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Philosophy of Disability: A Reconsideration of the Strawsonian View of Reactive Attitudes in an Employment Scheme

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*Philosophy of Disability:
A Reconsideration of the Strawsonian View of Reactive Attitudes
in an Employment Scheme*

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of the
Prerequisite for Honors
in Philosophy

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CHAPTER I – *P.F. Strawson’s Reactive Attitudes and the Forgiveness Paradigm*

Introduction to P. F. Strawson’s ‘Freedom and Resentment’ and How He Changed the Conversation About Responsibility

In “Freedom and Resentment,” P.F. Strawson seeks to recast the ordinary debate about moral responsibility and accountability. His main opponent is the incompatibilist – someone who does not believe that the claim that free will exists and the claim that everything that occurs is causally determined are compatible. Strawson also offers a critique of the view that is held by a certain kind of compatibilist: the kind who believes that our practice of holding people morally responsible – blaming and praising them, for example – can be justified by the causal efficacy of these attitudes in shaping future behavior. Strawson does not dwell on the issue of whether or not determinism is true, but proceeds by examining everyday interactions and the resulting emotions and reactive attitudes that we have towards others. He hopes that by doing so he can make his compatibilist opponent concede that there is a deeper rationale for these attitudes than their causal efficacy. Regarding his incompatibilist opponent, Strawson tries to show that since we are not capable of completely suspending all of our attitudes of praise and blame and our other reactive attitudes, it is unreasonable to argue that if determinism is true, we ought to do so. Though reactive attitudes like resentment and gratitude are not widely discussed, Strawson makes the case that these attitudes are much more important to the conversation about moral responsibility than one would ordinarily think, and indeed that they are much more important than quarreling over determinism to get at the root of this issue.

Strawson argues that, of the set of philosophers who claim that they know what determinism is, there are the ‘pessimists’ – those who, if determinism is true, believe that such things as “the concepts of moral obligation and responsibility really have no application, and the practices of punishing and blaming, of expressing moral condemnation and approval, are really unjustified. Others – the optimists, perhaps – hold that these concepts and practices in no way lose their *raison d’être* if the thesis of determinism is true.”¹ To use more traditional ‘free-will-debate’ terminology, the ‘pessimists’ would be called incompatibilists, and are made up of both the hard determinists and libertarians. Hard determinists uphold the deterministic side of the debate, meaning that they believe there is a deterministic universe, which by their thinking precludes the possibility for human beings to have free will. Libertarians, on the other hand, do not believe in a deterministic universe, but rather, maintain the sole thesis that human beings have freedom of the will. Still, it is the optimistic point of view that Strawson seeks to loosely align himself with, though he does suggest that the viewpoint must be “*radically*” modified if it is to be true. Successful modification of this opinion entails considering the efficacy of everyday practices, for “our practices do not merely exploit our natures, they express them.”² That is to say, that our everyday practices really say something about our moral attitudes, and taking them into account may move us further and further away from “the obscure and panicky metaphysics of libertarianism,”³ which are heavily critiqued by Strawson.

¹ PF Strawson, 148

² PF Strawson, 171

³ PF Strawson, 171

On the whole, whereas in this paper he steps aside from metaphysical issues, it is important to note that he does implicitly endorse the compatibilist, the “optimistic,” point of view, meaning he believes in the possibility of there being free will or at least some fact about us that justifies holding people morally responsible for human beings within a deterministic universe. Strawson seeks to illustrate how normal everyday attitudes and emotions may illuminate the more traditional debate, thereby offering a new way of reconciling the competing positions. He radically alters the course of the debate over what it means to be a responsible being. He believes that morality and our conception of morality are based upon reactive attitudes, which are more closely related to daily life than the detached practices of moral condemnation and approval, which make up the more traditional conversation. Instead, what Strawson seeks to describe are, “the non-detached attitudes and reactions of people directly involved in transactions with each other; of the attitudes and reactions of offended parties and beneficiaries: of such things as gratitude, resentment, forgiveness, love, and hurt feelings,”⁴ which are later referred to by Strawson as reactive attitudes. He admits that his language might be “unscientific and imprecise,”⁵ and at times, even commonplace, drawing from the relatable and ordinary nature of these attitudes. However, he seeks to explain “the very great importance that we attach to the attitudes and intentions towards us of other human beings, and the great extent to which our personal feelings and reactions depend upon, or involve, our beliefs about these attitudes and intentions.”⁶ Strawson seeks to alter and broaden the discourse on morality by turning attention to everyday interactions in order to explain what was

⁴ PF Strawson, 151

⁵ PF Strawson, 152

⁶ PF Strawson, 153

once a very complex issue in an intricate debate. As I will show, despite the “average” nature of Strawson’s words and these attitudes, the resulting debate is just as interesting and intricate as before.

So far, Strawson has stated that these reactive attitudes are “reactions to the quality of others’ wills towards us, as manifested in their behavior,”⁷ and that they manifest in either positive or negative ways. Next, Strawson turns to the “sympathetic or vicarious or impersonal or generalized analogues of the reactive attitudes. They are reactions to the qualities of others’ wills, not towards ourselves, but towards others.”⁸ Because they are aimed towards others, and because they are impersonal, they have different names: “one who experiences the vicarious analogue of resentment is said to be indignant or disapproving, or morally indignant or disapproving.”⁹ Whereas *ordinary* reactive attitudes rest on the expectation for goodwill directed towards ourselves, the vicarious analogues to these reactive attitudes more generally reflect the expectation for such goodwill on behalf of others. This adds another important dimension to the Strawsonian scheme, and means that “the generalized and non-generalized forms of demand, and the vicarious and personal reactive attitudes which rest upon, and reflect, them are connected not merely logically. They are connected humanly; and not merely with each other.”¹⁰ We not only narcissistically await fulfillment of various reactive attitudes on our own part, but also can recognize when they are due to others.

⁷ PF Strawson, 160

⁸ PF Strawson, 160

⁹ PF Strawson, 160

¹⁰ PF Strawson, 161

Reciprocity & the Second & Third Order Character of Some Reactive Attitudes

I agree with Strawson that reactive attitudes are important, and I will emphasize, though Strawson does not, that we also expect and/or anticipate them from other people based on our own actions, past and present. Strawson, however, merely presents various examples of when we would feel resentment or gratitude towards someone, but fails to highlight what I would like to call their *reciprocal higher order nature*. I would like to argue this is just as integral to the function of the reactive attitudes as is their basic nature. Having a reciprocal higher order belief or attitude or feeling means having an attitude about an attitude or emotion. Forgiveness, we will see, is an interesting example of a reactive attitude that illustrates this characteristic reciprocity especially well because it involves the back-and-forth trade of reactive attitudes in an especially intricate manner in the interaction between normal human beings.

Resentment, Strawson's chief example, is actually a second order attitude when it occurs in its most typical form. We are resentful towards someone, for example, when he or she maligns or harms us in some way, and this feeling grows even stronger if we believe that his or her intention was to harm us, or if the injurer showed a lack of respect or consideration. It may also grow in intensity due to the closeness of a relationship. The more we trust someone, for instance, the more it hurts and the more we subsequently resent them, when they cause harm to us. I will call this a *reciprocal relationship* because the second attitude (resentment) is about a primary action (the intention to harm in some way, even if it is small). Gratitude, the positive analogue to resentment, occurs when someone does something nice or pleasant for us, and we subsequently feel thankful for his or her kindness. Thus, gratitude is *also* a second order attitude. The same is true in

terms of degrees, meaning that the bigger the deed, the bigger the “thanks” it usually receives in return. We may therefore conclude the original and resulting reactive attitude are directly related: as the original action gets stronger in degree so too does the resulting reactive attitude toward the original agent. Even the most basic reactive attitudes, therefore, include recognition of the agent’s action and attention to the intent, whether or not it is done out of benevolence (the appropriate response being gratitude) or malevolence (the appropriate response being resentment).

I would like to go further with this to say that, implicit in the Strawsonian doctrine, there are third and even fourth order reactive attitudes that are demonstrated in some cases, such as the normal and full exchange of forgiveness and apology. Strawson only devotes a few lines in his paper to forgiveness, stating that,

to ask to be forgiven is in part to acknowledge that the attitude displayed in our actions was such as might be properly resented and in part to repudiate that attitude for the future (or at least for the immediate future); and to forgive is to accept the repudiation and to forswear the resentment.¹¹

Despite their brevity, however, everything I have to add to the Strawsonian version of forgiveness has been extrapolated, perhaps wildly from these lines. What I will call full forgiveness and full apology are meant not just to show recognition that what the original agent did was wrong, but also to highlight the resulting interpersonal attitudes that mirror one another. When an action warrants an apology, there is a typical order of events that takes place:

1st: *The Offense*, in which the actor (A) behaves in a way that displays or seems to display an attitude of disrespect, or at least insufficient concern, toward the victim (V)

¹¹ P.F. Strawson, 153

2nd: This warrants a negative attitude from V toward A, as manifested by A's offensive behavior. This stage is called *Resentment*, and represents the second order attitude in the exchange.

3rd: The third order attitude phase can take one of two paths: either (i) *Recognition* or *Acknowledgment*, in which A shows concern for V's *Resentment* toward A's *Offense*, or (ii) *Remorse* on A's part for his or her *Offense* and for thereby eliciting *Resentment* from V. Both (i) and (ii), however, implicitly confirm A's condemnation of his or her *Offense* as well as acknowledging that A recognizes that it was his or her own agency in the *Offense* (1) that caused *Resentment* from V.

4th: The *Acceptance* or *Apology*, meaning that A follows through with either his or her *Acknowledgment* (3.i) or *Remorse* (3.ii), thereby causing V to accept A's *Acknowledgment* (3.i) or *Remorse* (3.ii) for the *Resentment* (2) he or she caused V by his or her *Offense* (1).

This vital exchange demonstrates the reciprocity of the reactive attitudes, and shows that there are third and fourth order reactive attitudes that result from the idealized paradigm of such an interaction. Though I believe this *reciprocal higher order nature* is implicit in Strawson's explanation, it was not explicitly mentioned by him.

The second order reactive attitudes were given in the above scenario as *Resentment* (2), which is the negative response displayed by V due to A's *Offense* (1). Third order attitudes within this forgiveness/apology paradigm include both or either *Recognition* (3.i), realizing that A did something to offend V in some way, or *Remorse* (3.ii), feeling sorry for causing V's *Resentment* (2) through A's *Offense* (1). If the pair

reaches step four, then A accepts that his or her *Offense* (1) warrants V's *Resentment* (2). This goes beyond acknowledging A's own agency, and adds to it a normative agreement. It is then that the actual apology occurs. It is preceded by the recognition by A that an apology is appropriate and the fulfillment of this expectation on A's part by following through with apologizing for his or her action. A's response is loosely represented in part four of the example (4), and ultimately shows full acknowledgement by A of the justness of V's *Resentment*. Forgiveness may even result as a product of this exchange, though it is not depicted in the paradigm.

Step 3ii may be shown to have further kind of reciprocity, as it depends somewhat on a counterfactual condition. By this, I mean that because A acknowledges V's *Resentment* as warranted, it implies that A could imagine and believes that if the roles were reversed, he or she would have such an attitude of resentment as well towards another's offensive attitude. The two sides of the issue are as follows and might be called the *Correlative Condition*:

1. V asks for/expects an apology for A's action, x, thereby fulfilling parts 1-3 of the full apology. A fulfills the request with a plea for forgiveness in the form of an apology for the offensive nature of A's action

Likewise, the exchange is equally plausible in the following format:

2. A would ask for/expect an apology for the same action, x, if V were to have done to A what A did in scenario 1, thereby fulfilling parts 1-3 of the full apology. V would similarly fulfill the request with a plea for forgiveness in the form of an apology for the wrongful character of V's action as well.

The point in these two examples is not that it is the same action that is faulty, but rather that there is a universal nature of seeking or expecting recognition for some sort of maltreatment, in this case action x, along with the feeling of obligation to acknowledge such recognition, namely to apologize for x. This may also be referred to as perspective taking, because each of the two participants (A and V) are presumably imagining the perspective of the other during the exchange. Just as a note, the moralized versions of the feelings of obligation, guilt, and shame are also within this genre of reciprocal reactive attitude that entails up to four orders of reactive attitudes. They are all similar to forgiveness not because of any similarity in the feelings they provoke in an individual, but rather that more generally, the feelings involved in them each anticipate various reactive attitudes that our actions warrant.

This exchange of apology and forgiveness indicates that there is an implicit understanding on the part of the other individual that each is capable of receiving such attitudes as these. If an agent is defined as someone capable of receiving our normal and full reactive attitudes, then *full* forgiveness and *full* apology set the cognitive conditions of what could be called *full* agency: these agents must have the ability to have second, third, and even fourth order attitudes. However, I do not intend to imply that this is the *only* way in which “normal” individuals engage during an apology because that limitation would be absurd. Less than full apologies occur frequently on a day-to-day basis. Indeed, the *full* apology seems really to cater to wrongdoings on the spectrum from normal to severe, so long as the participants in each case truly *feel* their sentiments toward one another, which implicitly involves perspective taking.

Various Scenarios When an Apology is Warranted

Strawson discusses only apologies in which the attitudes “might properly be resented.”¹² He describes what I have outlined in much greater detail above. This is called the *full* apology, but it would be very easy for any normal human to disagree with one or more of the steps in the full apology. Surely not *every* apology between normal adults is a *full* apology, or even anything close to it. Therefore, I wish to outline other, equally important examples of apologies that are not full, paradigmatic apologies, but which I believe lend something very important to normal everyday interactions. For example, Strawson fails to mention scenarios of forgiveness and apology that involve cases of faultless attitude, and scenarios where reactive attitudes may exist, but where there is no agency behind them.

The first case I would like to highlight is that of *mere recognition*, in which A, though he or she might recognize the Resentment on V’s part, does not necessarily sympathize with V, or feel remorse for him or her. This might typically imply that A and V, though they interact “normally,” do not share at least one of the same norms or standards. For example, if someone, in poor taste, takes up a very politically liberal standpoint at a table of conservatives, in a household where politics are not typically discussed, especially at the table, and offends one of the family members, the liberal might apologize for having offended. He or she might say, “I’m sorry you were made to feel uncomfortable.” This thereby demonstrates Recognition of an Offense (3i), but not necessarily that the liberal feels Remorse (3ii) for the offense. He has not given up his political leanings. This might also be referred to as the *blame-shifting* response because it

¹² P.F. Strawson, 153

shifts blame from the agent A to the victim V, who was made to feel Resentment (2) for a perceived Offense (2). It might also be described as skirting the issue because the fact that an Offense was caused is no longer the central topic – it is the feelings that were elicited because of the Offense, for which the agent might not feel Remorse, but certainly recognizes what has gone wrong. That said, perspective taking *has* taken place because the liberal can *understand* holding other political views. It is just that he or she does not necessarily agree. It is not the *full* apology because the liberal is not apologizing for the Offense, but rather for the Resentment that another experienced.

There are also cases where Pity (an intensified, more sorrowful sort of Remorse (3ii)) is the central motive for making an expression of despair or regret. This could occur because in these cases A did nothing wrong. The unhappiness that V feels is not directed *toward* A, but A still acknowledges it. An example of this might be expressing concern for the death of a close friend or family member of V. In this case, A did nothing to wrong V, but still feels sorrow for the pain V is going through, which manifests in an expression of sympathy from A. This is less than the normal full apology because, first and foremost, A did nothing to directly harm V, provided he or she is not the cause of the individual's death. Furthermore, V recognizes that A did not directly cause his or her Resentment, but that it is a unique sort of perspective taking that allows A to apologize for a phenomenon that he or she did not cause, but can understand.

An agent might also apologize for some harm or inconvenience that he or she caused without intention to harm. An example of this could be that A is walking through the hallway of an office building, and trips, which subsequently causes someone, V, to spill their coffee. While A might apologize and V might accept the apology, this is not a

typical case of apology and forgiveness because Resentment is not exchanged as in the paradigmatic scenario. V might not really feel Resentment *toward* A because there was no malicious intent behind the Offense. However, V is still, nonetheless, upset. The part of the full apology that is missing in this case is the Recognition of a violation of shared norms or standards. Bumping into someone might or might not be careless, but without intention, does not involve a moral norm or standard in most cases. Part three of the interaction occurs because A shows concern for V's negative reaction, which involves some sort of perspective taking. Though A does show Remorse, A does not have to acknowledge any fault in A's attitude. A and V might even recognize the faultlessness of the incident, yet A might still respond with an apology, though definitely a less than full manifestation of an apology.

CHAPTER II: *The Objective Attitude: Exemption from Reactive Attitudes*

When Modification of Reactive Attitudes is Warranted – Two Categories

I have already pointed out that the paradigmatic cases of full apology and other reactive attitudes involve reciprocal higher order attitudes. Thus, we not only have full reactive attitudes toward people who either harm or help us even in minor ways, we also *expect* such attitudes from others when we act either positively or negatively towards them. The second order attitudes, gratitude or resentment, are directly opposed to one another with varying degrees in between. “There is a whole continuum of reactive attitude and feeling stretching on both sides of these and – the most comfortable area – in between them,”¹³ because the middle of the spectrum represents a normally functioning, healthy relationship. These everyday, casual interactions are representative of the sort of morality we display and expect others to display on a day-to-day basis. By describing them, Strawson captures “what it is actually like to be involved in ordinary inter-personal relationships, ranging from the most intimate to the most casual.”¹⁴ However, he also describes cases where reactive attitudes are variable, where they might be modified, for example.

Strawson identifies conditions in which a person might adopt what Strawson calls the ‘objective attitude,’ a complete suspension of all normal reactive attitudes for cases in which one is encountering an agent who is exempt from the usual assumptions about competence and ability that lie behind our ordinary reactive attitudes. Derangement is

¹³ PF Strawson, 153

¹⁴ PF Strawson, 153

one of Strawson's examples.¹⁵ Strawson states that, "given this latter impossibility," (the impossibility of having or displaying reactive attitudes to such a person):

no other civilized attitude is available than that of viewing the deranged person simply as something to be understood and controlled in the most desirable fashion. To view him as outside the reach of personal relationships is already, for the civilized, to view him in this way.¹⁶

Strawson notes that we might at times temporarily view a normal person in this manner because they seem to be in some kind of impaired state. The "impaired" or "abnormal" individual

is thus incapacitated, perhaps, by the fact that his picture of reality is pure fantasy, that he does not, in a sense, live in the real world at all; or by the fact that his behaviour is, in part, an unrealistic acting out of unconscious purposes; or by the fact that he is an idiot, or a moral idiot.¹⁷

This is very different from the kind of exemption from reactive attitudes that Strawson imagines for those who are viewed as permanently disabled. The difference here is that we would view the "abnormal" person as one to be *incapable* of inter-personal relationships, unlike the "normal" person.

Strawson gives two scenarios for exceptions to the "normal," both of which can then be broken down into two subsequent categories. Allowing people leeway in this sense of responsibility means suspending reactive attitudes, and is referred to as having an "objective attitude" toward them. It takes one of the following forms:

1. The agent, A, who on a certain instance, acts unlike themselves, and is not at that moment considered to be accountable for what he or she has done. I would like to

¹⁵ PF Strawson, 155

¹⁶ PF Strawson, 158

¹⁷ PF Strawson, 159

point out two sub-cases here that Strawson unfortunately meshes together into one broad category:

- a. The case of ignorance, in which A does not have enough information to act rationally or appropriately in a certain circumstance.
 - b. There is also the potential that A is under great duress, meaning that he or she was coerced somehow into doing the action.
2. The agent, A, is under more serious circumstances than in cases 1a and 1b.

Instead of revising how we view these agents with respect to one specific incident, the cases below invite us to view A with an entirely new and different perspective:

- a. A acts outside the context of normal circumstances, and we are therefore inclined to suspend one reactive attitude at a time. This singular suspension of a particular reactive attitude does not necessarily influence our future relationship with that agent.
- b. A may be a child, may be acting compulsively, or may have some sort of mental deficiency, or another that invites, “us to view the agent himself in a different light in which we should normally view one who has acted as he has acted.”¹⁸ We would therefore feel inclined to suspend reactive attitudes either permanently, such as in the case of the schizophrenic or temporarily, as in the case of the child, who will eventually “grow out” of this categorical relegation and only occupies it because of his or her age.

¹⁸ P.F. Strawson, 155

The second part of this, the more extreme and more interesting case is the agent who is permanently psychologically damaged or otherwise underdeveloped: “the agent was himself; but he is warped or deranged, neurotic or just a child. When we see someone in such a light as this, all our reactive attitudes tend to be profoundly modified.”¹⁹ However, Strawson does not go so far as to tell us just *how extreme* of a case 2b is. Does the “modification” of “all our reactive attitudes” mean they are *transformed* in some way, and if so, how? Strawson hints that they would be suspended, but as he leaves it now, it is rather unclear whether our reactive attitudes could be modified without being suspended.

Results for the Categories of Exceptions

Strawson still has not yet explained how exactly we are supposed to treat people who fall into the second broad category. He has not yet told us whether or not we are supposed to suspend reactive attitudes for either the short or the long term. In 2a, reactions are suspended toward the agent because, “we normally have to deal with him under normal stresses; so we shall not feel towards him, when he acts as he does under abnormal stresses, as we should have felt towards him had he acted as he did under normal stresses.”²⁰ The agent in this case only acts against the norm in certain cases, and eventually, once those circumstances have passed, we would presumably go back to treating him or her the same way we always have, and expecting from him or her the same behavior we always have. Reactive attitudes are much more intensely modified when the person is “warped or deranged, neurotic or just a child,”²¹ so says Strawson.

¹⁹ P.F. Strawson, 155

²⁰ P.F. Strawson, 155

²¹ P.F. Strawson, 155

Are there exceptions to this feeling of reciprocity? Is it ever one-sided? Strawson believes so. But I would like to posit that, whereas Strawson assumes that if the reactive attitudes are *not* reciprocal, if the person is not *capable* of reciprocal reactive attitudes, then the attitude completely disappears. What I would like to show, or at least question about Strawson, is therefore, why non-reciprocated and non-reciprocable reactive attitudes cannot be genuine reactive attitudes as well. If they can be genuine reactive attitudes, then it is not clear why Strawson thinks we should suspend reactive attitudes entirely when we encounter agents who would not be able to endorse or acknowledge our attitudes to them. For instance, he outlines some potential for allotting leeway to people with marginal capabilities in controlling their own actions. When we encounter such a person, Strawson would like to think that we modify our reactive attitudes, but later states that we would instead *suspend* all natural reactive attitudes.

Though at first he claims modification, stating that “when we see someone in such a light as this,” someone who we believe is incapable of receiving reactive attitudes on our part, “all our reactive attitudes tend to be profoundly modified,”²² he later abandons this idea in favor of complete suspension of the same reactive attitudes. He speaks of degrees, but fails to later incorporate this into his theory. Instead, he seems to imply that we expect nothing from them. We should not hold them accountable for their actions, and if we do, we feel in the wrong for having hurt feelings because of things they said. This seems to also imply that we will not feel compelled to give gratitude where it might otherwise be due. This way of acting is referred to by Strawson as having an “objective

²² P.F. Strawson, 155

attitude” because it involves the removal of all subjective attitudes towards another individual.

Referring to someone who is engaged in a therapeutic relationship with a person who lacks some ability agents typically have, Strawson says that this situation calls

*for suspension rather than a modification of reactive attitudes, stating that, his objectivity of attitude, his suspension of ordinary moral reactive attitudes, is profoundly modified by the fact that the aim of the enterprise is to make such suspension unnecessary or less necessary.*²³

This unnecessary shift from modification to suspension shows a flaw in Strawson’s logic.

My hypothesis is that Strawson’s view assumes that the typical reciprocity implicit in reactive attitudes is lost upon the emotionally or cognitively disabled.

However, I would like to posit the idea that being cognitively disabled does not, however, in any way, mean that *all* reactions should be suspended. On Strawson’s view, in the case of forgiveness, we suspend reactive attitudes because we do not expect reciprocity in the form of Remorse or Recognition. Neither do we expect an apology. This would explain why Strawson states that you may fight this person, you may negotiate with him, but you “can at most pretend to quarrel, or to reason, with him”²⁴ because the two individuals presumably do not share enough common ground to properly reason or quarrel with one another. As I stated previously, and as outlined in my paradigm of full forgiveness, such a person, Strawson would like to claim, would not be able to complete stages two, three, and four of the interaction. This is because although the cognitively disabled individual might provoke a negative or positive attitude from another, Strawson would state that he

²³ P.F. Strawson, 165-166

²⁴ P.F. Strawson, 156

or she would not be expected to respond to another with an apology or a statement of gratitude.

Strawson claims the objective attitude is the *only* way we may view people with various abnormalities or deficiencies. He suggests that we should take “the deranged person simply as something to be understood and controlled in the most desirable fashion. To view him as outside the reach of personal relationships is already, for the civilized, to view him in this way.”²⁵ This is a direct reference to the objective attitude because, “to adopt the objective attitude towards something is to inquire into how it is structured and/or how it functions.”²⁶ It means to understand the “abnormal” person as a device rather than a fellow human being. It is here that Strawson’s most grave error has been made, which is that he has relegated a whole group, whom I have labeled the “cognitively disabled” individual, to an utter lack of humanity because they are not able to participate what Strawson deems “normal” human interactivity of reactive attitudes.

Effect of the Objective Attitude

Strawson describes the objective attitude as a sort of coping method to be used to alleviate stress from the expectations of the moral community by removing individuals who may prove problematic, those who may cause strain on that community merely based on their involvement with it. We can even resort to it with normal individuals, when we are suffering from what Strawson calls the “strains of engagement,” which makes the adoption of the objective attitude a relief to the person who seeks refuge in it.

²⁵ P.F. Strawson, 158

²⁶ Bennett, Jonathan. “Accountability.”

Earlymoderntexts.com. <http://www.earlymoderntexts.com/jfb/accounta.pdf>, 5-6

Strawson states that we react with the objective attitude when we confront an individual who is mentally ill because we perceive that they are in some sort of an *altered reality*, which Strawson goes no further in attempting to explain. The mentally ill or cognitively disabled person “is thus incapacitated, perhaps, by the fact that his picture of reality is pure fantasy, that he does not, in a sense, live in the real world at all; or by the fact that his behavior is, in part, an unrealistic acting out of unconscious purposes; or by the fact that he is an idiot, or a moral idiot.”²⁷ Is this *altered reality* the *result* of the objective attitude or the *cause*? I would like to suggest that this description of a vague *altered reality* is the *outcome* of an overall objective attitude toward a given person, who Strawson *claims* is living in an altered reality. If we view the person as living in an altered reality, we consequentially view the individual as a structure to deal with rather than a real human being, capable of inter-personal relationships.

Similarly, is the objective attitude something that typically arises in society as a way to relate to mentally disabled people? Is this how colleagues and family members actually relate to those in their lives who are cognitively disabled? If it is not, what accounts for what seems like the very different way society and a moral community treats the disabled person? What can we call it if *not* the objective attitude? How does Strawson’s theory hold up when people who are “abnormal” in any way consider themselves part of a moral community (a community with shared norms and standard, for behavior) even if Strawson excludes them from such a structure?

If Strawson is right, it means that all people with cognitive or emotional disabilities are barred from the kinds of meaningful inter-personal relationships that

²⁷ P.F. Strawson, 158-9

involve reactive attitudes. For example, they are not capable of entering into the kind of reciprocal love we believe to be especially valued by and unique to human beings. Aside from any limitations or impairments, individuals with a social/emotional/mental disability or disabilities are not responsible agents, Strawson claims, because they cannot be interacted with in a *normal* way. He argues that their behavior, whether good or bad, does not merit any of the reactive attitudes that he thinks constitute viewing another person as a responsible agent. To illustrate this, Strawson compares the example of the psychoanalyst and his patient with the case of parent and child. Whereas the psychoanalyst seeks to *restore* the freedom of an agent, (meaning the ability to act and interact as a “normal human being,” as Strawson would say) the parent is meant to foster the *growth* of such freedom in their child, in the hope that such development results in their being a responsible individual. However, with respect to the patient undergoing psychoanalysis, the

restoring of freedom means bringing it about that the agent's behaviour shall be intelligible in terms of conscious purposes rather than in terms only of unconscious purposes. *This* is the object of the enterprise; and it is in so far as *this* object is attained that the suspension, or half-suspension, of ordinary moral attitudes is deemed no longer necessary or appropriate.²⁸

Contrasted to the experience of the parent, the relationship of the psychoanalyst with his or her patient is a strained, because the aim of the psychoanalyst is to reduce the need to suspend reactive attitudes toward the agent. The parent and child is that the parent may shift between the normal reactive attitudes and objective attitudes, whereas the psychoanalyst works to restore the “normal” interchange of reactive attitudes between one individual and another. However, these are all cases where reactive attitudes would

²⁸ P.F. Strawson, 165-166

not be modified *permanently*. They are cases of development or attempted regeneration of reactive attitudes, however. What I am interested in is how, in everyday life, we deal with, react to, and interact with people who have emotional and cognitive disabilities. Strawson seems to assume that such people merit no reactive attitudes or development in our reactive attitudes even as we get to know them. Though it questions this assumption of Strawson's, I believe my approach at least is somewhat aligned with Strawson's, in that he too believed we should critically examine our casual relationships with people in order to develop our philosophical point of view about accountability and moral responsibility.

Chapter III – *Disability and the Terminology of the Disability Rights Movement*

The Medical and Social Models of Disability

The medical model of disability understands a person's disability as primarily consisting in an impairment of a physical nature that is grounded in some condition, disease, or injury. It tends to support a view that identifies someone's disability as his or her primary characteristic, and therefore regards any hardships he or she has as directly resulting from the disability or impairment. This model tends to holistically assume that one's quality of life is negatively impacted by a disability; the disabled person is cast as a victim of his or her particular form of impairment. David Wasserman, Adrienne Asch, Jeffrey Blustein, and Daniel Putnam note that the medical model is most often "adopted unreflectively by health care professionals, bioethicists and philosophers who ignore or underestimate the contribution of social and other environmental factors to the limitations faced by people with disabilities."²⁹ It is referred to as the *medical* model because the remedies or cures it offers are primarily medical in nature, e.g., therapy, medication, orthotics, or surgery. The focus is on improving one's quality of life as much as possible through either managing, or if possible, curing the disability. The overall goal, therefore, is to "normalize" the individual, so that he or she is able to function better, or "more normally" in both the public and private sphere.

²⁹ Wasserman, David, Asch, Adrienne, Blustein, Jeffrey and Putnam, Daniel, "Disability: Definitions, Models, Experience", *The Stanford Encyclopedia of Philosophy (Winter 2011 Edition)*, Edward N. Zalta (ed.), URL = <http://plato.stanford.edu/archives/win2011/entries/disability/>, 7 (Page numbers are derived from the pdfs from the privileges of the friends of the Stanford Encyclopedia of Philosophy printed two pages to a sheet)

Generally cited as opposed to the medical model, the social model of disability is generally preferred by many philosophers, bioethicists, and physicians because it takes into consideration more fully the relationship between the individual and his or her social environment, and views disability as constructed by that relation. Most importantly, the social model emphasizes society's overt exclusion of individuals with disabilities, or those labeled as having disabilities from public spaces, because of architectural, environmental, or social barriers, in particular. Some proponents of the social model point out that most of limitations individuals with disabilities have are the result of interactions with various social environments, which are inherently exclusionary. In other words, they emphasize that discriminatory social attitudes, what is often called the "stigma of disability," frequently contribute to the difficulties faced by people with disabilities. This aspect of the social model invites comparisons between individuals with disabilities and other marginalized groups, such as racial, ethnic, and religious minorities, all the members of which are at times similarly grouped into sharing a single identity.

Wasserman, et al. note that "some critics claim that the social model, as well as the medical, is based on a false dichotomy between biological impairments and social limitations. 'Impairment,' the argument goes, is no less a social construction than the barriers faced by people so classified."³⁰ For example, Wasserman, et al., point out the fickle history of "conditions" being medicalized, such as shyness, and de-medicalized, such as homosexuality. In addition, they note that "[w]hat counts as an impairment may depend on which variations appear to be disadvantageous in familiar or salient

³⁰ Wasserman, et al., 10

environments, or on which variations are subject to social prejudice.”³¹ For example, large facial birthmarks are highly stigmatized in society because of the significant importance we place on the face. Individuals who have them are certainly subject to social prejudice. However, if others did not mind them, birthmarks on the face would not be stigmatizing, and the individual would not have any legal right to claim on medical resources to erase them.

I think that Wasserman, et al. are right to point out that the medical model gives far too much weight to the distinction between the supposedly biological causes of impairments and the limitations in activities that result from those impairments. I would like to propose a different, more neutral way of using the terms “impairment” and “limitation.” On my view, the first step is to dispense with the contrast between biological impairments – as the causes of limitations – and limitations in specific kinds of activities – as the consequences of impairments. I would like to focus only on limitations in specific activities without specifying how they come about. The second step I would like to suggest is to use the term “impairment” to pick out a subset of those limitations: those that are viewed as salient in a socially negative way because they are stigmatized or viewed as especially serious. I would like to posit that, whether something counts as “an impairment” depends on the perspective of the person who describes it that way. This allows that a disabled person might not view the limitations she faces as *impairments*, even if the limitations are substantial. This is ideal because of the stigmatizing nature of the word impairment.

³¹ Wasserman, et al., 10

The distinction I have drawn between limitations and impairments allows for a certain amount of interpretation concerning which “limitations” should be considered “impairments.” And instead of treating impairments as the biological or medical causes or results of limitations, it treats impairments as a smaller *sub*-category of limitations. This is very different from the approach taken by the medical model:

The *medical model* understands a disability as a physical or mental impairment of the individual and its personal and social consequences. It regards the limitations faced by people with disabilities as resulting primarily, or solely, from their impairments.³²

Discrimination is so highly institutionalized in society that this exclusion not only refers to *casual* discrimination between citizens, but also institutional discrimination through physical and mental barriers, the latter, which is emphasized by the social model, and include such things as not “fitting in” with a social group, the inability to make and sustain relationships, or sundry social phobias. “The *social model* understands disability as a relation between an individual and her social environment: the exclusion of people with certain physical and mental characteristics from major domains of life.”³³ This means that the two models differ in either viewing the disabled person as primarily facing obstacles from their impairment (the medical model) or from society (the social model). I think that the social model of disability is right to emphasize that disability is a relation between a person and that person’s social environment. The next step is to define which limitations should count as disabilities.

³² Wasserman, et al., 7

³³ Wasserman, et al., 7

What is Disability?

I seek to find out how, in everyday scenarios, “a la Strawson” if you will, people with disabilities act, interact, and most importantly, how they are treated. There are three formal viewpoints here: how the law dictates treatment towards disabled individuals; how we *actually* treat them, and how, ideally, we *should* treat them. To determine the proper treatment for individuals with disabilities is the ultimate goal here. A good starting place is to look at legal approaches to defining disability, including the Americans with Disabilities Act, the World Health Organization (2001; 1980), the U.N. Standard Rules on the Equalization of Opportunities for People with Disability and the Disability Discrimination Act (U.K.). In ordinary usage, the word “disability” is a synonym for the word “inability,”³⁴ referring to a lack of a quality or ability, or the legal prohibition of someone from certain activities. However, the word has a more specific, technical definition and usage in discussions of policy. Wasserman et al. attempted to capture a fairly standard way of thinking about disability with this definition, which reflects the kind of view found in the UN, WHO, DDA (U.K.) and ADA definitions:³⁵

- (i) a physical or mental characteristic labeled or perceived as an impairment or dysfunction...and
- (ii) some personal or social limitation associated with that impairment. The classification of a physical or mental variation as an impairment may be statistical, based on the average in some reference groups; biological, based on a theory of human functioning; or normative, based on a view of human flourishing. However classified, impairments are generally seen as *traits* of the individual that he or she cannot readily alter.³⁶

The history and the construction of the term “disability” highlights what one *cannot* do, as opposed to what one can do. Whereas we usually describe people by mentioning

³⁴ Wasserman, et al., 3

³⁵ It should be noted that Wasserman et al do not agree with this definition, but merely state it as one position – the group goes on to state what is correct and what is inappropriate about the definition in the rest of their entry in the *Stanford Encyclopedia*.

³⁶ Wasserman, et al., 4

attributes that they possess, to call someone “disabled” is to refer to them by mentioning their limitations. This can seem, in itself, to convey a discriminatory attitude. Given this danger of discrimination, it is urgent to ask: which limitations should count as disabilities? Is it possible to use the term “disability” in a way that does not stigmatize a person? I propose that we define disabilities not necessarily as impairments or the direct consequence of impairments, but as limitations in major life activities, as defined by the ADA. A person who is limited in major life activities is disabled on this view, but he or she need not be described as impaired, which would effectively remove this element of stigmatization. Further, this added ability for an individual with a disability to *choose* his or her own terminology adds a measure of power to their condition that previously did not exist in this way.

The definition proposed by Wasserman, et al. to capture the language in these official documents uses the terms “impairment,” “dysfunction,” and “limitation,” in the traditional way. That is to say, that an “impairment” implies certain limitations because the impairment causes them. What I would like to propose, however, is the opposite of this conditional statement: I would like to say that *if* someone has a certain limitation, he or she may also therefore be viewed as having an impairment only if there exists a stigmatizing attitude toward that limitation, or the limitation counts as a disability. This means that impairments are either disabilities, or that they are limitations that do not count as disabilities, but toward which a stigmatizing attitude is held.

First and foremost, not *every* limitation is impairment. For a limitation to be an impairment, it seems that it must be noticeable to some degree; it must *impair* some sort of major life activity, as the ADA suggests in its definition of disability, which include

such things as “caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working,”³⁷ to name a few. To exemplify my reworking of the terminology, one might be afraid of heights to the point that he or she refuses to go near windows on the top stories of buildings. Although he or she is limited to the lower floors, to rooms without windows, or away from windows on the top floors, he or she is not considered to be impaired in any way – just limited, or has a phobia. Typically, this sort of phobia does not count as an impairment in society because it does not limit a major life activity. This fear of heights would, however, become an impairment should there exist a society, in which being up high becomes a necessity for success because then this limitation would mean missing out on certain aspect of social or economic life, in which others are able participate, and from which they are subsequently able to benefit. To summarize: I will use the term “limitation” as the neutral objective term that describes what an individual cannot do, and I will reserve the term “impairment” for those limitations that are perceived to be especially salient to society, or especially serious. My account dispenses with the term “impairment” for all other uses than to explain the presence of stigmatizing attitudes toward limitations.

It is important to remember that any single individual has limitations. Some limitations do not count as impairments because they are not viewed as severe as others, or by any means as disabling. To be an impairment or a disability, a person’s social context and environment must make a certain limitation more significant than it would be in other contexts and environments. For example, a proneness to sea-sickness is a limitation that is not a disability in most societies/cultures. However, in some imaginary,

³⁷ United States of America. *ADA Home Page*. Department of Justice, 20 Mar. 2009. Web. 18 Oct. 2012. <<http://www.ada.gov/archive/adastat91.htm>>.), 7

sea-faring culture, this predisposition to sea-sickness *could* limit that person to land-bound activities in a way that prevents the person from participating in social life in that culture. The positive analogue to this characteristic, namely being land-bound, would turn “disabling” only if the trait resulted in said person’s being excluded from central social relations when on land because he or she was never out to sea. Or it might be “disabling” because of some sort of social stigma that we, as Americans, would not fully understand because being bound to land is not viewed by us as an impairment.

The ADA describes a disability as specifically an “*impairment* that substantially *limits* one or more major life activities [emphasis mine].”³⁸ That is to say, an *impairment* creates a variety of *limitations*. This is the first option for defining these two terms that I suggested was incorrect or flawed in some way. As stated, I will be adopting a very different usage. Instead of saying that a person’s impairments *cause* limitation, I will say that impairments are a subcategory of limitations. I will dispense with the idea of *intrinsic* traits as impairments and discuss only limitation in *activities*. The word “limitation” suggests only that there is some activity that the person cannot do, or cannot do as well as another person. The term is neutral about whether the limitation is wholly the result of some medical condition, for example, the inability to breathe without an oxygen tank because of emphysema, or whether it is the result of the social environment, for example, limitations in mobility in areas where there is no accessible public transportation. “Impairment,” on the other hand, seems to suggest a social factor: a person’s limitation is being judged by another. Further, without that external point of view, the “impaired” person would have, rather, a mere limitation. For example, being

³⁸ ADA, 7

short might be a limitation in everyday life, but only when that shortness is extreme, such as in dwarfism or growth hormone deficiency will it be viewed as an impairment, especially because of the construction of the rest of the world being made for people of “normal height.” For my discussion, this is an important distinction to maintain because the terms are often used interchangeably on a casual basis.

The definition for disability continues to specify that the classification of an impairment (or, as I would prefer to say, a limitation) as a disability may be based upon three different critical aspects of society: it could be that the impairment is based in “the average in some reference groups; biological, based on a theory of human functioning; or normative, based on a view of human flourishing.”³⁹ This makes up the qualification for certain impairments to be considered disabilities: each one of these three qualifications, however, stems from a standard view about how human beings function, whether that view is founded in statistics or in norms. On my view, every limitation is not an impairment, but some impairments are disabilities, and the other impairments are particularly serious or socially stigmatizing limitations. Taking from the essence of the social model of disability, my own definition takes into account, not just the socially stigmatizing aspect of impairment, but also the social aspect of disability.

The Americans With Disabilities Act

On July 26, 1990, the Americans with Disabilities Act (ADA) was signed by President George H. W. Bush as an act of “compassionate conservatism.” Referred to by disabilities advocates as ‘The Emancipation Proclamation of the 1990s,’ its purpose was

³⁹ Wasserman, et al., 4

to abolish discrimination against individuals with disabilities, and provide standards by which employers specifically must abide in order to provide a safe and welcoming work environment for their employees with disabilities who request accommodations. The act defines disability as

(A) a physical or mental impairment that substantially limits one or more major life activities of such individual; (B) a record of such an impairment; or (C) being regarded as having such an impairment...if it would substantially limit a major life activity when active.⁴⁰

By my revised definitions, part A of the above explanation of the term “disability,” quoted directly from the ADA, is somewhat incorrect. First of all, the above definition purports to state that an *impairment* implies certain *limitations*, whereas I would like to say the opposite: impairments are qualities that are within the broader and more inclusive character trait of having limitations. This construction functions better because, due to the social dimension of impairments, only *some* limitations imply impairment, but *all* impairments come with certain limitations. Besides part A, the rest of the definition passes the test of my newly proposed terminological construction.

Accommodations for impairments in the workplace may include ramps for people who use wheelchairs, Braille readers for the blind, and ASL translators for the deaf. These measures are vital for employers and sundry public services, buildings or entities of government to provide because “physical or mental disabilities in no way diminish a person’s right to fully participate in all aspects of society.”⁴¹ The purpose of this part of the act is to provide people with disabilities “the opportunity to compete on an equal

⁴⁰ ADA, 7

⁴¹ ADA, 4

basis and to pursue those opportunities for which our free society is justifiably famous.”⁴²

Still, though more common now, these accommodations are not as widespread as they should be. Discrimination, such as that which occurs in the workplace, for instance, still “costs the United States billions of dollars in unnecessary expenses resulting from dependency and nonproductivity.”⁴³ However, the lack of accommodations before the passing of the act created a combination of social and economic factors forceful enough for the act to gain bipartisan support, and finally pass. The act mandates that people with disabilities be “reasonably accommodated” in the workplace, both in terms of facilities and in terms of social issues such as human resources, hiring, firing, and scheduling.

Specifically, the act says that,

the term ‘reasonable accommodation’ may include (A) making existing facilities used by employees readily accessible to and usable by individuals with disabilities; and (B) job restructuring, part-time or modified work schedules, reassignment to a vacant position, acquisition or modification of equipment or devices, appropriate adjustment or modifications of examinations, training materials or policies, the provision of qualified readers or interpreters, and other similar accommodations for individuals with disabilities.⁴⁴

The requirement of these accommodations is applicable to all organizations unless it will cause “undue hardships,”⁴⁵ meaning that the change must not incur “significant difficulty or expense.”⁴⁶ Of course, this is all relative to the specific size and financial capability of the organization in question. The sort of accommodations that I would like to propose, however, should not cost anything. Instead, they seek to change the hearts and minds of

⁴²ADA, 5

⁴³ADA, 5

⁴⁴ADA, 9-10

⁴⁵ADA, 10

⁴⁶ADA, 10

employers and other people's coworkers because they would mean being more inclusive of other people's differences in the workplace.

Implications from the ADA about Accommodations for Social and Emotional Disabilities

The ADA is broad enough to include not only physical modifications, interpreters and readers, but it also "other similar accommodations."⁴⁷ It is not clear what specific sort of accommodation is implied for those with social/emotional/mental disabilities. For example, would vocational coaches be included in these accommodations, such as the type of individuals with Asperger's Syndrome (AS) would require? Those with AS are a growing population, so this is a pressing issue. They also possess character traits that might be theoretically ideal (e.g., honesty) but typically come in such extreme forms and/or accompanied by other, less desirable traits (e.g., social awkwardness), which therefore means the individual is considered to be disabled in society.

Interestingly and importantly, especially for individuals with mental/emotional/social disorders, in order for the employer to be required to provide accommodations, the employer must *be notified by the employee* of his or her disability. This means that employees must inform their employers that they suffer from the disability. This is reasonable because if the employer does not so much as *know* about the disability, there is no reason to expect accommodations for it. Thus, the ADA assumes that individuals with disabilities should be aware of their disability, and should be able to identify themselves as disabled to their employers. This can be a demanding requirement in the cases of mental/social/emotional disorders, and often it might require someone who

⁴⁷ ADA, 9-10

is a so-called expert in the field to relate to the employer and co-workers exactly what the disability means, and what sort of accommodations should be provided.

The ADA does not just function as a warning or informational guide to employers as to how to treat their employees, or potential employees, who have disabilities, it also informs the employees with disabilities of their rights, and how to determine if their rights are being violated. It is first of all important to inform the employee what it means to be a “qualified individual with a disability.”⁴⁸ The ADA states that this is someone

who, with or without reasonable modifications to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or the participation in the programs or activities provided by a public entity.⁴⁹

These are, for the most part, pretty straightforward. It gets a little more complicated when the necessary accommodations are not physical, however, but rather mean changing the expectations and social norms of people in the workplace. If an employer does not meet these basic standards, “discrimination” has occurred. This means that the employer has possibly screened out employees with disabilities or failed to make “reasonable modifications” for the employee. The employee has thus been barred from participation in some way, or has been segregated somehow from the other employees.

The Experience of Disability

“The disability rights movement has long complained that the perspectives of people with disabilities are too often ignored or discounted.”⁵⁰ This is why many

⁴⁸ ADA, 16

⁴⁹ ADA, 16

⁵⁰ Wasserman, et al., 12

disability rights activists have stressed the importance of listening to people with disabilities' personal anecdotes about their experiences while functioning in mainstream society and in the workplace. This is an alternative to a more paternalistic approach, in which others, (presumably those in a position of authority) arrange for accommodations on the behalf of the disabled without even so much as their consent or approval. However, if every disabled person's story and perspective are a bit different, can academics claim a general perspective that all people with disabilities can share with the rest of the population? This would certainly be convenient, but does not have a convenient answer. This same question may be asked of any marginalized community, and the traditional answer is a definitive no. If anything, individuals with disabilities might be said to be unified by an overall feeling of exclusion, arguably the only trait that all people with disabilities, or all those of virtually any other marginalized minority group that comes to mind, share. On the whole, an accurate account of what it means to be disabled in this day and age cannot be relayed unless the opinions of those who are disabled are heard through their own voices on a one-to-one level.

The experience of disability, for example, cannot be accurately expressed or responded to without a basic understanding and confrontation of some common assumptions made by nondisabled individuals. "As one writer describes it, if he cooks it is because he doesn't want to be seen in public; if he eats in restaurants it is because he can't cook. Being "disabled" becomes a 'master status,' preventing people from playing any adult social role and eclipsing sex, race, age, occupation, or family."⁵¹ When it

⁵¹ Wasserman, et al., 17

becomes the only identity one has, the most important attribute to his or her character, everything disabled people say and do relates to their disability.

Most nondisabled people, after all, are not told that they are inspirations simply for giving the correct change at the drugstore. Perhaps there would not even be a 'disability experience' in a world without the daily indignities, barriers, and prejudices that characterize life with disability almost anywhere.⁵²

There is unquestionably much variation to the experience of disability. Excluded from this wide variation, however, is the stigma and humiliation associated with disability, which is undeniably pervasive.

Whether the disability is visible or invisible, whether or not people can tell an individual has a disability or not, is important key to how he or she is treated, in both the public and the private sphere.

Whereas visibly disabled people must deal with being instantly classified as 'different' and inferior, people with invisible disabilities are often placed in the stressful and exhausting position of having to convince others that they are 'really' disabled and not asking for special treatment. The alternative is to keep quiet and forgo needed assistance, which carries other costs, such as the stress of keeping a secret or trying to decide if a particular disclosure is safe.⁵³

Invisible disabilities are not only mental/emotional/social disorders, however, though *most* mental/emotional/social disorders tend to be, or tend to seem, invisible. Invisible physical disorders might include, for example, Crohn's disease, rheumatoid arthritis, or type 1 diabetes, all of which are not apparent just by looking at someone. Still, they are all undeniably disabling, and in need of accommodation in the workplace. Those with the invisible physical disabilities, however, have an easier time explaining what sort of accommodations are needed than do those suffering from the invisible mental/emotional

⁵² Wasserman, et al., 17

⁵³ Wasserman, et al., 17-18

disabilities. Furthermore, individuals with invisible social/mental/emotional disabilities might be characterized by what seems like sub-par performance, though in reality they just work differently than other people, whether that means doing things in a different order or on a different timeline.

The reconstruction of the terminology I have proposed earlier in this chapter, also aides in describing invisible, emotional, and social disabilities because it reverses the conditional statement that makes up the main part of the traditional definition for “disability.” Once again, my revised statement is that if one is limited in some way, then, depending on the activity from which he or she is limited, he or she might also be impaired. The status of true “impairment” is also contingent upon how important or valued the activity is in society, or how noticeable the disability is. For individuals with invisible, social or emotional disorders, the benefit of my revised definition is that certain social or emotional qualities, which are normalized because they are prevalent in society, are not necessarily categorized as impairments when they occur in limited forms in these individuals. To the casual observer, this might not seem like such a huge difference, but as stated before, the harm that comes from the stigmatization of being “impaired” is *so* strong that it is really what makes up a “disability” itself. Restricting the limitations that are considered true impairments is actually a huge asset to the disabled community because emphasizing “limitations” in major life activities importantly normalizes these individuals, furthering them even more from the stigmatized state that they currently unfortunately occupy.

Chapter IV – *Asperger’s Syndrome and Employment*

Asperger’s Syndrome

As stated in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM),⁵⁴ there are two key attributes that make up a diagnosis of Asperger’s syndrome. One concerns relationships with others: “severe and sustained impairment in social interaction;”⁵⁵ the other concerns “the development of restricted, repetitive patterns of behavior, interests, and activities.”⁵⁶ This ultimately results in limitations in social interaction, making and sustaining friendships and other types of relationships, and employment, to name a few areas that are most directly affected. People with AS also sometimes experience intense sensory overload, in which they are overwhelmed with certain experiences that would not normally bother other people. On the other hand, other individuals with AS might be *hypo*-sensitive, meaning they do not notice certain conditions that others would most certainly notice. In addition to others, all of these symptoms are intensified in the case of full-blown autism.

Asperger’s *is on* the Autism spectrum, but unlike Autism disorder, the DSM states that there is no speech delay or delay in language acquisition, which is why Asperger’s is often not diagnosed until a later stage in childhood. Additionally, there are many more subtly impaired “aspects of social communication (e.g., typical give-and-take in

⁵⁴ This manual is produced by the American Psychiatric Association, and is kept up to date and is used around the world by clinicians, researchers and health insurance companies. It seeks to provide everyone in the medical/psychiatric field with common language to work with when diagnosing and classifying mental disorders.

⁵⁵ American Psychiatric Association 2000, *Diagnostic and Statistical Manual of Mental Disorders* (4th Edition). Washington, D.C., 80

⁵⁶ DSM-IV-TR, 80

conversation)”⁵⁷ that might be affected, but noticed even later in the child’s development. More boys than girls are diagnosed with Asperger’s, and most do not show delay in cognitive development; they express normal, child-like curiosity about their environment, and in the acquisition of “age-appropriate self-help skills and adaptive behaviors (other than in social interaction),”⁵⁸ another reason the child might be diagnosed later in life.

As stated succinctly by the Asperger’s Association of New England’s (AANE) resources on Asperger syndrome, common symptoms of AS are as follows:

- “Difficulty knowing what to say or how to behave in social situations. Many have a tendency to say the “wrong thing.” They may appear awkward or rude, and unintentionally upset others.
- Trouble with “theory of mind,” that is, trouble perceiving the intentions or emotions of other people, due to a tendency to ignore or misinterpret such cues as facial expression, body language, and vocal intonation.
- Slower than average auditory, visual, or intellectual processing, which can contribute to difficulties keeping up in a range of social settings—a class, a soccer game, a party.
- Challenges with “executive functioning,” that is, organizing, initiating, analyzing, prioritizing, and completing tasks.
- A tendency to focus on the details of a given situation and miss the big picture.
- Intense, narrow, time-consuming personal interest(s) – sometimes eccentric in nature – that may result in social isolation, or interfere with the completion of everyday tasks. (On the other hand, some interests can lead to social connection and even careers. For example, there are children and adults with an encyclopedic knowledge of vacuum cleaners.)
- Inflexibility and resistance to change. Change may trigger anxiety, while familiar objects, settings, and routines offer reassurance. One result is difficulty transitioning from one activity to another: from one class to another, from work time to lunch, from talking to listening. Moving to a new school, new town, or new social role can be an enormous challenge.
- Feeling somehow different and disconnected from the rest of the world and not “fitting in” – sometimes called “wrong planet” syndrome.
- Extreme sensitivity – or relative insensitivity – to sights, sounds, smells, tastes, or textures. Many people outgrow these sensory issues at least to some extent as they mature
- Vulnerability to stress, sometimes escalating to psychological or emotional problems including low self-esteem, depression, anxiety, and obsessive-compulsive behaviors.”⁵⁹

⁵⁷ DSM-IV-TR, 80

⁵⁸ DSM-IV-TR, 80

⁵⁹ Asperger’s Association of New England. “What is Asperger Syndrome?” http://www.aane.org/about_asperger_syndrome/what_is_asperger_syndrome.html accessed 4/18/12; 11:23AM; updated 2011

Language that is acquired by these children *is*, however, often marked by idiosyncrasies, especially “the individual’s preoccupation with certain topics and his or her verbosity.”⁶⁰ This can result in severe social dysfunction, especially later in life, along with “the failure to appreciate and utilize conventional rules of conversation, failure to appreciate nonverbal cues, and limited capacities for self-monitoring,”⁶¹ which naturally makes for severe social awkwardness. While parents and caregivers will often not notice any marked cognitive disabilities, they may notice such social dysfunction at an early age. As these individuals grow up and develop further, significant disability from these social impairments becomes more easily identifiable, causing significant stress and confusion as they have significant difficulty navigating social situations. Although people with AS typically want to interact with Neurotypicals (NTs), they often find NTs behavior just as odd as the NTs find their behavior. For instance, Ghaziuddin states in his article on the updates to the DSM that people with AS will attempt, many times, to make social contact, but often fail in their attempts because they “do not understand the rules of social engagement. They often ask inappropriate and intrusive questions; or offer minute details about their favorite interests in a pedantic manner.”⁶² People with full-blown autism often won’t even have a desire to initiate such relations.

Older individuals may have an interest in friendship but lack understanding of the conventions of social interaction...Lack of social or emotional reciprocity may be present...the lack of social reciprocity is more typically manifest by an eccentric and one-sided social approach to others (e.g., pursuing a conversational topic regardless of others’ reactions) rather than social and emotional indifference...restricted, repetitive patterns of behavior, interests, and activities are present...preoccupations about a circumscribed

⁶⁰ DSM-IV-TR, 81

⁶¹ DSM-IV-TR, 81

⁶² Ghaziuddin, Mohammad. (12 February 2010). “Brief Report: Should the DSM V Drop Asperger Syndrome?”. *Journal of Developmental Disorder* (2010) 40, 1146. doi: 10.1007/s10803-010-0969-z

topic or interest, about which the individual can amass a great deal of facts and information.⁶³

This activity, in and of itself is the source of significant social problems, and therefore significant disability, which is harmful to the individual's self-esteem and confidence, though the syndrome is not readily noticeable upon first glance.

Further, it should be emphasized, rather than just noted, as above, that the symptoms of those with AS tend to change over the years, especially as they learn how to emphasize their strong suits.

Through trial and error (after error after error), they managed to survive into adulthood, constructing more or less successful lives in the world where neurotypicals make all the rules. Relying upon cognition in place of intuition, they developed a working understanding of the world around them.⁶⁴

Further, certain misconceptions should be put to rest. For example,

- “Many maintain appropriate eye contact and have expressive faces
- Virtually everyone has a sense of humor – and a quite a sophisticated one at that!
- Some have had successful careers – even careers that demand multitasking.
- Many modulate their volume and tone of voice just as neurotypical people do, or closely enough.
- In a number of ways they demonstrate an interest in others and theory of mind (an ability to put oneself in someone else's shoes). For example, I have heard adults with AS ask questions like: How has your health been? How is your learning disabled daughter doing? How did your reunion with your estranged daughter go? I wonder why X hasn't come today – did he get that job, or was he just feeling too depressed?
- Some have developed positive, long-term interpersonal relationships
- Some have good gross motor skills
- Not all are good at math and computers!
- While some retain lifelong intense special interests, others have switched to new interests or broadened their repertoire; some have no readily identifiable or unusual intense special interests. (Some special interests have flowered into socially acceptable hobbies or careers.)
- Some are capable of lying, though generally because it is the “logical” thing to do in the situation.
- Sensory issues have generally moderated since childhood, so that adults can now tolerate or even enjoy some noises, textures, tastes, or visual stimuli that used to drive them over the edge.⁶⁵

⁶³ DSM-IV-TR, 80

⁶⁴ Freed, Jamie. “Asperger Syndrome in Adults: Let's Look through a Broader Lens” Asperger's Association of New England.

http://www.aane.org/asperger_resources/articles/aspergers_in_adults.html. Accessed 4/18/12. © 2011

⁶⁵ Freed

Some disorders such as Attention Deficit Hyperactivity Disorder or Depressive Disorder may be present with Asperger's, but by "adolescence some individuals with the disorder may learn to use areas of strength (e.g., rote verbal abilities) to compensate for areas of weakness,"⁶⁶ which might allow them to conquer some of the self-esteem issues faced during their younger years. Indeed, as the child grows, parents and caregivers might attribute social abnormalities they witness to personality difference or stubbornness. However, many claim that it is important that Asperger's Disorder be "distinguished from normal social awkwardness and normal age-appropriate interests and hobbies,"⁶⁷ because in Asperger's Disorder, the individual's characteristics are much more severe and debilitating, therefore requiring different social accommodations, especially as the individual matures. The person with AS may also be mistaken for someone with Obsessive Compulsive Disorder (OCD), but whereas in individuals with OCD obsessions are usually the cause of anxiety, people with AS tend to take comfort in their preoccupations or obsessions.

The Status of Asperger's Syndrome (AS) in the DSM

The purpose of the DSM is to inform clinicians, researchers, and health insurance companies, among others, what qualifies as a mental, cognitive or emotional disorder so that such conditions can be diagnosed in children, adolescents and adults. It also ensures that the conditions are covered by insurance companies, so that they might be treated appropriately, whether that be with medication or with therapy as needed. Since the diagnosis has been recognized in the volume in 1994, it has also been much more widely

⁶⁶ DSM-IV-TR, 81

⁶⁷ DSM-IV-TR, 83

diagnosed both in children and adults to the great relief of those suffering from an unnamed disorder for years. Indeed, for many, the diagnosis was quite a victory: previous to its existence, “the diagnosis may not have existed, but the adults did – and they needed to find ways to survive.”⁶⁸ However, as Mohammad Ghaziuddin notes that “studies have generally failed to demonstrate a clear distinction between AS and autism.”⁶⁹ Because of this, some researchers and clinicians have called for the removal of AS from the upcoming version of the manual – DSM-V, which is scheduled for release in 2013. Instead, the proposed changes will make the disorder officially a part of the Autism Spectrum Disorder entry.

One of the key aspects of AS, which the DSM specifies, is that the syndrome does not fulfill all of the aspects of full-blown autism. This somewhat vague overarching requirement causes some to worry that the requirements might be too easily met, therefore producing a culture of over diagnosis, a major reason cited for the entry’s removal from the DSM. AS has also been compared to another form of autism – high-functioning autism – causing further confusion. However, the decision may be to the detriment of the status of people with Asperger’s syndrome because it will presumably not allow them access to the benefits, for which they currently qualify and certainly deserve. The AANE, along with many other advocacy organizations and individuals supports this notion, inviting NTs to “be open to learning from the adults who have lived among us undiagnosed or misdiagnosed; let us learn from them and their stories of survival. Let us respect their conviction that they do in fact have AS. Unless or until there

⁶⁸ Freed

⁶⁹ Ghaziuddin, 1146

is something that provides a better explanation, why not consider Asperger Syndrome?”⁷⁰

This, possibly over-dramatic statement captures the essence of my argument, which is that the term “Asperger Syndrome” should be retained in the DSM.

The DSM-IV says specifically that individuals with AS display qualities that are “autistic” in nature, but while the manual “makes no mention about the quality of social interactions typically seen in these patients, detailed case descriptions suggest that the differences from traditional autism are not only quantitative but also qualitative,”⁷¹ meaning that if anything, the entry for AS should be *expanded* and made more explicit. This is also called for by the AANE, which predicts “it’s likely this diagnostic area will be further clarified and refined. Maybe in the future there will be a set of clearly defined AS subtypes, each with its own more precise criteria.”⁷² If the qualities of a person with AS can be differentiated from ASD as much as stated, it might mean that the official diagnosis of AS is indeed important to retain and maintain as a separate entry in the DSM.

Ghaziuddin also mentions the failure of the DSM to comment on the specific communication style of people with AS. The Manual states that they have no language delay, which is significantly dependent on the recall of parents and caretakers, who must note specifically when their children (dependents) begin speaking. Also ,even children with some language delay often catch up to children their age after their third year, when language development begins to be monitored more closely by the parent or guardian. The way the DSM portrays how individuals with Asperger’s communicate is way below

⁷⁰ Freed

⁷¹ Ghaziuddin, 1146

⁷² Freed

the nuanced level of speaking that the authors use to describe other diagnoses, even other forms of autism. For instance, the DSM fails to mention the characteristic that “many AS children are dubbed ‘Little Professors’”⁷³ because of the distinct way in which they communicate – often in stilted monologues, using excessive detail. This becomes more pronounced with age, and especially when the individual is in a relaxed setting.

The DSM also fails to specify the level of intelligence of individuals with AS, besides saying that they do not typically display cognitive delay. Ghaziuddin states that whereas individuals with traditional autism have a higher performance IQ than verbal IQ, the reverse is almost always true for individuals with AS. This is not stated in the DSM. The borders of AS have also broadened to include such disorders as Bipolar Disorder and ADHD. The factors above should be considered when *editing* the entry instead of deleting it completely. The authors of the DSM are considering taking the entry out of their volume for the sheer reason that they believe that the term “autism” is broad enough and inclusive enough to ensure full coverage of both those high- and low-functioning individuals on the Autism Spectrum. If Asperger’s is officially not in the DSM as a separate entry, and is therefore not considered a true “disability,” the same sort of insurance support for treatment and coaching will not be provided. Furthermore,

denying people a diagnosis also robs ASPIES of a community – yes, a community! Many ASPIES laugh at the irony that AANE offers so many social opportunities. Believe it or not, many adults with AS really do want to socialize – in their own ways, and up to their own personal limits.⁷⁴

⁷³ Ghaziuddin, 1147

⁷⁴ Freed

Without the institutions that provide this kind of support, like AANE, “ASPIES” will be missing out on an important opportunity to socialize in an accepting and supportive environment.

If people previously diagnosed with Asperger’s still want to claim disability, they would have to change their diagnoses to autism, or one of the disorders on the borderline of autism or the previous entry of Asperger’s, such as ADHD or Bipolar Disorder. With society being so comfortable with the term Asperger’s of late, and its recent place in the spotlight, to suddenly give these individuals a new label would be jarring to those people labeled as having Asperger’s. The label of “Autistic Spectrum Disorder” for all those on the spectrum is inappropriate, and ultimately a step backward in the terminology. This debate is very important, but it cannot be fully discussed here to my liking. It is fully debated online, and is easily found in both scholarly writing in psychiatry, neuroscience and medical journals, as well as more informal writing such as blogs, magazine, or newspaper articles.⁷⁵

Testimony from Individuals with AS

Taking the name of Hans Asperger, who first discussed the characteristics of the disorder in 1944, Lorna Wing coined the phrase “Asperger’s syndrome” in 1981 “in an attempt to gain recognition for those very able autistic people who do not fit the Kanner

⁷⁵ One such article is as followed: Berrington, Lucy. “Don’t Remove Asperger’s from DSM.” *Newsweek, Science Section, The Daily Beast*. 21 May 2011. Web. 17 March 2012. <<http://www.thedailybeast.com/articles/2011/05/21/aspergers-removed-from-the-dsm-how-will-it-affect-autism-patients.html>> or Hamilton, Jon. “Asperger’s Officially Placed Inside Autism Spectrum.” *NPR*. 10 February 2010. Web. 17 March 2012. <<http://www.npr.org/templates/story/story.php?storyId=123527833>>

stereotype of being silent and aloof.”⁷⁶ In this definition, Wing describes very similar characteristics as listed in the most current version of the DSM. People with AS, along with their allies, have interacted with the media and popular culture to create greater awareness of the disorder and more name recognition, so that it is overall less stigmatized in society. It is my intention here to similarly present people with AS in a positive light, so that there can be better accommodations made, especially in the workplace. One individual with AS stated that, ““employment is a hot topic in autism right now.’...Because adults with AS have strong opinions about what works and does not work for them (Hurlbutt & Chalmers, 2002), it would be beneficial to ask them about their opinions on employment.”⁷⁷

AS is an invisible disability, meaning that the symptoms people with AS display are part of something they cannot control, they may be very easily mistaken for true character traits that are considered detrimental to the workplace in general, and for employment and all marketable skills as a whole. As discussed in the section on visible and invisible disabilities, there is a detriment to being “outed” as a disabled person because of the stigma involved. However, there is possibly even more risk in people not publicly acknowledging that they have a disability when the traits they possess are detrimental to their style of working and their ability to socialize with others without accommodations. In an employment guide put out by the AANE, individuals with AS are

⁷⁶ Happé, Francesca. *Autism: An Introduction to Psychological Theory*. Harvard University Press: Cambridge, Massachusetts. 1995

⁷⁷ Hurlbutt, Karen and Lynne Chalmers. “Employment and Adults with Asperger Syndrome.” *Focus on Autism and Other Developmental Disabilities*. 19.4 (Winter 2004). 215

advised to “think about whether disclosing AS to your employer is the right option.”⁷⁸ It stresses that “you don’t need to disclose *every* difficulty you have; only ones that interfere with your ability to meet job performance expectations.”⁷⁹ The goal is to help people with AS avoid disclosing either too much or too little information about their limitations. My intention in the remainder of this chapter is to allow those who actually have AS to speak for themselves, via studies and similar scholarly works that record their statements.

Relatively recently, finding work has “become much more of a social event. According to one estimate, from the U.S. Bureau of Labor Statistics, only 5% of people find jobs by responding to posted openings. Nearly 25% find work by making direct contact with a company. Staffing firms and recruiters are the conduit for another 25%. The biggest percentage – almost half – finds their job through networking.”⁸⁰ This puts individuals with AS at an immediate disadvantage when looking for job opportunities. When they are able to gain employment, individuals with AS called themselves “‘hard worker[s]’ and ‘good worker[s],’”⁸¹ while still stating “‘I spent much more time being unemployed than being employed altogether.’ ... ‘the years roll by, and I stumble from one job situation to another, and nothing consummated into a promotion or career type move.’ Another referred to his job history as ‘sparse,’ and a fourth as having a ‘pretty

⁷⁸ “Bissonnette, Barbara A. “Avoiding Misunderstandings in the Neurotypical Workplace.” Asperger’s Association of New England, http://www.aane.org/asperger_resources/adults/avoiding_misunderstandings.html. accessed 4/18/12 © 2011

⁷⁹ Bissonnette

⁸⁰ Bissonnette, Barbara. “Getting Hired: A Primer for Individuals with Asperger’s Syndrome & NLD.” *Forward Motion Coaching*: 2012, 1

⁸¹ Müller, 166

checkered work career.”⁸² They also said that they had difficulty filling out job applications to be assigned work in the first place. “One participant described having difficulty figuring out ‘what [employers] wanted’ from her, and other described realizing he had ‘answered [the employers’] questions in too much detail...this was somewhat analogous to the problem of putting together a resume, as participants were frequently unsure how much detail to provide...difficulties coordinating the job search process as a whole...contacts once made. In the words of one participant, the main problem was ‘organizing, and starting, and knowing how to go about it.’... ‘Sometimes it can feel kind of awkward when you’re taking a little but more time to do something, to go through something that other people have gone through faster. And you don’t know how your supervisor is going to react to that. When I first started out, I wasn’t that fast at all’...repeated miscommunications led to poor work evaluations and/or being fired from the job”⁸³ They all know that they have skills to add to the workplace, however: “‘People on the ASD continuum – each one of us has a certain savant skill or collection of savant skills, and if we were allowed to, encouraged to indulge that vocationally to our heart’s content we could come up with some amazing solutions for various workplace problems.’”⁸⁴ When the individual was successful in the workplace they “described work environments where coworkers were open-minded and tolerant of differences... ‘patient,’ ‘caring,’ and ‘supportive’...”⁸⁵

A mother with a daughter with AS, Christine, states that, “support – financial or otherwise – is elusive. ‘Professionals can’t understand that my daughter can’t cook a

⁸² Müller, 166

⁸³ Müller, 168

⁸⁴ Müller, 170

⁸⁵ Müller, 172

meal but could write a report on the Russian revolution,’ Christine says. ‘Trying to prove your case for incapacity benefit – where they use a medical model of disability as the criteria – is so unjust. The big tragedy with Asperger’s is that they know they have the condition and what it is and they can’t do anything about it. That’s where depression and frustration come in.’ Christine wants Asperger’s-specific training for staff. ‘There should be talking therapy support and, spinning off from that, courses on independent living skills, social skills, sexuality and relationships, money management and anger management,’ she says. ‘supported housing and employment training should be available too. This would make people’s lives 100% better. It’s getting professionals to understand what is needed...All this is galling for parents like Christine who are offered nothing. ‘I’m so angry with the system and society that they are not even giving my daughter a chance,’ she says. ‘Because they aren’t accommodating her disabilities she is barred from things that everyone else takes as a right – it’s discrimination.’”⁸⁶ Despite obvious frustration, people with AS and those close to them still express plenty of hope for their position in society. “‘I have to believe that things will change at some point. That’s what keeps me going, plus the love for my daughter. How can I not keep challenging the system? And by doing it for her, I’m doing it for others.’”⁸⁷

Another study, investigating the status of individuals with AS in the workplace, interviewed six working- men and women with AS. “[Daina] believes that she ‘really understands the stuff’ but the other secretaries soon become uncomfortable around her and ‘try to get rid of me. I try to make it as difficult as I can for them to find an excuse to get rid of me.’[Eugene, another one of the participants] stated that he felt as though he]

⁸⁶ “I Don’t Look Ill Enough”

⁸⁷ “I Don’t Look Ill Enough”

‘either asked too many questions, or didn’t ask enough.’”⁸⁸ “As Joe stated, ‘It is not that we do not work hard, or have problems with being prompt, not being on time, or unwilling, because we are not that at all. It is that we are not very good at dealing with people in social situations.’ Being successful at a job involves a great deal more than just doing tasks.”⁸⁹ “Daina described the social situation she experienced in most of her jobs when she states, ‘I have no trouble doing the work. I am always professional, correct, kind, polite, etc. It doesn’t help. They notice that I don’t have the same emotions they do.’... ‘the most important rule at work is to get along with others at work. I think that jobs usually are 80% social (conversation, lunch, breaks, chit-chat) and 20% work. People with autism are better the other way around!’... ‘I am very blunt, very honest. I just can’t say the social niceties – I choke.’... Then, he continued, he sometimes thinks ‘too much about what someone said and I try to figure it out in my head’ and ‘obsess on what the person told me’... A third factor affecting employability was increased levels of stress and anxiety as the participants tried to deal with the difficult task of working in a neurotypical world... the stress of not understanding the social rules of the environment... Xenia cautioned that ‘people with Asperger syndrome get sensory overload really easy’ and without being sensitive to this, employers can contribute to the person’s stress and anxiety levels... Eugene said, ‘I have to struggle so hard to achieve what NTs take for granted... with the developing autistic society, these feelings of envy are beginning to go away in my mind.’”⁹⁰ “Most of the participants agreed that an important factor in their success on the job was that job duties, responsibilities,

⁸⁸ Hurlbutt, et al., 218

⁸⁹ Hurlbutt, et al., 218

⁹⁰ Hurlbutt, et al., 219

expectations, and rules were described clearly ahead of time...may be necessary to discuss with them their feelings about disclosure of their disability...(Joe said) ‘if I need help, I should ask for help. Get support help when you need it.’ Xenia advised that ‘in this day and age, it’s best to disclose having autism. The employer will get a heads-up in case you have problems later.’...They believed that they had some qualities that made them a better employee than many NT people...‘being on time, attention to detail, and with repetitive work, I don’t get bored. Also, I am loyal and am not the type who will jump ship as quickly as others.’...Not being able to maintain employment was the biggest problem for each of the participants. This was the result of poor communication between the employee and employer or co-workers, social skills deficits, and sensory issues...the main goal is to help people with AS obtain and maintain successful job experiences in a way that allows them to be who they are...Depression, anxiety, and anger are very common in adults with AS and often are the result of employment issues.”⁹¹ “Individuals with AS tend to follow rules extremely well but may experience difficulty in accepting that others may not follow those same rules and may take it upon themselves to report others if they feel they are not doing as they should...The Supported Employment model and the Master and Apprentice model are both excellent models for working with people with AS...‘the psychologists and the counselors wanted to get rid of my weird interest, but Mr. Carlock broadened it away from a narrow fixation into the basis of a lifelong career.’...if the need for accommodations is not revealed at the beginning of the job experience, the individual with AS may have no means of legal protection (e.g., Americans with Disabilities Act of 1973). Even when sufficient support is provided to

⁹¹ Hurlbutt, et al., 220

individuals with AS on the job, it may still be difficult for them to maintain that job...In conclusion, success on the job can become a reality for individuals with AS if they are provided with structure, order, routines, and clear rules and assignments.”⁹² “Like many adults, people with AS often define who they are by their occupations and interests, ‘by what they do in a practical sense rather than as a social network’...‘my life is basically my work. If I did not have my work I would not have any life’ (Grandin)...‘Employment issues are the biggest concern for all people with AS. It impacts so my other things.’ (Rosalind)”⁹³

Hurlbutt et al. argue that how these people fare in the workplace is in large part

a consequence of others’ attitudes and behavior towards the individual, or it may simply be that the person feels different regardless of the actions of those around him. It is most likely that the risks discussed in this paper arise from a complex interaction of both perceptions of self and others.⁹⁴

I agree with this last statement: if someone with AS feels awkward or “abnormal” at the fault of his or her character traits or the actions/responses of the person they are talking to does not matter. Instead, what does matter is that the person with AS feels unwelcome. There are simple things that can be done to make them feel better about being themselves in public, which is important because such troubles can be so disabling as to cause other issues not directly related to AS, such as depression. Some even cite suicide “as the ultimate way of ‘opting out’, highlighting the significant risk to long term mental health of this marginal status.”⁹⁵ This is because, while most people who experience misunderstandings simply “brush them off,” people with AS who experience them tend

⁹² Hurlbutt, et al., 221

⁹³ Hurlbutt, et al., 222

⁹⁴ Portway, Suzannah M. and Barbara Johnson “Do you know I have Asperger’s syndrome? Risks of a non-obvious disability.” *Health, Risk & Society*. 7.1 (March 2005): 73-83. *Academic Search Complete*. Web. 12 January 2012

⁹⁵ Portway, Suzannah M. and Barbara Johnson, 74

to have “a predisposition to higher level (longer term) risks such as underachievement, dependency on others, unhappiness and mental health problems,”⁹⁶ to name a few, because they tend to become disproportionately upset or take things too seriously or personally when something out of the ordinary occurs.

There is so much frustration that comes along with having AS, which many NTs would not understand. Understanding the plight of the individual with AS is by no means an easy task, however.

When AANE board president Stephen M. Shore teaches neurotypical people about AS, he asks them to tell a story without using any words containing the letter ‘a.’ This exercise lets workshop participants experience how exhausting and stressful daily interactions are for adults with AS: having to think through every utterance, worrying about whether that they will be misunderstood.⁹⁷

Society is constructed by and for NTs, so “while respecting the abilities and humanity of people with AS, one should not underestimate their struggles and suffering,”⁹⁸ especially having to work and live in the very fast-paced United States, where “children are generally expected to ‘play well with others’ and grow up fast. Adults are expected to work 40-60 hour weeks under fluorescent lights, to attend meetings, work on teams, rapidly absorb oceans of information, and multi-task.”⁹⁹ All of these demands can be overwhelming for the person with AS. Further, though individuals with AS display remarkably similar qualities, Hans Asperger was known for saying that no two individuals with AS are the same.¹⁰⁰ “Dr. Stephen M. Shore says, ‘When you meet one person with AS – you’ve met one person with AS.’” That is, it is very important to

⁹⁶ Portway, Suzannah M. and Barbara Johnson, 74

⁹⁷ Freed

⁹⁸ “What is Asperger Syndrome?”

⁹⁹ “What is Asperger Syndrome?”

¹⁰⁰ Please see Portway, Suzannah M. and Barbara Johnson, 75

remember that people with AS can differ greatly from one another.”¹⁰¹ Further frustration may come because parents and other people might not recognize that the individual has AS in the first place because he or she does not show any outward signs of being traditionally disabled. Furthermore, because there was no way to tell just how “different” the individual feels exactly, if one thing is definite, it is that all of those with AS seem deeply unhappy, or went through periods of deep unhappiness at one point in their lives. One cause of this unhappiness may well involve unemployment or underemployment, periods of which dominate the lives of individuals with AS. To come up with a solution to help quell this deep unhappiness, from unemployment, and there is no better way to do this than listening to the needs and wants of those with AS.

Based upon various studies I have come across in my research, I have come to the conclusion that there are several unifying themes people with AS complain of, with regard to problems they experience in the workplace. Though my findings cannot be said to speak for the entire population of individuals with AS, I do think that outlining them can be helpful to serve two purposes: (1) to learn which issues need to be addressed for individuals with AS, so that employers are aware and able to fix the workplace situation, and (2) to inform employers and other necessary parties of issues concerning disabled individuals more generally, so that other employees with different disabilities, but who potentially face overlapping limitations, can be properly accommodated for said limitations.

While there are a number of issues I could choose to highlight, I focused primarily on issues having to do with employment because integrating people better into

¹⁰¹ “What is Asperger Syndrome?”

the already set employment scheme has been a major goal of the disability rights movement. If achieved, society would have a lot to gain as well – an almost entirely untapped population of employees, who are, by their very nature, completely honest, dedicated, and focused workers. So far the structures that are in place for vocational services for people with disabilities are targeted to people far below the intelligence level of those with AS, and therefore, most people with AS are not eligible to participate in the federally- and state-funded programs. “The need remains for research identifying the types of supports that would most appropriately meet the unique challenges faced by individuals with ASDs”¹⁰² (Autism Spectrum Disorders¹⁰³). I seek to suggest simple, but all-encompassing solutions to this problem.

As it happens, self-description is a very apt indicator to use to gauge how people with AS function and feel in the workplace, because are very honest. They can, therefore, be counted upon to give short, sweet, and true responses to the self-assessment questions they are asked. In these surveys, most individuals expressed pride in their work and confusion about why they were not accepted in the workplace. Some expressed anger or resentment about being fired from the jobs that they not only enjoyed, but which gave them a sense of purpose and satisfaction from life, as anyone should be able to say about his or her career path. Individuals with AS rarely are given the chance for a “career path” because they are rarely given opportunities for career advancement. Müller et al. found that, on the whole,

obstacles to successful employment were grouped into four major themes: (a) mastering the job application process, (b) acclimating to new job routines, (c)

¹⁰²Müller, et al., 163

¹⁰³ From the set of which, AS is one.

communication, and (d) navigating social interactions with supervisors and co-workers.¹⁰⁴

These four complaints that individuals with AS make on a routine basis capture accurately the social deficiencies people with AS have, first and foremost. Secondly, it demonstrates the destructive nature of these differences when they are character traits of employees in a workplace setting.

Many cited experiences where they were performing well in their job's technical aspects, but were eventually let go because of the stigmatization from not being able to socialize well. It is not just that NT individuals are able to socialize better than those with AS, but NTs are also able to notice when they make faux pas a lot better than those with AS. This means that when people with AS get fired from the jobs they are in, it often comes as a surprise to them. Sometimes even, they believe they are fired when they were really just suspended or had some other miscommunication in the workplace that either got them in trouble or fired. In situations such as these, usually after the fact, however, people with AS realize that they could have used some mediation during these situations – a type of translator between the NT and the person with AS – to facilitate discussion that both sides would understand by providing the explicit detail that someone with AS typically requires in order to properly understand the situation that is taking place around them.

Instead of being considered a detriment, AS might be a positive attribute in the workplace. However, often this is only recognized by those who are closest to those with AS – those who are really given the opportunity to get to know them, and the positivity and commitment they are able to bring to a work setting. As one father puts it, “if my son

¹⁰⁴ Müller, et al., 167

Asher "suffers" from Asperger's Syndrome, I wonder if we all wouldn't do better to have a touch of it ourselves."¹⁰⁵ He goes on to list character traits that his son displays, such as being entirely honest and genuine and being capable of understanding and abiding by intricate rules. Should we conclude from this that Asperger's Disorder is not a true disorder, but only a difference? My view is that though AS *might* be a true disorder, the strengths that are associated with the disorder are so positive that they are worth not just "being put up with." People with AS can be placed into jobs that they will excel at, which bring out their strengths (e.g., a lack of deceptiveness, an ability to be straightforward and clear, and an interest in following rules, just to name a few), and which they will also enjoy.

When supervisors, bosses or co-workers *are* compassionate and are willing to learn about the skills and sensitivities of an employee with AS, what is chiefly needed is for someone to sit the employee down and explain precisely what is expected of them by way of accommodations for AS in the workplace. Some follow-up involving coaching both the employee with AS and his or her coworkers in effective communication skills is also needed. Because, as noted in great detail above, the odds are typically stacked against those with AS, the experiences of success are typically isolated incidents. The system simply does not give them a chance because success at most workplaces is not just based on hard work, but also on the social preferences and tendencies of neurotypicals. These include such small things as the use of small talk to establish social rapport and the use of indirect statements to express a criticism in a tactful way. These

¹⁰⁵ "Asperger's syndrome could be a character-builder" by Charles Coursey; commentary originally aired 3/22/2005 on KERA Radio 90.1, Dallas, Texas. Reprinted with permission of Charles Coursey Communications service, www.charlescousey.com, and KERA. Copyright 2005, KERA, 308

practices can be challenging for people with AS. While those who are cunning, cutthroat and sometimes deceitful are often rewarded for these generally negative traits, individuals with AS are repeatedly and harshly punished for their mix of characteristics, including honesty, integrity, ability to follow rules, typically high IQs, simply because they do not possess the typical social skills embraced by society.

Chapter V – Conclusion: Relationship Between the Strawsonian Scheme of Reactive Attitudes and the Terminology of the Disabilities Rights Movement

Social Accommodations

It is safe to say that physical accommodations for disabilities in the workplace are more easily understood than social accommodations. While physical accommodations might involve architectural changes, extra people in the workplace (e.g., interpreters or translators), or Braille readers, social accommodations involve altering people's opinions, over which others besides themselves have very little control. It might surprise some that the ADA can provide for such accommodations, however. The ADA not only uses such words as "facilities," and "devices," which directly refer to physical alterations, but also the terms "readers" and "interpreters, which could be interpreted broadly to refer to programs meant to teach coworkers and employees about the disorder, so that they understand it, and can relate to the coworker who has it. Furthermore, the ADA provides for "mental impairments," and Asperger's *is* technically a mental disability,¹⁰⁶ requiring a *social accommodation* because the individual with Asperger's has social limitations. There are two kinds of social accommodations to consider: accommodations for the social limitations of a person with AS and accommodations that involve changes in the attitudes, expectations, and emotional responses of coworkers of the person with AS. The difference here is that the first does not involve changing the hearts and minds of those around the person with AS, but rather things such as the work environment not requiring multitasking, the job having "clearly defined, explicit, predictable rules and routines, the

¹⁰⁶ i.e.: the person with Asperger's is not neurotypical

job [requiring] minimal social contract, or only highly structured contact with clearly defined expectations,”¹⁰⁷ all of which have been outlined in a document provided by the Asperger’s Association of New England and marked as traits of a workplace that would contribute to the success of an individual with AS.

Physical accommodations for disabilities also involve social accommodations because, as with any major social change, society had to be ready to accept the changes that would have to be made. For example, now it is practically a nonissue for buildings to have ramps and elevators, for ASL translators to be present in classrooms and in lectures, and for Braille to be on the surfaces of all signs and publicly accessible texts. However, in order for these accommodations to be put into place on such a wide scale, there also had to be the more tacit acceptance of such accommodations in society. Though these accommodations have been made, there is still evidence of stigma towards people with disabilities in social attitudes – through inappropriately staring eyes and inappropriate verbal inquiries, for example. These are examples of *true* social accommodations because they involve attitudes and opinions more explicitly and directly.

To accommodate someone socially does not require a physical structure or change, but necessitates fully embracing – so-to-speak – the diversity of minds and of practices. It means accepting different ways of thinking and of acting. Being in the workplace with people with social/mental/emotional disabilities means recognizing what the disability is, what the effects are, and how they will affect the way the individual acts and interacts in the workplace. Social accommodations for disabilities are similar to how

¹⁰⁷ Freed

we might make accommodations for people from different cultures.¹⁰⁸ For example, if someone's religion requires that they refrain from eating at certain points in the year, the workplace should and usually does make accommodations for those individuals when necessary, especially because these differing conditions are not likely or expected to diminish someone's ability in the workplace to contribute to their job in the same way they would on a "normal" diet.

Similarly, if a person with Asperger's does not like to indulge in small talk on a day-to-day basis because he or she does not understand its purpose, he or she should not be required to indulge in it, especially if it is not inherent to the job requirement, as would be required in a position in customer service, for example, where geniality and pleasant, consistent repartee are often expected. A social accommodation in the workplace, would involve accommodating an aspect of someone's personality or character so long as it is not harmful to the other people in the workplace or that individual's work performance in the technical sense. Of course, impatience, irrational anger, bigotry, or laziness, to name a few negative qualities, should not be tolerated as part of the workplace culture, but it is entirely possible for the behavior of a person with AS to be misread as displaying one or more of these characteristics because of such things as a reluctance to make eye contact, or sensory sensitivities, or a lack of interest in small talk and office gossip.

¹⁰⁸ Indeed, there are a variety of different cultures that have sprung up in the disability world. The most prominent might be the deaf culture, but as noted earlier, there is also a strong and ever-growing culture of individuals with Asperger's, sometimes referred to as Aspies.

The Problem with Strawson

The problems in Strawson's paper, "Freedom and Resentment," are most apparent when he talks about those occasions when the modification of reactive attitudes is warranted. I have pointed out that not only are reactive attitudes the result of normal, human interaction, but we also *expect* such reactive attitudes from those with whom we interact. This is where Strawson sees the expression of a shared conception of morality and the acknowledgement of another's perspective and attitudes. When this very specific type of exchange of reactive attitudes does not function in the exact way that Strawson envisions it, he claims that the attitudes have malfunctioned somehow. Strawson does not see these individuals, who he refers to as "idiots," "moral idiots," or the "deranged," as necessarily "deserving" of reactive attitudes like gratitude, resentment, admiration, and indignation. This means that these individuals are not capable of receiving attitudes such as these because they are somehow not accountable for their actions; we should not feel resentment toward anything bad they do, for instance, because they do not understand the consequences of their actions or because they lack ordinary levels of self-control. In these cases, the "objective attitude" is appropriate to take the place of the more typical "reactive attitudes."

Strawson describes two kinds of exemptions to the "normal" reactive attitudes. The first applies to cases in which the agent acts contrary to how they would normally act, either because of (1a) ignorance (not being able to know what a better action would be), or because they are (1b) under great duress; perhaps they are being coerced in some way. The second kind of exempting condition involves more serious circumstances than the first. In these Strawson legitimizes treating those with a variety of cognitive disabilities

with a completely different attitude altogether. Cases such as these include (2a) suspending reactive attitudes once or twice, which will not necessarily influence how we view the agent in the future, or (2b) the agent is completely without reason; he or she is a child, is mentally deficient, or may be acting compulsively, which makes us believe he or she is incapable of receiving such attitudes. In the case of 2b, it turns out, the “modification” of reactive attitudes that Strawson proposes is really meant to be a suspension of reactive attitudes. This is actually quite troubling because it means Strawson is relegating an entire portion of the population, mainly the cognitively disabled or those perceived to be that way, to not being able to participate in a part of the human experience essential to everyday interactions. And, importantly, this relegation shows Strawson’s incivility and complete disregard to accommodations.

I would like now to return to the question of why non-reciprocated or non-reciprocable reactive attitudes cannot be genuine reactive attitudes as well, as Strawson assumes in “Freedom and Resentment.” Instead, he states that if one is not able to *reciprocate* a reactive attitude, he or she should not receive them in the first place, but should be dealt with through the objective attitude. First of all, it is necessary to define what “non-reciprocated” and “non-reciprocable” reactive attitudes mean. To illustrate this, let me return to the terminology I used to describe the paradigm of full forgiveness and apology, which I used in chapter II. I will like to use a superscript “n” if the individual in question is the purported “non-reciprocator.” To begin with, if an attitude is “non-reciprocated,” it means that either (1) the original actor Aⁿ has caused an Offense, for which the victim V feels resentment. However, Aⁿ is not capable of moving forward with the paradigm because he or she feels there is no need for Remorse, Recognition, or

an Apology. It might also happen that the Victim is the non-reciprocator, V^n . In this case, it would play out in the following manner, (2) A would do something (the Offence) that, under normal circumstances, would cause V to feel Resentment. However, we are dealing with V^n here, so he or she might not realize that a social faux pas or transgression has occurred, and therefore would expect no apology from A. If an attitude is “non-reciprocable,” it means that there was no hope of reciprocation in the first place because, from the very beginning, the person was deemed not capable of receiving these sorts of attitudes. It means that the individual was deemed unfit for “normal” human interaction from first sight, implying that the individual may not participate in the sort of “everyday morality” that Strawson considers so very important for human beings.

Strawson, therefore, begins the major part of his argument, stating that the exemption from certain reactive attitudes admits of degrees, but then proceeds to talk about those who are completely exempt from reactive attitudes, or who should be exempt from them. I do sympathize with Strawson, and appreciate the perspective he has taken. Still, I do not by any means agree that his schematic allows for appropriate amounts of variability in human nature, which occur naturally. On my view, however, this variation would be allowed for, while still utilizing the unique and helpful method of examining everyday situations that Strawson has introduced. My idea is that just because someone is cognitively disabled in some way does not mean that the suspension of *all* reactive attitudes is necessary. Strawson states that reciprocity is not possible because the two do not share enough common ground, which would be required if the two were to legitimately be able to quarrel or reason with one another.

I would like to suggest that Strawson regards the “disabled” as being first and foremost impaired, which causes their limitations. This is the way the ADA currently refers to disabled individuals. By my new terminological construction, I have posited that instead of “disabled people” being first and foremost “impaired,” which causes subsequent “limitations,” more generally, people, everyone really, has certain limitations, which, depending on the perspective that is taken on them, might be viewed as “impairments.” On my view, there is not a clear line to be drawn between limitations and impairments; instead, there is a wide range of limitations that vary in many different dimensions. I would like to emphasize that I *agree* with Strawson that everyday practices and interactions *do* indeed say something about our own moral attitudes. Additionally, I agree that these interactions might illuminate the more traditional debate concerning morality and responsibility, as Strawson says they could, so I do not wish to stray too much from his original message, while still asserting my terminology.

As I pointed out earlier in my argument, and as I exemplified by my commentary on the apology/forgiveness paradigm after outlining the paradigm that was only implicit in Strawson, there are many more scenarios of forgiveness and apology than the fully reciprocated attitudes that Strawson describes. In these *other* scenarios, the full paradigm does not occur because one individual chooses not to, or fails to see what was so wrong about his or her action. These cases are similar to scenarios that might happen involving people with AS, who do not possess the same perspective-taking skills as most “normal” people do. But neurotypical people also can offer and accept apologies without fully acknowledging and accepting the other person’s attitudes. I hope that my attempt at demonstrating this relationship will facilitate further clarification of the parallel I just

outlined between the problems with the Strawsonian paradigm and my new terminological relationships with regard to limitations and impairments.

Furthermore, what I would like to suggest, is that if Strawson had recognized explicitly that all people have limitations to some degree, along with the social dimension of “impairment,” then it might have been a possibility that he would have seen how he failed to consider individuals with disabilities at all; he could have possibly realized that he gave little or no attention to those he refers to as “abnormal.” The original version of the definitions and the Strawsonian scheme have in common that they are “all or nothing” viewpoints. Strawson states that either someone is capable of receiving all types of reactive attitudes, or they are virtually inhuman, and incapable of understanding or reciprocating any reactive attitudes at all; they are exempt. The same is true for the definition of disability: either one is impaired, therefore limiting them virtually on every basis from physical to social limitations, or they are “normal,” as Strawson would say. By my ideas, however, neither is the case. To bring the two ideas together, I would like to postulate that Strawson sees some people as exempt because he sees them as being impaired. Furthermore, because the current terminology does not align itself with my own, I might be able to say that the current viewpoint, which considers all disabled people impaired might also state that they could possibly be said to be either exempt from others reactive attitudes, by Strawsonian standards at least.

There is also the problem of the “altered reality,” to which Strawson refers. He states that the disabled individual occupies some sort of “altered reality,” which he does not go on to describe any further. Because he does not *explain* what it means to live in an “altered reality,” I queried whether the disabled individual is really living in an altered

reality, or instead whether he or she is placed in some sort of socially constructed altered reality because society treats them differently than other “normal” individuals. I would like to posit that this “altered reality” Strawson describes may directly parallel the way the ADA treats individuals with disabilities as if they were impaired, and absolutely abnormal, which relegates them to an category separated from mainstream society. I would like to propose that when individuals with disabilities are seen as occupying an “altered reality” it is because they are seen as first and foremost being “impaired,” when they should instead be associated with mere limitations, such as any other human being possesses.

Disability Terminology and the Asperger’s Diagnosis

I would like to go even further to state that the terminology I have proposed for disability rights perfectly exemplifies some of the characteristics that I have noted in the AS diagnosis. For instance, I have stated that just because someone is limited in some capacity does not mean that he or she must be viewed as “impaired”, even if the limitation is significant enough to count as a disability. As I have previously iterated, individuals with AS may have many limitations, but this does not mean that the individual is truly disabled or impaired. Instead, it is the social aspect of the limitations that make them seem like impairments to the untrained eye.

We are reciprocators by our very nature, so the limitations that individuals with AS possess are particularly salient or offensive to our social attitudes and interactions. For example, as we have seen, individuals with AS are limited in the sense that they might not be able to sense when an apology is needed, which is characteristic of a limited

perspective taking. Forgiveness assumes reciprocity, which means that it involves perspective taking, something that individuals with AS may have difficulty in performing. This limitation is particularly offensive to us, being the hyper-politically correct society that we are. However, when we encounter someone not capable of reciprocating interpersonal attitudes, what are we supposed to do?

I would like to make the case that anyone who actually *knows* someone with AS, would, in fact relate very differently to the person with AS than Strawson suggests they do. In fact, I think they would be more apt to relate to them with a wide range of what Strawson describes as “participant” attitudes, as seems appropriate, and as they get to know the person. This is just what individuals with AS request the most for accommodations in the workplace. The limitations that individuals with AS have that present in the workplace are particularly apt to be viewed as impairments because, as noted before, we are, first and foremost, a society of reciprocators. However, assumptions about “normal” kinds of reciprocation manage to creep into expectations about minimal competence in the workplace, where perhaps they should not be. Understandably, individuals with AS tend to be not only confused by the reciprocation-centered society in which we live, but also by the fact that this carries on into the workplace, where one might argue that the exact technical requirements of the job description should be more important than the social nuances associated with being in the workplace. Because this is not the case, however, when an individual presents as “abnormal” in the workplace, they might be written off too quickly, which is why those with AS experience frequent periods of unemployment or underemployment. To accommodate them in a way that is not paternalistic, I suggest maintaining the type of participant reactive attitudes that Strawson

describes in “Freedom and Resentment.” I believe that it is possible, and would like to suggest that it would be ideal, while retaining these attitudes, to also recognize someone’s limitations and make reasonable allowances for them. In this way, society will ideally do away with the “objective attitude.”

Perhaps Strawson is *right* to assert that the objective attitude exists, because it certainly *seems* to exist (especially being that those firing individuals with AS *might* view them as less than human or just one less impairment to be rid of). It is also an idea that seems to parallel with the terminology in the ADA, meaning that possibly those with whom some might act with the objective attitude with, are *also* viewed as impaired, when in fact they should be considered as more than that in a way that takes their limitations into account but acknowledges their strengths and talents as well. The proposal I have made to rearrange the terminology in this debate, namely referring to people as “impaired” when that socially stigmatizing word is perhaps not appropriate for cases of limitation, would also serve to address this problem. A frank acknowledgement of limitations as well as talents would recast the social eye on these individuals and shine a more positive light on them, which would help to foster their acceptance in the workplace and also more generally in society.