

Dehumanization, Disability, and Eugenics

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Abstract

Dehumanization is a useful concept to understand disability, eugenics, and the relationship between them. This chapter provides a broad overview of the history of eugenics and the contemporary significance of both that history and eugenics itself with an eye to exploring the centrality of disability. After reprising the history of eugenics up until 1945 and outlining the ideas at the core of eugenics, I will focus in the remainder of the chapter on the perhaps surprisingly large part of that history that comes after 1945 and why dehumanization remains an unfortunately continuing issue for people living under regimes of ableism today across a variety of contexts. Eugenic and newgenic thinking continue to structure the challenges that people with disabilities, especially cognitive and psychiatric disabilities, face in a world with enhanced capacity for technological intervention in reproductive decision-making.

Note on Contributor

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1. Introduction

Eugenics and dehumanization are often thought to be closely related because the best-known state-sponsored eugenic program—that of the Nazis from 1933 until 1945—involved the extreme dehumanization of certain sorts of people, such as Jewish people and people with disabilities (Black 2003: ch.15-17; Smith 2001). Under the Nazi regime, there was the systematic segregation, internment, sterilization, and murder of such people as part of an explicit program of genocide and extermination of Jewish people and people with disabilities (amongst others), who were subject to such treatment because they were deemed to be sorts of people who were less than fully human and, in some cases, had “lives without value” or “lives not worth living” (Binding and Hoche 1920; Proctor 1988; Taylor 2015). They were not merely viewed as different from those that the Nazis envisaged as populating the Third Reich, but were depicted as inferior sorts of people, as *Untermenschen* (subhumans) or as a *Gegenrasse* (counter-race) who lacked the desired characteristics and abilities to stock future generations (Stone 2010, *Histories of the Holocaust*). Thus, we find the standard tropes of dehumanization—assimilating Jews to vermin and social diseases, comparing disabled people to burdensome animals—in Nazi propaganda and in public forms of state communication.

These dehumanizing depictions were sufficiently extreme in nature that the Nazi state apparatus, with the support of the German volk, could see itself justified not simply in protecting the German nation from the concocted threats posed by such sorts of people, but as dutifully eliminating them from present and future generations altogether. In the name of

eugenics, between 70 000 – 100 000 German citizens with disabilities (Weindling 2014) were systematically murdered by the Nazis through the Aktion T4 euthanasia program early in the Second World War; approximately 6 000 000 Jews were murdered during the more temporally and geographically expansive genocidal Holocaust that was the culmination of the Nazi enthusiasm for “racial hygiene” or eugenics.

Recognition of the dehumanizing nature of these genocidal and murderous laws and policies is often thought to have been important in the ending of what I have called the “short history” of eugenics (Wilson 2018a: ch.2), being a history that runs for the 80 years between Galton’s early thoughts about eugenics in 1865 and the end of the Second World War in 1945. But what about eugenics itself? Is there something about the very idea of eugenics itself that is dehumanizing, or instead should we properly reserve that judgment about eugenics for extreme implementations of eugenics, such as one finds in Nazi laws and policies?

Addressing this question will involve shifting from contexts of mass violence to those in which dehumanization operates in more subtle ways (High 2015). The question is neither rhetorical nor merely what is sometimes called (disparagingly) a “matter of academic interest”, for two reasons.

First, contemporary philosophers and bioethicist have explored forms of eugenics in a more favourable light under the headings of *utopian* eugenics (Kitcher 2000), *liberal* eugenics (Agar 2004), and *moderate* eugenics (Selgelid 2014), tying their discussions fairly directly to social policies, parental obligations, and norms governing our thinking about biotechnological advances, such as those concerning “procreative beneficence” (Savulescu and Kahane 2001; Savulescu 2001; Savulescu 2008). These explorations might be seen as aiming to sift the worthy wheat at the core of eugenics from the dehumanizing chaff that is mixed together with it as a result of the association of eugenics with what we might think of as its Nazification.

As Selgelid says circumspectly, “The fact that the previous practice of eugenics was bad does not imply that eugenics, per se, is necessarily an altogether bad thing or that a better future eugenics would not be possible” (Selgelid 2014: 6).

Second, from the standpoint of many people with disabilities, eugenics does not feel that distant from their lived experience (Garland-Thomson 2012; Kafer 2013; Wilson 2018b). As a note of inferential caution, Selgelid’s point about “eugenics, per se” is well-taken, though I would issue my own note of inferential caution about signaling the possibility of a “better future eugenics”. Whether or not Selgelid means here to convey a more enthusiastic view of a possible eugenic future, from the perspective of those with disabilities, especially disabilities that were the focus of past eugenic policies, practices, and laws, such signaling functions as a red flag. Since eugenics seems to them very much a project aimed at eliminating people *like them*, identifying a possible “better future eugenics” simply exemplifies the eugenic logic (Garland-Thomson 2012) that they are all too familiar with.

Be that as it may, to address the question of whether eugenics in and of itself is dehumanizing, one needs to understand both the context in which Nazi eugenics developed and the general ideas at the heart of eugenics. First, consider the context.

2. Eugenics: Heart and History

Eugenics made its legislative appearance in Germany during the first six months of the Nazi regime’s rule in July 1933 in the form of a sterilization law, a law modelled in part on a Prussian law drafted in the previous year. It mandated sterilization for people with a variety of traits, including those who were thought to have hereditary forms of schizophrenia, blindness, and deafness, chronic alcoholics, epileptics, those with Huntington’s chorea, and “mental defectives”. This sterilization law was further extended later in 1933 to allow for the

castration of criminals and homosexuals, and was used as the basis for sterilizing “mixed race” children from 1935, although the law did not strictly allow for their sterilization (Weindling 2014).

The interwar beginnings of Nazi eugenics were located in an international milieu in which eugenic ideas, practices, policies, and laws were commonplace. For example, by the early 1930s, more than thirty North American state or provincial jurisdictions had passed eugenic sterilization laws, typically multiple times as these laws were modified or amended, often in order to avoid legal challenges based in the violation of constitutional rights. In Europe, Denmark passed a eugenic sterilization law in 1929, and the other Scandinavian countries—Norway, Sweden, and Finland—followed suit in 1934 and 1935 (Broberg and Roll-Hansen 1996). The Nazis passed their first eugenic sterilization law in 1934 not only in an accepting international political context (Paul 1995: ch.5; Proctor 1988: ch.4)), but also against the background of a supportive scientific community; large International Eugenics Congresses were held in London in 1912, and in New York in 1921 and 1932 (Kühl 2013). Moreover, as Allan Chase (1977), Stephan Kühl (1994), and Edwin Black (2003) have each argued, the Nazis viewed themselves in the early 1930s as extending what was commonly practiced in North America and even based their sterilization legislation on Harry Laughlin’s “model sterilization law”, developed over the preceding decade at the Eugenics Records Office in Cold Spring Harbor in New York.

Although the international reach of eugenic ideas was vast, not all countries in which those ideas had significant support enacted eugenic laws. For example, despite being home to active eugenics societies with prominent supporters and spokespersons, neither Great Britain nor Australia passed eugenic sterilization laws. In countries such as Portugal, Spain, and Brazil, eugenics was cast racially but did not lead to substantial sterilization or

immigration laws anchored in eugenic ideas. In Asia, eugenic thinking was implemented in laws and social policies typically after 1945, often being associated with policies of population growth control, as was the case in China and in India (Connolly 2008; Kühn 2013).

Eugenics itself began three generations earlier as a progressive-sounding, meliorative project of intergenerational, human improvement. It was articulated as such a project by the polymath Francis Galton in the last third of the nineteenth century, starting with a pair of articles in the popular British magazine, *Macmillans*, in 1865 (Galton 1865). Galton's eugenics arose within a broader context in which evolutionary thinking had been adapted to social transformation and change, with forms of artificial selection having been moved to centred stage in Charles Darwin's theory of natural selection. Darwin's classic "one long argument" for natural selection begins, after all, with an extended analogy between the power of artificial selection, directed by human agency and applied to farming animal stocks and plant species, and the idea of selection without such direction, natural selection. Although this analogy and focus on human improvement can create the impression that early eugenic thought was chiefly directed at what later would be called positive eugenics—the selection of desirable traits to be passed down to future generations—the development of eugenics in North America around the so-called *eugenic family studies* (Rafter 1988; Wilson 2014a) with their focus on "degenerate" families should remind us that negative eugenics was an integral part of eugenic thinking from that outset.

Consider two general ideas at the heart of eugenics brought forcefully together by Galton that go beyond the bare-bones idea that eugenics is a project of human improvement. These are the idea that human reproductive value is unevenly distributed both within and across human populations, and the idea that we can harness the insights of science and technology to direct the constitution of human populations over generational time. As Galton

said in defining the term “eugenics” in 1883, eugenics is “[t]he science of improving stock, not only by judicious mating, but whatever tends to give the more suitable races or strains of blood a better chance of prevailing over the less suitable than they otherwise would have had” (Galton 1883: 25n). What the science of eugenics was to do was to provide the means both to distinguish those of higher quality reproductive value from those of lower quality reproductive value, and to guide, constrain, and even shape human populations to promote higher quality people in future generations.

3. Eugenic Traits and Reproductive Value

To say that human reproductive potential is unevenly distributed within and across human populations is a euphemistic way of expressing the idea that some people have traits that make them more valuable as hereditary contributors to future generations, and other people have traits that make them less valuable in this respect. That is because the traits themselves have differential value to human society and are assumed to be heritable.

Such traits are what I have elsewhere (Wilson 2014b) called *eugenic traits*: traits that are the basis for differentially treating people thought to have them via eugenic ideas, policies, laws, and practices. Eugenic traits include both valued traits, such as high intelligence, and devalued traits, such as intellectual disability. Historically, the most common eugenic traits that served as the basis for the eugenic practice of eugenic sterilization in at least North America were feeble-mindedness, mental deficiency, epilepsy, and relatively indeterminate forms of mental illness, such as insanity (Wilson 2018a: ch.3; see also Reilly 2015 and Kaelber n.d.). Here many eugenic traits are disabilities.

As indicated both by the exemplary and the historically predominant eugenic traits for sterilization, intellectual abilities and psychiatric tendencies loom large when eugenic

evaluations are made. There are, however, contexts in which race and ethnicity and their proxies, such as country of origin or geographical ancestry, have functioned as eugenic traits, such as when they have been the basis for eugenic immigration policies. Consider the 1924 Johnson-Reid Immigration Act in the United States, which tightened existing quotas for the number of immigrants from certain countries or geographical regions, or the so-called “White Australia Policy”, beginning with Australia’s original immigration restriction act in 1901, which included a 50-word dictation test that could be conducted in any European language and that few people of non-European ancestry passed. In both cases, people of certain colours and ethnicities were excluded as potential immigrants to the United States and Australia because they were viewed as less suitable “races” to stock these growing nations (Stern 2005; Baynton 2016).

So eugenic traits are used to distinguish those perceived as having more valuable reproductive potential from those with less. Eugenic traits also serve as the basis for social policies, such as sexual sterilization and immigration restriction acts, that directly influence the composition of future generations. Science and technology can inform social decisions here, such as by developing ways to measure intelligence (e.g., IQ tests) or to quantify ancestry (e.g., genetic tests). Science and technology also contribute to providing the means through which the reproduction of some is curtailed (e.g., surgical sterilization) or promoted (e.g., prenatal genetic diagnosis and in vitro fertilization).

One might argue that there is nothing dehumanizing about the detection of eugenic traits per se, and even about the uses of science and technology to implement eugenic social policies. Following the pathway explored by proponents of utopian, liberal, or moderate eugenics, the idea here is that even if there have been particular implementations of eugenics during its short history that have dehumanized some people, eugenics is essentially a

meliorative project, one that aims to use science and technology to make human lives better over generational time (see also Glover 2004, Cavaliere 2018; Wilson and St. Pierre 2016; Wilson 2019). With recognition of the limits to state-level policies in the regulation of reproductive rights, and assuming respect for the rights of individuals to determine the character of their own life trajectories, eugenics itself need be no more dehumanizing than other forms of preventative health care, bioenhancement, and the technological enabling of individual human flourishing. It is this line of thinking, which is (to me at least, surprisingly) prevalent amongst bioethicists and other applied ethicists, that underlies Selgelid's gesture towards the possibility of a "better future eugenics", as well as the application of the idea of procreative beneficence to avoid creating children with disabilities (Barker and Wilson 2019).

4. The Epistemic Importance of Standpoint

The historical research that has been done on eugenics and ongoing philosophical reflection on the nature and significance of eugenics are often sensitive, however, to the possibility that eugenics may arise in new forms that are problematic. Yet despite that sensitivity, very little of that historical research and philosophical reflection has drawn directly on the voices and perspectives of those who have lived through a eugenic past. When one is focused on the short history of eugenics, ending in 1945, this is understandable. This is both because of the distance in time and because of the radically eliminativist outcomes that the implementation of eugenic ideas promoted: murder, euthanasia, and genocide. Despite the respectable place that oral history has established for itself as an epistemic resource over the past 40 years, it has only recently been drawn on in understanding eugenics beyond its short history via the testimony of sterilization survivors from North Carolina in the United States (Begos et al. 2012) and Alberta in Canada (Muir 2014; EugenicsArchives.ca). The voices and narratives of

eugenics survivors are important to understanding the dehumanizing effects of eugenics as it was practiced beyond those manifest in the extremes of Nazism, for at least three reasons.

First and most straightforwardly, the details provided in audio and video narratives have identified numerous ways in which those who became targets of eugenics were dehumanized beyond the important fact that they were institutionalized and sterilized, often wrongfully. Those details range across the confinements and regimentation of everyday institutionalized life and include reflections on both ignorance about and the belated discovery of sterilizations having been performed on oneself, as well as the downstream sequelae of having been (often wrongfully) classified as “low-grade morons” or “incapable of intelligent parenthood”. For example, children at the Provincial Training School in Red Deer, Alberta, were subject to psychotropic medical experimentation, were typically deceived about the nature of the surgeries that were performed on them, and were subject to extreme physical punishment and extended periods of isolation in what was called “the side room” (Fairbrother 2014a; Fairbrother 2014b). As their stories reveal, in their post-institutional lives—which for most eugenics survivors in Alberta has been the majority of their lifetimes—they have faced limited employment opportunities and been denied lives even as adoptive parents. This is due to their having been targets of eugenics in the diagnostic labels applied to them, the quality of the education they received, and the fact that they had been institutionalized and sterilized. Thus, what we might call a *standpoint eugenics*—eugenics from the perspective of those most directly marginalized by the associated ideas and practices—is a rich source of content about the forms that dehumanization has actually taken for people classified so as to become targets of eugenics (Dyck 2013; Wilson 2018c).

Second, the process of narrative formation itself and its role in constructing shared experiences and community serve to rehumanize the subjective experience of individual

survivors. It does so not only by linking survivors together to form kinship-like communities that they were denied through their institutionalization, segregation, and sterilization, but also by showing the value of the content of what is narrated to audiences of students and other local community members. This effectively creates a receptive audience for the stories told, drawing attention to how those perspectives have seldom been sought out or heard. The typical absence of the voices and perspectives of those with intellectual disabilities in particular is in part a function of the dehumanized status that they have been accorded in the larger community. By making their oral histories a centerpiece of the collective memory of eugenic history that is constructed, the subhumanizing tendency of silence or hearer negligence is at least partly countered (Wilson 2015).

Third, the narratives of eugenics survivors have found particular resonance with people living with disabilities. This is especially true around issues of parenting with disability, the uses of reproductive technologies that invite the option to selective abort fetuses flagged as having some designated genetic condition—the best-known case being that of Trisomy 21 and Down Syndrome—and the eugenic logic behind views that assume it would be better to eliminate disability in the individual early on than to accommodate to the lived reality of life with disability later. The identification of people living with disability now with the shared experiences of those subject to eugenic sterilization more than 50 years earlier has been instrumental in motivating a broadening of the concept of eugenic survivorship to include some who are several generations younger than the youngest survivors of eugenic sterilization programs that ended only in the 1970s. This in turn provides a motivating context in which people living with disability today, particularly those parenting with disability in one way or another, can locate their own narratives, understand their own life histories, and form a sense of community that they likely otherwise would lack.

5. Disability, Reproductive Technologies, and Newgenetic Traits

A focal point for discussions of the continuing effects of a eugenic past on contemporary society has been the relationships between reproductive technologies and disability (Parens and Asch 2000; Ladd-Taylor 2014; Wilson 2017). Given that disability, especially intellectual disability, has functioned as a strongly negative eugenic trait in the past, people with disabilities tend to view the reconsideration of eugenics as a neutral or endorsement-worthy project with scepticism. While reproductive technologies—including contraception, prenatal screening, and in vitro fertilization—are generally viewed by able-bodied citizens and in public discourse as increasing parental autonomy and are portrayed within medical contexts as health-conducive, such optimism is often viewed within the disability community as naïve and ignorant about the realities of the eugenic past. In addition, for those with the traits that are seen as important to prevent the occurrence of in future generations—for example, Down Syndrome, spina bifida, blindness—the enthusiasm for the view that such technologies provide for the means of human improvement is often itself taken to be problematic.

The best-known of the claims made from the standpoint of those with the very traits that are targeted in prenatal screening is often called the *expressivist objection*: the claim that the practice of prenatal screening with selective abortion expresses a strongly negative view of people with those traits, a view sufficiently strongly negative to be dehumanizing (Asch 2000; Parens and Asch 1999; Saxton 1997, 2000) . This general claim rests on three others, beginning with a claim about the function of prenatal testing, that we can view as premises in an argument for the expressivist objection:

1. The practice of prenatal testing functions chiefly to detect fetuses that have a biological profile predictive of postnatal impairment.

2. The general expectation (but not requirement) in individual instances of this practice is that a foetus with such a profile will be terminated, rather than carried to term.
3. That expectation implies the judgment that such a foetus is not worth carrying to term to become, in turn, a baby, infant, child, then adult with that impairment.

Although one might challenge any one of these claims, it is typically the inference from these to the expressivist conclusion—a conclusion not about the foetus terminated but more generally about people with these negatively valued traits—that has been challenged. For example, Bonnie Steinbock says that “From the fact that a couple wants to avoid the birth of a child with a disability, it just does not follow that they value less the lives of existing people with disabilities, any more than taking folic acid to avoid spina bifida indicates a devaluing of the lives of people with spina bifida” (Steinbock 2000: 121). What these claims about a practice that, in effect, aims to prevent the birth of a child with a given impairment indicate, one might think, is simply that the corresponding trait is not value neutral but negative. And that is something that is both true and not dehumanizing of those with the trait.

Although Steinbock’s example of taking folic acid is developed in terms of the decisions of individuals, rather than in terms of an overall societal practice, it is worth probing at whether there is something dehumanizing of those with the trait that lies in the practice described by 1-3 that is not present in other societal practices that aim to avoid or prevent the very same traits from appearing in future generations. One relevant difference that perhaps allows us to understand the attribution of dehumanization is that 1-3 describe a practice of termination of an otherwise desired pregnancy, whereas the general practice of taking, recommending, or even prescribing folic acid does not. The first expresses a view of the trait that is so negatively valued that its presence provides a sufficient reason to terminate

a process that would otherwise produce a child with that trait; the second only the view that it would be better, other things being equal, for that individual not to have that trait. That expression needs to be understood, against the historical reality of the devaluation of the lives of people with disabilities. As Asch has said,

For people with disabilities to work each day against the societally imposed hardships can be exhausting; learning that the world one lives in considers it better to 'solve' problems of disability by prenatal detection and abortion, rather than by expending those resources in improving society so that everyone—including those people who have disabilities—could participate more easily, is demoralizing. It invalidates the effort to lead a life in an inhospitable world (Asch 2000: 240).

The demoralization here is directly connected to the perception of dehumanization: traits such as Down syndrome, spina bifida, or blindness, unlike other less desired traits (such as having an elevated risk of high blood pressure or being hemaphilic) are sufficiently devalued that the individuals with them are better prevented from coming into existence than accommodated with the challenges they will face as people with those disabilities.

Like the eugenic traits of the past, such newgenic traits serve to identify individuals whose lives are not viewed as being as valuable as those without such traits. It is that connection to shared practices of non-inclusion or even outright elimination that makes the contemporary uses of reproductive technologies a site for a form of dehumanization of people with a variety of disabilities, one perceived to be continuous with the eugenic past. More generally, contemporary technologies that are deployed to prevent or eliminate disabilities in future generations raise more than the spectre of eugenic dehumanization from the standpoint of those with those and kindred disabilities.

6. How Marked Human Variation Dehumanizes

In section 3 I suggested that the mere designation and detection of eugenic traits itself, based as it is on the idea that people have differential levels of reproductive value, might be thought of as dehumanizing. I concluded that section, however, by returning to the countering thought that eugenics itself is essentially meliorative, contrasting in this respect with particular dehumanizing implementations of the core idea of eugenics. In sections 4 and 5 I explained why the standpoints of eugenics survivors and of those who strongly identify with those standpoints make that countering thought an uneasy one to maintain. In this section I probe further into the relationship between eugenics and disability in order to advance this dialectic.

In *Enforcing Normalcy*, the disability theorist Leonard Davis argued that eugenics served as a crucible for the social construction of disability in the late nineteenth-century (Davis 1995). While Davis's claim has been rightly influential, the resulting constructivist view of disability provides only a limited answer to what I have called the *puzzle of marked variation* (Wilson 2018a: ch.5). That puzzle raises questions in part about how we think about human variation, and addressing it allows for further reflection on the relationship between eugenics, disability, and dehumanization.

The puzzle is this: why is it that, amongst the infinite range of variation we find within human populations, we view some of it as mere variation—variation that hardly draws our attention—and some of it as *marked* variation, where marked variation becomes the basis for positive and negative evaluations, together with corresponding forms of social expression, such as laws, policies, and practices. In the context of eugenics, marked variation appears as eugenic traits, and so the puzzle of marked variation in the context of eugenics is to explain

why we distinguish between eugenic traits and mere human variation, in the ways in which we do.

The general answer that I have argued for to the puzzle of marked variation blends together psychological and social dimensions to our perceptions of and responses to marked variation. We are socio-cognitive beasts, with psychological tendencies to distinguish between those who are like us and those who are unlike us. Those dispositions operate on highly value-laden categorizations of other people and their content is sensitive to specific social and scientific contexts. With the rise of eugenic thinking and its link to putatively meliorative practices in the late nineteenth century, those not-like-us came to be viewed as subnormal, particularly as intellectually and emotionally subnormal. This is a form of cognitively-mediated normativity that marks off disability in terms of subnormalcy. It is created, reinforced, and transmitted through individual, extended, and group-level cognition.

Many of the values that laden the constitutive categorizations of people in eugenic thinking are dehumanizing, some essentially so. To negatively value a eugenic trait sufficiently to justify the bodily intervention of compulsory sexual sterilization is to dehumanize those with that trait. Proponents of the expressivist objection would say that the same is true of traits such as Down Syndrome, since results from screening and diagnostic tests that elevate the chance of one's fetus having Down Syndrome are sufficient for the vast majority of pregnant women (or couples) to terminate an otherwise desirable pregnancy. In the first case it is the person sterilized who is treated as less than fully human; in the second case, it is people with Down Syndrome more generally. In both cases, a process beginning with the detection of marked variation in our species ends with the dehumanization of individuals or putative sorts of people with disabilities. If the psychological tendencies in play

here run deep in human nature, as I think they do, this may suggest to some a pessimistic conclusion about our capacity to counter or even resist these forms of dehumanization.

One might well object to this pessimism as overstating or oversimplifying the relationship between marked variation (and so disability) and dehumanization. Cognitively-mediated normativity that operates through “like us” detectors may well be a part of our species psychological profile, but the values on which it does so are themselves a function of historical contingencies that are subject to change. To illustrate, consider the cases of race or gender.

Both race and gender may well serve as inputs to the same kind of “like us” detection mechanisms, and the response to those determined not to be like us may be differential (Kendig 2018). But it doesn’t follow that such detection and response to these kinds of marked variation are themselves dehumanizing. The detection of race and gender can be—indeed, have been in relatively recent history—socially scaffolded in positive ways. We have come to see these as neutral traits across many contexts in which they are detected, including contexts of employment, of democratic participation, and of community leadership. And in other contexts, such as athleticism or care, we have come to valorize those who, in the past, had been negatively valued in virtue of not being “like us”. Disability should be no different here.

Whether or not disability should be viewed together with race and gender here, those cases are indeed instructive for understanding disability as marked variation that dehumanizes. For while there have been changes to the values underlying the perception of gendered and racialized differences that constitute advances and counters to some forms of devaluation, those changes are significantly more pronounced as ideals than as variables that govern our day-to-day perception and response of those differences. The cognitively-

mediated normativity that operates on racialized and gendered differences need not be dehumanizing, but as a matter of fact it often is, not just historically but in contemporary society.

When we turn to disability, the contrast here is even more striking, especially when we consider the positive valuing of what have been eugenic traits. It is logically possible that the detection of disability as a form of marked variation goes hand-in-hand with valorization, rather than devaluation. For example, celebration, rather than approbation and fear, might accompany the discovery during pregnancy that one's foetus had screened positively for Trisomy 21 and so one's child was likely to have Down Syndrome. Or a diagnosis of schizophrenia in one's teenage son might bring smiles and sighs of relief. But very much like racialized and gendered differences, the actual ways in which such cognitively-mediated normativity operates in fact creates pathways of dehumanization. Racism, sexism, and ableism are all very much real features of our social worlds. Even if we can conceptualize the relevant psychological mechanisms here as value neutral, they very much operate on and reinforce the effects of, dehumanizing evaluations of people who are not "like us". For this reason, the distinction between, if you like, eugenic theory and the practice or implementation of that theory is not sufficiently robust to make one optimistic about the prospects for Selgelid's "better future eugenics".

7. Understanding the Persistence of Eugenic Dehumanization

One might well have misgivings about whether it is ultimately defensible to view practices like prenatal screening with selective termination (section 5) or the kind of cognitively-mediated normativity that I have postulated as underlying eugenic thinking (section 6) as themselves dehumanizing for those who have been targets of eugenics or newgenics. By

contrast, eugenic sterilization, particularly involuntary eugenic sterilization, is a paradigm of a practice that is widely accepted as dehumanizing (Myerson et al. 1936; Reilly 2015). This is not simply because of its bodily invasiveness but because of the negative changes that it brings to one's overall life trajectory. One thing that stands in need of explanation is the persistence of this form of eugenic dehumanization beyond 1950, well after the atrocities of Nazi eugenics became well-known, and even as reproductive rights have come to gain wider acceptance as basic rights to which all individuals are entitled. As recounted in section 2, in Alberta eugenic sterilization persisted until the 1970s, as it did in the Scandinavian countries and in a small number of American states.

Moreover, in more recent years a number of cases of sterilization with eugenic undertones have emerged (Women With Disabilities Australia 2013). This includes the sterilization of girls and women with intellectual disabilities in Australia in 2012, of African-American and Latina women in the Californian prison system in 2013, and of low-caste women in the province of Chhattisgarh in India, a long-standing practice of paid sterilization brought to the wider public eye in 2014 after about twenty of them died following their careless sterilization (Wilson 2018b). What is it that explains the staying power of this form of eugenic dehumanization, particularly given its recognition as a core practice in the dark past of eugenics?

An appeal to eugenics per se as an endorsable meliorative project seems particularly ill-suited to develop an answer to this question. More generally, the common tendency to search for an explanation here in terms of the positive attraction of powerful ideas should be resisted. Instead, one should move from the realm of ideas to explore the social mechanics governing eugenic practices themselves to explain eugenic sterilization's staying power.

I have suggested elsewhere (Wilson 2018a: ch.8) that the first step here is to recognize at least some eugenic sterilization as manifesting *wrongful accusation*, accusation that doesn't simply happen to get some details wrong about a particular case but that manifests a systematic set of errors that make mistaken categorization, institutionalization, and sterilization robustly supported outcomes. That was certainly the case in Alberta. But this idea of eugenics as wrongful accusation itself derives from taking the standpoint of eugenics survivors seriously, since it was an idea suggested, in nascent form, by one such survivor from Alberta, Ken Nelson (Whiting 1996).

The robustness here stems, in part, from the social dynamics governing what is sometimes called *witnessing*, whereby bystanders or “witnesses” are called on to side with either perpetrator or victim. The psychiatrist Judith Herman has developed a rich, three-agent model of the perpetration of, and resistance to, sexual crimes, particularly in her influential *Trauma and Recovery*. I have argued that this model can be adapted (no doubt in ways that Herman herself would reject) to understand the social mechanics of eugenics as a form of wrongful accusation, and so the persistence of dehumanizing eugenic practices, such as sexual sterilization.

The key here is to return to the distinction between what we might call eugenic ideology or the eugenic ideal, on the one hand, and how eugenics was implemented in at least some practices of sexual sterilization, on the other. In eugenic ideology, we can think of those with eugenic traits as perpetrators of a eugenic crime, the victims of which are normal citizens, and the bystanders or witnesses to which are advocates, such as community and political leaders. Given that conceptualization, then what we see in cases of eugenics in practice in cases of wrongful accusation is an occupant-role shift, as depicted in Table 1 below, letting “the feeble-minded” stand in for those with eugenic traits more generally:

Role:occupant in eugenic ideology	Occupant-role shift in eugenics in practice
perpetrator: the feeble-minded	the feeble-minded <i>become victims</i>
victim: the normal	the normal <i>become bystanders</i>
bystander: ally or advocate	advocates <i>become perpetrators</i>

Table 1: From Eugenic Ideology to Eugenics in Practice

Here the activity of eugenic allies or advocates in becoming perpetrators looms large in the psychosocial dynamics in play. Called to act on behalf of the normal, allies or advocates come to play crucial causal roles in making those deemed “feeble-minded” and ascribed other eugenic traits into victims of a kind of eugenics crusade. Those roles direct the persistence of dehumanizing eugenic practices.

That persistence is typically conceptualized in terms of the resurgence of appealing eugenic ideas and ideals: of unfettered social improvement, of the excise of disease and disability, of increasing human perfection. Insofar as such ideas play a role in the persistence of dehumanizing eugenic practices, however, they do so in part through the psychosocial dynamics expressed in this three-agent model featuring perpetrator, victim, and bystander. I have hypothesized that the corruption of the bystander or witnessing role is especially powerful in driving this dynamic in the history of eugenics and its continuation in contemporary forms. If this is correct, then it identifies a dimension to the persistence of

eugenic dehumanization that involves the complicity in such dehumanization of “good citizens”, those who see themselves as acting for the promotion of the social good.

8. Larger Questions about Dehumanization

If this account of the psychosocial dynamics of eugenic dehumanization is on track, larger questions about eugenic dehumanization loom. Can the perceived eugenic threat of degeneracy and the degradation of the gene pool justify policies regarding institutionalization and sterilization at all? Should the systematic wrongfulness that results when eugenics moves from theory to practice be viewed as an unfortunate but on balance necessary evil for the protection of society? Are there any people who are legitimate targets of eugenic practices?

These are not simply abstract questions to be thrown around in some history, philosophy, or bioethics seminar. Eugenic dehumanization persists not simply as a set of ideas or utopian ideals but in technologically-mediated practices. Collectively those practices continue to affect many individual lives today. With expansions in the reach of genetic and reproductive technologies to direct intergenerational change, addressing these questions will take on even more importance for decisions about what sorts of people populate our future.

Answers to these large questions are hard, and they are not settled by anything I have said here. But recognizing the fundamental persistence of eugenic dehumanization in practice and understanding the psychosocial dynamics that gives that dehumanization its staying power are both constraints on how we should answer them.

Finally, since eugenics is just one specific cluster of ideas that governs how we collectively respond to human variation and difference, one centred around the intergenerational improvement of the putative quality of future populations, the psychosocial mechanisms that operate in eugenic dehumanization that I have specified likely operate

beyond the realm of eugenics (Kendig 2018). Consider, for example, much-discussed, recent US policing practices resulting in the deaths of African-American citizens who not only had committed no relevant crime but had little objective basis even to be detained or questioned by police. Important work on implicit bias and dehumanization by Jennifer Eberhardt and colleagues has been applied both to understand and to meliorate this form of dehumanization (Eberhardt et al. 2004; Eberhardt et al. 2006; Goff et al. 2008). In addition to however we understand the input representations (e.g., stereotypes) and the in-the-head processing (e.g., implicit associations) operant here are the processes and mechanisms that govern the interpersonal dynamics in play that all too often have resulted in the killing of an innocent person. Attending to the occupant-role shift that characterizes the dynamics of witnessing in cases of wrongful accusation may shed complementary light on how such policing practices persist and what else might be adopted as an interventional strategy of melioration.

Related Topics

Early modern invention of humanity

The dehumanization of humanity and critiques of biological determinism

Dehumanization in post-WWII social sciences

Dehumanization in legal thinking

Essentialism and dehumanization

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