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DIFFERENCE OR DEFECT? DISABILITY CONSIDERED IN THE CONTEXT OF TRANSHUMANISM

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Abstract

Transhumanism advocates the development and use of technologies to eradicate disease and suffering, enhance humans' abilities, and extend humans' life spans. Some such technologies are currently in use, including prosthetics to facilitate movement and medications to enhance focus. As technologies become increasingly sophisticated, it is likely that they will be accessible to relatively few individuals as a result of their cost and availability. We examine the potential impact of a Western society's increasing use of enhancements by a privileged segment of its population on its understanding of disability as compared with current models of disability and associated ethical issues.

Key words: ableism, disability, human enhancement technology, transhumanism

Introduction

Transhumanism is premised on the belief that human limitations can be overcome through reason, science, and technology, (Young, 2005) that technology *should* be utilized to improve human biology, (Walker, 2011) and that its usage will extend humans' life spans, eradicate disease, eliminate "unnecessary" suffering, and enhance humans' physical, emotional, and mental abilities (Bostrom, 2005). The key feature of transhumanism is said to be the use of technology "to move beyond treatment and into enhancement, i.e. to extend our faculties beyond anything that has occurred ... naturally" (Rizzuto & Fost, 2012). Ultimately, it is argued, such usage of technology will not only maximize "happiness," but will also lead to the creation of a new genus, that of "posthumans" (Walker, 2011). The transhumanist website Humanity+ suggests that posthumans

could be completely synthetic artificial intelligences, or they could be enhanced uploads, or they could be the result of many smaller but cumulatively profound biological augmentations to a biological human. The latter alternative would probably require either the redesign of the human organism using advanced nanotechnology or a radical enhancement using some combination of technologies such as genetic engineering, psychopharmacology, and anti-aging therapies, neural interfaces, advanced information management tools, memory enhancing drugs, wearable computers, and cognitive techniques ... Some posthumans might find it advantageous to jettison their bodies altogether and live as information patterns on vast super-fast computer networks ... Posthuman minds might be able to share memories and experiences directly, greatly increasing the efficiency, quality, and modes in which posthumans could communicate with each other. The boundaries between posthuman minds may not be as sharply defined as those between humans (Humanity+, 2023).

Some transhumanists project a time of the Singularity during which human and machine consciousness will be melded together to comprise a super-connected posthuman civilization (Hughes, 2012; Paura, 2016). Transhumanists aver that artificial intelligence will reach a level at which point it will design itself and lead to an explosion of intelligence that surpasses that of current-day humans.

Proposed human enhancement technologies (HETs) include the use of artificial intelligence and molecular nanotechnology (Milleson, 2013). Medicine currently relies on HETs to address individuals' perceived disorders and deficiencies to enable them to function within the spectrum of what is considered to be "normal." Current uses for HET include exoskeletal devices for members of the military, which enhance the individual's physical strength and endurance (McNally, 2014); cognitive enhancements that facilitate increased focus and insight, such as medications to treat attention disorders and hyperactivity (Adorno, 2021; Lorca et al., 2022; Schifano et al., 2022); prosthetics to increase individuals' range of mobility and flexibility; and preimplantation genetic diagnosis, which provides aspiring parents with information relating to the probability of a genetic aberration in potential offspring.

Various claims have been advanced to justify reliance on HETs. Savulescu has observed that the human body is fragile and susceptible to risk. As such, enhancement is necessary in order to stave off extinction (Savulescu, 2005). Others have argued that reliance on such technologies will augment human traits (Hall, 2017). Bostrom has suggested that enhancements that confer positional advantage over those who lack such enhancements, such as an increase in height, should not be promoted (Bostrom, 2003). Rather, enhancements that "provide either intrinsic benefits or net positive externalities (such as a better immune system or improvement of cognitive functioning)" should be the focus of transhumanist efforts. However, it would appear that such intrinsic benefits are themselves positional enhancements when some individuals, but not all, are able to avail themselves of the requisite technology to enhance their performance or faculties in one or more domains of functioning. As an example, Bostrom has suggested that, in contrast to the enhancement of height that would confer a benefit on the individual but not on the larger society, improved health benefits both the individual and society (Bostrom, 2003). However, enhanced health would confer a competitive, and therefore positional, advantage on those who possess this characteristic; their reduced susceptibility to disease would potentially provide a mating and reproductive advantage, enhance their endurance, and increase their longevity.

The concept of transhumanism raises several core issues, many of which have been the focus of continuing debate. First, the boundary between amelioration and enhancement is vague and often rests upon a subjective judgment. Second, efforts to promote enhancements of specific characteristics raise issues related to distributive justice (Loue, 2022; Loue, Kuna, & McCormick, 2023; van Hilvoorde & Landeweerd, 2010). Third, the ostensible "amelioration" of a specific characteristic may challenge an individual's or group's identity and suggest a societal need for and bias towards conformity (Spriggs, 2002; Teather, 2002). Finally, these arguments suggest that there is a baseline "normality" for human functioning and the inability to function at or above that baseline necessarily is a disorder or defect that calls for amelioration or enhancement. However, to a large degree, what any given society considers to be a defect varies across time and place and reflects that society's discomfort with what are perceived to be its members' imperfections (O'Brien, 2023). The question that naturally follows and is explored below is the potential impact of a Western society's increasing use of enhancements on its understanding of disability as compared with current models of disability and associated ethical issues.

Current Models of Disability

Medical Model

The medical model of disability views an individual's inability to function at or above a predetermined baseline of "normality" as a disability. The medical model has significant implications for the individual deemed to have a disability, as well as those individuals who provide him or her with support. As Simi Linton explained, "the medicalization of disability casts human variation as a deviance from the norm, as pathological condition, as deficit and, significantly, as an individual burden and personal tragedy" (Linton, 1998). In short, the individual is seen as having something wrong with them and that "something wrong" must be fixed. Additionally, if medicine is unable to "cure" the person's disability, the patient is often perceived as having a limited ability to function as a member of society; this perception may then impede the individual's ability to participate, leading to reduced opportunities and social exclusion (Bunbury, 2019). Disabled individuals may be seen as less economically productive in our capitalist society specifically because of their disability, a perception that may lead others to value disabled individuals less than those who do not have or are perceived to not have a disability. Not surprisingly, the medical model has been characterized as being both insufficient and oppressive (Hogan, 2019a).

As examples, an individual who has difficulty seeing or hearing is viewed as disabled because the abilities to hear and to see are deemed to represent normal functioning. As such, disability is perceived not only as a static characteristic, but also often becomes that individual's identity in the eyes of the beholder (Kafer, 2013). A person with a diagnosis of schizophrenia is often referred to as "the schizophrenic" rather than the "individual with a diagnosis of schizophrenia." Accordingly, medicine frequently utilizes procedures or treatments in an effort to ameliorate or cure the disability, to bring the individual to whatever baseline is considered the norm for that particular characteristic, and to reduce any of the individual's impediments to the achievement of the "good life" (Satz, 2006). In this context, the person with the vision impairment is still expected to navigate the environment in whatever way he or she is able, regardless of any structural impediments that may exist. An elevator may help the individual avoid the difficulty of a staircase, but the absence of large numbers or lettering or an announcement of each floor as it is reached and passed leaves the individual without any independently usable guide to help them reach their intended destination.

Legal Model

Because the legal model of disability varies significantly across legal jurisdictions and specific contexts, it is beyond the scope of this article to provide in-depth coverage of the many variations that exist. However, as one example, U.S. federal law defines disability differently depending upon the specific program for which an individual is seeking coverage and benefits. As an example, the nondiscrimination law that applies in workplace situations defines a disabled person as one who "(1) has a physical or mental impairment that substantially limits one or more 'major life activities,' (2) has a record of such an impairment, or (3) is regarded as having such an impairment" (Americans with Disabilities Act, as amended). In contrast, if an individual is applying for disability benefits under the Social Security program, he or she "must have a severe disability (or combination of disabilities) that has lasted, or is expected to last, at least 12 months or result in death, and which prevents working at a 'substantial gainful activity' level" (United States Department of Labor, n.d.). There is a major distinction between these two programs in that the nondiscrimination provision applies even to those who are not disabled, but who are perceived to be disabled, whereas social security benefits are available only to those individuals who are disabled and either have or will have the disability for a period of twelve months.

Social Model

The social model of disability was developed in response to the deficiencies of the medical model (Lang, 2007). Rather than viewing disability as a characteristic or component of an individual, the social model holds that disability is a function of the environment which is constructed in such a way as to impede an individual's ability to fully participate in activities and to live independently (Shakespeare, 2006). In contrast to the medical model, disability is not perceived as a static state of being, but rather as existing in relation to a specific environment and/or specific function or activity, in a specific time and place (Moser, 2006). Examples of such environmental impediments include sidewalks without curb cuts and buildings without ramps to facilitate wheelchair access (Kafer, 2013), discriminatory and stigmatizing attitudes of care providers leading to a reluctance of patients to seek care or the provision of a lesser quality of care (Iezzoni et al., 2021) and paternalistic attitudes that prevent individuals from pursuing desired opportunities. Unlike the medical model, which attributes responsibility for change to the disabled individual, the social model places responsibility for change on the society in which the disabled individual is situated (Hahn, n.d.).

Importantly, the social model also distinguishes between impairment and disability. Impairment is viewed as a functional limitation resulting from a physical or mental condition; it is a biomedical characteristic (Union of Physically Impaired Against Segregation, & Disability Alliance, 1976). The concept of impairment has been expanded to also include sensory, intellectual, and other non-physical forms (Bunbury, 2019). In contrast, a disability is socially constructed, resulting from impediments established by society that limit an individual's opportunities (Bunbury, 2019; Shakespeare, 2006). Bunbury has argued that society is able to accept some limitations but those that it cannot accept are labeled as "disabilities." The social model of disability focuses on the social inequality resulting from society's construction of disability, whereas the medical model continues to view disability as a personal inadequacy (Hogan, 2019b).

To illustrate the social model of disability, we can consider situations involving individuals who need some mechanism of support to be able to be on a plane. The individuals who take several physician-prescribed pills prior to boarding are often perceived sympathetically due to their difficulties with flying but are not considered to be disabled. In contrast, those individuals who utilize the services of a support animal recommended or prescribed by a mental health professional are often perceived as disabled; their inability to navigate their travel without support is plainly visible unlike those who have swallowed pills.

The social model, however, is not without its deficiencies. Hogan has noted that an emphasis on social oppression as the cause of a disability may suggest to some individuals that their impairments do not require medical attention (Hogan, 2019b). Indeed, Shakespeare has argued that

disabled people face both discrimination and intrinsic limitations. First, even if social barriers are removed as far as practically possible, it will remain disadvantageous to have many forms of impairment. Second, it is harder to celebrate disability than it is to celebrate Blackness, or Gay Pride, or being a woman. "Disability pride is problematic, because disability is difficult to recuperate as a concept, as it refers to limitation and incapacity, or else to oppression and exclusion, or else to both dimensions. Third, if disabled people are to be emancipated, then society will have to provide extra resources to meet the needs and overcome the disadvantage which arises from impairment, not just work to minimize discrimination (Shakespeare, 2006, p. 220).

Disability in the Context of Transhumanism

If we assume that cognitive and biological enhancements become more sophisticated and more easily obtainable, individuals who are currently perceived as disabled could potentially experience greater social and economic inclusion. However, it remains likely that many of the visionary transhumanist technologies would be accessible to only a portion of any country's population due to both the cost and the specialized nature of the technology. Concerns have been raised that in such a situation, the posthumans may regard even non-enhanced individuals as their inferiors and seek to either enslave them or eradicate them as being nonproductive (Thompson, 2017). Such a scenario may appear to be farfetched until one considers the human proclivity to rank humans hierarchically using a variety of constructs as criteria to do so, e.g., sex, sexual orientation, class, race, ethnicity, and ableness (Ferrando, 2013). Transhumanists have countered this concern with the suggestion that an enhancement might increase individuals' compassion towards others or enhance individuals' "emotional sensitivity" (Bostrom, 2003; Hughes, 2012).

Indeed, Nick Bostrom, a leading proponent of transhumanism, claims that transhumanists do not want stigma against individuals with disabilities to increase and argues that "such dystopian scenarios are speculative." At the same time, however, he acknowledges that "[W]e may favor future people being posthuman rather than human, if the posthuman beings would lead lives more worthwhile than the alternative humans would lead" (Bostrom, 2003). This not only suggests that individuals who are currently perceived as disabled will be viewed as having less value, but also that those who are now considered "normal" will be devalued by those who have been enhanced (Yoon, 2021). The pursuit of transhumanist technologies may well be antithetical to the compassionate treatment of those who are currently viewed as disabled and those who are non-enhanced. The scholar I Sil Yoon has noted that capitalism is a prerequisite for the promotion of transhumanistic technologies but, because capitalism emphasizes the economic desires of each individual, it "cannot bring forth a society where all members care for each other and pursue the well-being of everyone" (Yoon, 2021, p. 885).

At least some individuals view their disability or sufferings as integral to who they are. As an example, the artist Edvard Munch, known best perhaps for the painting titled *The Scream*, stated, "My sufferings are part of myself and my art. They are indistinguishable from me, and their destruction would destroy my art. I want to keep those sufferings" (Prideaux, 2007, p. 251). Bostrom, however, is dismissive of one's sense of and the importance of one's own identity, asserting that

[p]reservation of personal identity ... is not everything ... We can value other things than ourselves, or we might regard it as satisfactory if some parts or aspects of ourselves survive and flourish, even if that entails giving up some parts of ourselves such that we no longer count as being the same person (Bostrom, 2003, p. 496).

Despite the shortcomings inherent in both the medical and social models of disability, each provides insights that may be valuable in the context of transhumanism. Liz Crow, who identifies as a dis-abled advocate, notes that impairment can affect an individual negatively, even in the complete absence of disability discrimination (Crow, 1996). She notes that fatigue, depression, and chronic pain may affect individuals on a regular basis. These, she argues, are impairments that may be amenable to medical intervention and, by focusing on only the external impediments, such as inaccessible public transportation, individuals who are disabled are essentially disabling themselves. Crow further distinguishes between three facets of impairment: the objective existence of an impairment, an individual's subjective experience of that impairment, and the social context of impairment, which can lead to an individual's dis-ability.

Crow's model provides a starting point for examining disability in the context of transhumanism. We must ask not only whether there objectively exists an impairment, but also whether an individual subjectively experiences an impairment and is viewed by society as having an impairment such that they are dis-abled. If, indeed, moral enhancements can be fashioned to increase individuals' sense of compassion and justice (Persson & Savulescu, 2008), we could expect to see greater efforts both to ameliorate impairments that hinder individuals' abilities and to reshape environments to reduce or eliminate dis-abling situations and interactions.

Conclusion

When exploring the intersection of transhumanism and disability, this paper highlights profound implications of emerging HETs on societal perspectives and ethical considerations surrounding disability. Transhumanism has an ambitious vision of transcending human limitations through technology, and promises that the transformative process has significant benefits as well as challenges. Advancing human capabilities, including human lifespans, raises the question of further expanding "normalcy" – whether that be medically or socially.

Our analysis demonstrates that transhumanist technologies offer inclusion for those who are disabled, while also risking reinforcement of existing inequalities. Several scholars have noted that the "[enhancement of specific traits may count as justice through social inclusion but one could also defend that a just society is one in which people are not forced to conform and are not measured by a single yardstick]" (van Hilvoorde & Landeweerde, 2010, p. 2223). Disparity in access to transhumanist technologies can lead to social divides where enhanced persons develop a superiority complex relative to those without enhancements. A nuanced understanding of how enhancements can impact human social interactions is required to address inequities. The dichotomy of medical and social models of disability, as it is underscored heavily in the context of transhumanism, also addresses the need for a method to encourage personalized enhancements which do not lose the scope of unique human individuality.

Integrating human enhancements via transhumanism must be endorsed by ethical standards to promote both individual and societal well-being. It is vital as we navigate these complex issues that we determine a stance on a technically advanced future with concurrent ethical outcomes.

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