in Cole 1999, 96)

Here we have the description of a less ocular- and head-centric way of coming to understand a person's mood through non-verbal behavior than more typical ones (e.g., seeing emotions in facial expressions). But this is not a description of a point of view that is simply missing things. Nor is it a description merely of excess or exaggeration of what typical people do. What sense-modalities Williams relies on most, what she orients to

and attends to, differ. Williams reports sensing the tempo and rhythm of breath, voice, and foot movement, qualities of kinesthetic behavior, as expressive of a person's mood.

Some autism rights activism calls for increased recognition of just this point. In some ways autism is better understood as a qualitatively different state of being with a qualitatively different form of order and intelligibility--not the typical order, but order nonetheless. In his autobiographical account, autistic adult, Stephen Shore (2003), suggests that, "the autism spectrum should be considered as 'another order' of being as opposed to a disordered, deviant way of existing" (v). Likewise, Amanda Melissa Baggs (2010), an autistic adult, writes, "This is about what is, not what is missing [] It is about the fact that those of us who are viewed purely as having had things taken away--as being essentially barren wastelands--are not shut out of the richness of life by being who we are. The richness we experience is not some cheap romanticized copy of the richness others experience" (n.p.). Baggs and Shore are calling for a conception of autistic personhood that has a positive identity of its own, where autistic personhood is not understood as a lesser form of typical individuals' personhood.

Another place where qualitative concepts are needed is in capturing differences in how autism manifests across individuals labeled autistic. 17 For example, sensory-perceptual differences are commonly reported in autism (Baranek et al. 2006; Bogdashina 2016; Grandin and Scariano 1996; Leekam et al. 2007; Williams 1996), but they manifest in a variety of ways. Some people with autism experience increased (hyper-) sensitivity to incoming stimuli while others experienced decreased (hypo-) sensitivity. The sensitivities occur across sensory modalities (i.e., vision, touch, taste, hearing, smell), are often idiosyncratic, can vary from hypo- to hyper-sensitivity within the same individual (Baranek et al. 2014), and may result in reacting differently to the same stimuli.

Qualitative variations in experience between individuals labeled autistic can also be seen in the sometimes-unusual ways they achieve intersubjective understanding. Compare Williams' description of coming to understand another's mood through non-verbal behavior from above with Tammet's (2006), another autistic adult's personal account of understanding others:

Numbers are my first language, one I often think and feel in. Emotions can be hard for me to understand or know how to react to, so I often use numbers to help me. If a friend says they feel sad or depressed, I picture myself sitting in the dark hollowness of number 6 to help me experience the same sort of feeling and understand it. By doing this, numbers actually help me get closer to understanding other people. (7)

While Williams describes how she uses non-verbal cues to help her understand others' moods, Tammet describes how his first language, numbers, helps him simulate, in his imagination, the feeling-in-context that he wishes to understand. Numbers are often associated with the impersonal, yet for Tammet they could not be more personal, more imbued with feeling.

These examples suggest that to capture the complexity and subtlety of autists' ways of being in the world, we need descriptive and explanatory frameworks for autism that take into account both the range of quantitative differences and qualitative differences, differences both in degree and kind from what is typical. As Murray (2013) succinctly puts it, autism "is somehow less, more, and something else" (53).

V. Conclusion

I close with some thoughts on the value of this conceptual work and its applicability beyond the study of autism. A central task for future work on deficit views is determining the range of applications where deficit-based approaches are problematic. One preliminary observation in this connection is that cases of deficit views that have historically proven dangerous are cases where group differences in humans are investigated, explained, classified, and acted upon. Since people are "interactive kinds" those classified interact with their classification, creating "looping effects," which remake both the classification and what it is to be a person so classified (Hacking 2007). In other words, humans are not indifferent to how they and others are classified. They care about and react to classification at both individual and institutional levels. The labels "deficit" and "deficient" impact the personal identities and social identities of those so classified, and prescriptions concerning how to intervene on their perceived deficits follow from the categorization.

Many other group differences in humans besides autism and schizophrenia have been given a deficit treatment. A well-known case is gender differences in moral development, where female moral development is given a deficit treatment using male moral development as a standard. The Gilligan-Kohlberg controversy is illustrative in this connection. Kohlberg (1969; 1981; 1984) proposed a six-stage scale of moral development. He claimed that the modes of reasoning characterizing each stage and the sequence of development from stage to stage are the same for all humans. The stages form a hierarchy where earlier stages are incorporated by later ones and the person at the later stage appreciates the limits of the earlier stages. For example, stage 3 retains the insights of stage 2 and incorporates them while, at the same time, the person at stage 3 recognizes the limitations of stage 2. In this way, later, higher stages are more adequate than earlier, lower ones. Men tend to score at stage 4 or 5, while women tend to score at stage 3.

Gilligan (1977; 1982) argued that Kohlberg's model is androcentric since the stages were derived from male-only interviews. Moreover, the model conceptualizes female moral development merely as an immature form of male moral development since it relies on a single norm (i.e., typical moral development in Western males) and interprets deviations from the norm (i.e., lower female scores) as deficits (i.e., women are underdeveloped men, morally speaking). Against Kohlberg, Gilligan claims that women continue to develop morally beyond what Kohlberg categorized as stage 3 but along a different developmental trajectory. Women are conceptualized as reasoning in a different but equally morally mature voice.

A second example concerns deficit explanations of persistent, pervasive and disproportionately high rates of school failure in low socioeconomic status (LSE) students of color. A standard explanation of disproportionately high rates of school failure in LSE students of color is that these students have deficits in ability and motivation (e.g., limited linguistic and intellectual abilities, laziness, and lack of motivation to learn). Critics of deficit thinking about school failure in LSE students of color argue that it relies on questionable scientific practice. Deficit views posit single-cause, endogenous explanations of complex social problems and neglect the role of complex external forces (e.g., educational policies) that contribute to school failure (Valencia 2010, 9). These explanations include hypotheses about the supposed biological sources of the deficits that are pseudo-scientific and lack empirical support (Valencia 2010, 56). In addition, critics of deficit explanations of school failure argue that the deficit view has many impactful negative consequences. It gives rise to "expectations of ignorance, incompetence, and neglectfulness" (Giles 2002, 149). These perceptions lead to a sense of disempowerment, helplessness, and dependence (Eloff and Ebersöhn 2001) in those perceived to be deficient and can contribute to pathologizing of behavior, marginalization, and oppression of poor students and students of color and their families.

Alongside determining the range of applications where deficit-based approaches are problematic, there should be continued reflection on the variety of dangers of deficit approaches. Reflection on the deficit view and its critics can help philosophers, psychiatrists, psychologists, and other theorists and practitioners appreciate the important concerns raised by deficit critiques and address problematic deficit thinking in both academic and clinical settings. Such reflection improves our understanding of the harmful moral and social-political consequences of problematic deficit approaches. And, as I have argued, it reveals another kind of drawback to deficit thinking that is independent of the deficit view's potential negative personal and social consequences, a drawback that deserves serious consideration and sustained critical attention: in some instances, at least, deficit views impede scientific and philosophical progress in our understanding of the phenomena themselves. Thus, articulating and assessing deficit approaches is of practical and theoretical importance.

Perhaps most importantly, the possibility that the deficit view impedes progress in our understanding of the phenomena themselves suggests that the issues examined here should matter for practicing scientists even on a conception of science that construes scientists as morally exempt from considering the consequences their work may have beyond the scientific realm. 20 Addressing the concerns of deficit critiques calls for revision to the philosophy and science of the phenomena themselves (e.g., what questions are asked, how the questions are investigated, what inferences scientists, philosophers, and other researchers draw when interpreting empirical findings, and so forth). While there are lively discussions of the harmful social and ethical consequences of deficit thinking both inside and outside the academy, a discourse on whether and how deficit views stymie progress in our understanding of the phenomena themselves is largely absent. Future work on this topic can help philosophers, scientists, and other theorists analyze the interplay between the descriptive, explanatory, and prescriptive elements in theories of autism and, perhaps, more widely, in the production of "expert" knowledge about human differences. 21

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Endnotes

1. Some people with autism prefer "person with autism" because it puts the person before the autism. Others prefer "autistic person" to signal that autism is inseparable from the person (Sinclair 1999). I will use both kinds of language to acknowledge the different ways individuals may choose to talk about themselves. Return to Text

- 2. See Dinishak and Akhtar (2013), Duffy and Dorner (2011), and Smukler (2005) for critical discussion of the metaphor "mindblindness" in portrayals of autism. Return to Text

- 3. For discussion of dilemmas and debates of the neurodiversity movement, see Runswick-Cole (2014), Ortega (2009; 2013), and Ortega and Vidal (2007). [Return to Text](#)
- 4. The editors write, 'Although we coined the phrase "critical autism studies" as a title for our workshop [from which the volume papers are drawn], we view the contours of this field as emergent and in flux. Indeed, our goal in assembling this international, interdisciplinary group of scholars was in part to interrogate rather than define or delimit the boundaries of this emerging field of study' (11). [Return to Text](#)
- 5. This controversial hypothesis has been challenged (McGeer 2004; Raffman 1999). [Return to Text](#)
- 6. For comparison's sake, notice that in some contexts "normal" and "deviation" are used in an evaluative sense but what is normal is not taken as an ideal to achieve, or a standard to restore or maintain but as something to improve upon. For example, in the case of intelligence, genius is a positively valued excess of what is statistically normal. [Return to Text](#)
- 7. For a review and critical assessment of relevant empirical findings, see Jemel, Mottron, and Dawson (2006) and Guillon et al. (2014). [Return to Text](#)
- 8. The "deficit in social motivation" explanation of autists' difficulties with facial emotion recognition has been challenged. See Garman et al. (2016), for example. [Return to Text](#)
- 9. There are related questions about suffering and loss or decline (e.g., of sight, hearing, limb). See Davidson (2016) for thoughts on how to make room for a critical understanding of experiences of loss and failure in "deaf gain" and the implications this understanding has for the politics of gain in the context of disability more generally. [Return to Text](#)
- 10. I am grateful to anonymous reviewers' of submissions for the conference "Re-conceptualizing Mental Illness" (London, April 2014) for their comments on an earlier articulation of this third line of thought. [Return to Text](#)
- 11. See Dawson et al. 2007 for critical discussion. [Return to Text](#)
- 12. Cohen-Rottenberg (2012) cites some disturbing illustrative instances of de-humanization of autists in her review of recent literature on the empathy deficit portrayal of autism--for example, that autists are not fully human, that they are inherently selfish and egocentric and de-humanize others, that autistic children are like robots, apes, and chimpanzees. [Return to Text](#)
- 13. For illuminating discussions of the possible implications of these findings for our understanding of constraints on social cognition see Epley, Schroeder and Waytz (2013) and Waytz, Schroeder and Epley (2014). [Return to Text](#)
- 14. Non-autists' abilities to understand autists is a neglected topic. See Dinishak (2016) for discussion of some potential limits on non-autists' ability to understand the mental lives of autists and how these potential limits should affect future inquiry into understanding unlike-minded others. [Return to Text](#)
- 15. The negative-positive symptom distinction does not play an explicit role in the nosology of autism. However, before autism was understood as a distinct diagnostic and clinical entity, the term "autism," coined by Bleuler (1950[1911]), was used to describe some of the so-called negative features of some kinds of schizophrenia. [Return to Text](#)
- 16. The general concerns here, that there is a one-sided focus on quantitative lack or absence and that conceptualizing deviations from the norm purely in terms of quantitative variation is profoundly

oversimplifying, have been discussed by a variety of thinkers. The interplay between the quantitative and qualitative is central to Canguilhem's (1978) important discussions of the pathological-normal and disease-health conceptual distinctions, for example. Characterizing neurology, Sacks (1998[1970]) argues that its narrow conceptual framework for disturbance of function limits its ability to study excess, exaggeration, and so forth: "'Deficit' is neurology's favourite word--its only word, indeed, for any disturbance of function. Either the function (like a capacitor or fuse) is normal--or it is defective or faulty. What then of the opposite--an excess or superabundance of function? Neurology has no word for this--because it has no concept. A function, or functional system, works--or it does not: these are the only possibilities it allows. Thus a disease which is 'ebullient' or 'productive' in character challenges the basic mechanistic concepts of neurology, and this is doubtless one reason why such disorders--common, important, and intriguing as they are--have never received the attention they deserve" (87). [Return to Text](#)

- 17. The use of "autism spectrum disorder" in DSM-5 is intended to help capture the heterogeneity across individuals labeled autistic, but arguably "spectrum" connotes quantitative variation only since spectra are linear, ordinarily. The use of "spectrum" in "autism spectrum disorder" misleadingly suggests that autists differ along a single dimension, degree of severity. Hacking (2010) proposes that we use the concept of a manifold to capture our present awareness of autism since manifolds come in any number of dimensions. [Return to Text](#)
- 18. For discussions of the controversy from feminist philosophical perspectives see Kittay and Myers (1987). [Return to Text](#)
- 19. Gilligan's "different voice" critique of Kohlberg's model of moral development is subject to much debate. One commonly cited criticism is that her account essentializes male-female differences by associating one voice, the justice voice, with men and the other, care voice, with women. Regardless of one's assessment of her positive account of female moral development, Gilligan's analysis took steps "to expose the universalist pretensions of dominant norms and to envision alternatives" (Kourany 1997, 305). With this I agree. See Walker (2006) for a helpful overview of some of these issues and for critical discussion of the empirical validity of Gilligan's account. [Return to Text](#)
- 20. See Douglas (2003) for a useful discussion of whether scientists qua scientists have moral responsibilities and a challenge to the traditional view on the matter. [Return to Text](#)
- 21. I am grateful to Nameera Akhtar, Mandel Cabrera, Jonathan Ellis, Mona Gupta, Andrew Hsu, Rebekah Johnston, Kara Richardson, Paul Roth, Rasmus Winther, an anonymous reviewer for Disability Studies Quarterly, and the audiences at the 2015 annual meeting of the Association for the Advancement of Philosophy and Psychiatry in Toronto and the 2015 annual meeting of the British Society for the Philosophy of Science in Manchester for helping me to shape the ideas in this paper. [Return to Text](#)

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