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Cognitive Disabilities, Forms of Exclusion, and the Ethics of Social Interactions

Kevin Timpe

ABSTRACT: Cognitively disabled individuals have been marginalized by our larger culture; they've also been marginalized in philosophical discussions. This paper seeks to begin correcting this situation by examining how assumptions which shape our social interactions and expectations disadvantage individuals with a range of cognitive disabilities. After considering Rubella syndrome and autism in detail, I argue that we have a moral obligation to change how we approach social interactions with cognitively disabled individuals.

KEYWORDS: Cognitive Disability, Rubella Syndrome, Autism, Social Interaction, Marginalization, Neurodiversity

1. Introduction

The history of exclusion for disabled individuals in our larger culture is well documented. Though all forms of disability face this challenge, it's especially true for cognitive disabilities. And it's also true of how cognitive disabilities are treated in philosophical discussions. Though there's increasing work on philosophy of disability in recent years, sparked by Elizabeth Barnes's *The Minority Body* (2016), much of that work has focused primarily on physical disability or disability in general. Licia Carlson refers to cognitive disability as "the philosopher's nightmare" (Carlson 2010a, 1). Eva Kittay notes that "cognitive disability remains among the most stigmatized forms of disability" (Kittay 2019, 95; see also Simplican 2015, 48). Even more than other types of disabilities, cognitive disabilities, especially what are often called 'severe cognitive disabilities,' are used to raise concerns about tragedy or suffering, calling into question the value of such lives. Apart from these discussions, which often simply assume without question that cognitive disabilities are instances

of what Elizabeth Barnes has called ‘bad-difference,’ philosophical examination of cognitive disability is “relatively neglected” and “does not seem to be of great importance to many philosophers” (Carlson 2010a, 106). Part of the difficulty, though I don’t think the core of the problem, is that pinning down the exact boundaries of where the category of cognitive disabilities extends is extremely fraught: that is, exactly what does it mean for someone to have a cognitive disability? Fortunately, for present purposes, this question can be largely avoided by focusing in what follows on paradigmatic instances of cognitive disabilities. When writing on disabilities, I think it’s important to take seriously what present scholarship about and the lived experiences of individuals with the disabilities under consideration tells us, rather than talking about ‘disability’ in the abstract. Because of this commitment, I spend a fair bit of time engaging directly with literature on the respective conditions. This is an instance of what Elizabeth Barnes calls a ‘ground-up’ rather than ‘top-down’ approach (Barnes 2016, 2; for my reasons for preferring such an approach, rather than a ‘top-down’ or unifying approach, see Timpe 2022). I have deliberately chosen a wide range of cognitive disabilities to examine. I also do not think that the social difficulties that arise from the particular cognitive disabilities I have selected are either exhaustive or ubiquitous. The central points of this paper are consistent with a range of where the exact boundaries of cognitive disability might be drawn. But I also try to connect these particular ground-level observations resulting from the specific cognitive disabilities I have chosen with larger trends, such as the growing literature on epistemic injustices related to disability, to highlight some of the broader terrain that could be covered.

Before turning to the first of the specific cognitive disabilities I engage, let me first comment on the language that I’ll be using throughout the paper. The terminology surrounding cognitive disabilities has changed greatly over time (see Braddock, Hemp, and Rizzolo 2002; Harris 2010). The changing terminology has historically been used to justify oppression (McDermott, Goldman, and Varenne 2006; Dolmage 2017). While the language of ‘mental retardation’ was previously dominant, there has been a shift, both professionally and politically, away from it (Carlson 2010a, xv). Other language used more recently, both by organizations such as the World Health Organization and the United Nations, but also by disability scholars (Price 2011; Dohmen 2016) includes ‘mental disabilities.’ More common, however, is the language of ‘intellectual disabilities’ or the more inclusive ‘intellectual and developmental disabilities’ (IDD, used by the National Institute of Health (NIH), the American Association on Intellectual and Developmental Disabilities (AAIDD), the International Classification of Diseases, and the *DSM-V*). In the introduction to their *Cognitive Disability and Its Challenge to Moral Philosophy*, Licia Carlson and Eva Feder Kittay, however, prefer

the term ‘cognitive disability,’ under which we include conditions like autism, dementia, Alzheimer’s, and [what has historically been called] mental retardation, rather than ‘intellectual disability.’ The former is broader. Also, some forms of cognitive disability do not imply diminished intellectual capacity (e.g., autism). (Carlson and Kittay 2010, 1 note 1; see also Carlson 2010b)

Even the definition used by the American Association on Intellectual and Developmental Disabilities includes more than just strict intellectual functioning: “a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills” (American Association on Mental Retardation 2002, 1). Following Carlson and Kittay’s lead, in what follows, I’ll speak of cognitive disabilities and intend my use of the term to cover the wider category which includes both cognitive disabilities and the, as I understand it, narrower category of intellectual disabilities.

Preliminaries aside then, I have two primary goals in this paper. The first is to explore a number of kinds of exclusion that cognitively disabled individuals face, seeking to root that exclusion in problematic normative assumptions about such individuals. Second, I describe how neurotypical individuals ought to interact with cognitively disabled persons to avoid these kinds of exclusion.¹ Neurotypicality is contrasted with neurodiversity. There’s no single accepted definition of what neurodiversity is. For present purposes, it can be thought of as “a cluster of claims and an associated movement contending that a variety of conditions currently classified as psychiatric disorders [or cognitive disability] are in fact normal-range differences in mental functioning caused by normal variations in brain wiring” (Wakefield, Wasserman, and Conrad 2020, 502). As I’ll be using the term individuals who are not neurodiverse will be described as neurotypical and take at least most instances of cognitive disability to be instances of neurodiversity. Since neurotypical individuals tend to have social privileges and opportunities that cognitively disabled and neurodivergent individuals don’t, failure to attend to differences in social interactions can end up reinforcing forms of exclusion experienced by cognitively disabled individuals. What autistic scholar Daniel Bowman Jr. calls ‘autistic ways of being’ are often interpreted as deficient because they don’t operate according to neurotypical norms with neurotypical results (2021, 39).

¹This isn’t to say that cognitively disabled individuals can’t make problematic assumptions about other cognitively disabled individuals, or exclude them in the various ways that I’ll talk about below. However, the various social and power dynamics at work are primarily instances of asymmetric standing, and thus I think the focus on neurotypical treatment of cognitively disabled individuals is warranted.

While there is increasing philosophical engagement with various forms of cognitive disability, in the past philosophy had tended to engage with cognitive disabilities in problematic ways. Licia Carlson and Eva Kittay write that “people with cognitive disabilities rarely appear in historical philosophical texts,” but when they do they are usually “referenced only to be discounted as irrelevant, or as exceptions that prove the rule” (Carlson and Kittay 2010, 3). In quick passing, to give a sense of the larger terrain for those who aren’t familiar with the literature, here are just some of the ways that cognitive disabilities come up in philosophical discussions.

- 1) as examples when trying to show how being a human doesn’t entail personhood or having full moral status (Hurka 1993; contrast Kittay 2021)
- 2) comparison to non-human animals in the animal rights literature (Spicker 1990; Carlson 2010a, 143)
- 3) as examples of ‘evils’ or ‘suffering’ that needs to be explained by an adequate defense or theodicy in response to various problems of evil (Yancy and Timpe forthcoming)
- 4) as a leverage point for one’s preferred moral theory (McMahan 2002; 2009; Singer 2010)
- 5) as examples of ‘bad-difference’ disabilities used in developing arguments for eugenics
- 6) as a case study in discussions of resource allocation (Nussbaum 2010; Wong 2010)
- 7) as examples of a social position that often lead to various kinds of epistemic injustices (Scully 2020; Reynolds and Timpe 2022).

Note that I think that most instances of (1)–(5) are problematic, as are some instances of (6). They tend to be problematic, in part, because they make assumptions about disabilities that simply aren’t warranted by those conditions and tend to lead toward exclusionary practices. These assumptions, once made, can be seen as “perpetuating certain forms of oppression at the conceptual level” (Carlson 2010a, 146) as “persons with intellectual disabilities . . . are both marginalized and conceptually exploited, and often only appear on the philosophical stage to serve as a backdrop for concerns about justice for other groups” (Carlson 2010a, 200). Cognitively disabled individuals are often instrumentalized for philosophical purposes, abstracted away from the historical practices underwritten by similar assumptions. Their treatment in the literature not only illustrates but reinforces particular kinds of exclusionary practices, including marginalization, oppression, mistreatment (both individual

and systemic), denial of resources and opportunities, forced sterilization, and medical experimentation without consent.

Within this larger context, in the present paper I want to focus on two kinds of exclusion that I think happen regarding cognitively disabled individuals. Sections 2 and 3 focus on

- a) exclusion from reciprocal communication due to cognitive disability, and
- b) interpersonal exclusion rooted in different social norms that privilege neurotypicals and place undue burdens on others because of certain cognitive disabilities.

As Licia Carlson points out, “cognitive disability denotes a broad category that is both internally and externally heterogeneous” (Carlson 2020, 483). I picked particular cognitive disabilities these sections focus on in part to demonstrate this heterogeneity. In section 4, I distill some normative lessons from those two kinds of cases.

2. Rubella Syndrome and Social Expectations

As mentioned in passing, there’s a growing literature on the exclusion of disabled individuals as knowers and producers of knowledge. Miranda Fricker’s influential *Epistemic Injustice* focuses on harms against a person “specifically in their capacity as a knower” (Fricker 2007, 1). Subsequent discussions of epistemic injustice have largely involved agent’s capacities or abilities as knowers. Despite the increasing scholarship on epistemic injustice even as it relates specifically to disability, there is comparatively little reflection on the way that assumptions concerning the abilities of knowers are often baked into the very framework of the literature on epistemic injustice as a whole. In a recent paper, Joel Michael Reynolds and I argue that these assumptions, especially when left uninvestigated, run the risk of being ableist and discriminating against disabled individuals even in conversations on the problems of epistemic injustice, which we termed ‘the ableism problem’ (Reynolds and Timpe 2022). We connect the ableism problem with the larger history of the exclusion and oppression of cognitively disabled individuals. Under the auspices of this kind of history of ableism, Jackie Scully argues that the perception of disability can lead others to treat disabled people, both individually and collectively, as if they have a “global epistemic incapacity” (Scully 2018, 116). The first of the two specific disabilities that I explore in the remaining sections illustrates what Scully and Reynolds and Timpe talk about as general problems.

Disabilities can impact the degree to which individuals, including philosophers, are willing to allow for testimonial uptake from disabled individuals based on historically robust patterns of social interactions. Certain physical disabilities make it

more difficult to dress in socially approved ways (e.g., having one's clothes be kempt or wearing makeup, etc . . .), and can also make it harder to get somewhere on time given increased transportation demands, lack of accessible transportation, fatigue or pain. Each of these plays directly into social norms and expectations regarding appearance and punctuality. Similarly, the need for directed/supported typing or the use of an augmented communication device can make social interaction dependent on the presence of a properly trained aid or functioning technology. Broadening the availability and acceptance of such support can increase the likelihood of testimonial uptake from individuals that use such support.

In this section I focus particularly on rubella syndrome, a form of viral embryopathy that causes congenital deaf-blindness. Prior to the development of the rubella vaccine in the late 1960s, there were frequent outbreaks of rubella at approximately 10- to 30-year intervals. In the United States alone, the last major rubella epidemic (1964–1965) involved approximately 12.5 million cases, resulting in more than 11,000 miscarriages. In addition, as a result of rubella's impact on pregnant women, the same outbreak caused over 20,000 children in the US to be born with congenital rubella syndrome (CDC 2020), which had first been discovered in 1941 by Australian ophthalmologist N. McAlister Gregg (Duszak 2009, 36).

Rubella syndrome often leads to brain or other central nervous system damage, cardiovascular problems, liver or spleen damage, cognitive disabilities, low birth weight, and either partial or complete hearing loss. Approximately 40 percent of children born with rubella syndrome have some sort of ocular damage; most common forms are cataracts and retinopathy (damage to the retina, often as a result of chorioretinopathy in which there is fluid accumulation under the retina that can result in retinal detachment), both at 35 percent. Less common, though also associated, are pigmentary retinopathy (progressive photoreceptor damage and atrophy leading to death of the photoreceptors and adjacent layers of the retina), glaucoma, nystagmus (a condition involving rapid and uncontrollable eye movement), microphthalmia (abnormally small eyes), and optic hypoplasia (underdevelopment or incomplete development of eye tissue; see Arnold 1995, 45–48; Duszak 2009, 39–41). The risk of fetal infection with the rubella virus decreases as the pregnancy develops, though with lowest risk in the last month. The likelihood of fetal infection causing rubella syndrome is also highest early in the pregnancy: “estimated risk is 90 percent in weeks 2–10; 34 percent in weeks 11 to 12; 17 percent in weeks 13 to 16; 3 percent in weeks 17 to 18, with no malformations detected in cases infected beyond 18 weeks” (Arnold 1995, 46).

David Goode's *A World without Words* discusses his extensive research with individuals with rubella syndrome. More specifically, it recounts how social expectations of deaf-blind children default to social expectations regarding eating, the proper way to listen to or enjoy music, and norms governing interpersonal body

contact that make little sense of or to deaf-blind children given their experiences. This disconnect is further enhanced by low expectations of care staff who, because the children are deaf-blind and cognitively impaired, think that they are not able to make their preferences or wishes known. A large part of Goode's work took place in an institution, observing deaf-blind children with rubella syndrome and their interactions with others over the course of a year, five months of which was done on a daily basis. The medical staff in charge of their care took a "clinical" approach to the children, which unsurprisingly resulted in very negative and dismissive attitudes:

Clinicians looked at these children through the eyes of medicine (or development psychology, speech pathology, or what have you), and it is no surprise that in their view these were the 'lowest functioning' children in the hospital, with very few human qualities and little progress for improvement. Indeed, they were "so" retarded and disabled . . . that it was very difficult to treat them or examine them as patients at all. (Goode 1994, 10)

The direct-care staff, on the other hand, had a more "custodial" approach to the children. One might expect carers' interactions with them to not illustrate the kinds of epistemic stances and evaluations common in other contexts. But Goode didn't find this to be the case. While care staff had "more reliable and concrete knowledge about the children" (Goode 1994, 12) they still tended to view the children primarily through the lens of traits or behaviors that they tried to correct and, failing correction, had to simply respond to. One child, for instance, was known as the "soiler"; another the "masturbator." Even their daily routine "in no way took the children's own ideas and goals into consideration" (Goode 1994, 13). In fact, when Goode pointed this out, he was told that "such children have no ideas or goals" (Goode 1994, 13) to take into account.

Speaking specifically of one patient named Chris (Christina), Goode writes that he struggled to discern "what purposiveness or rationality her activities might have had from her perspective" (Goode 1994, 30) despite working closely with her for five months. But as he figured out how to get beyond his own preconceptions, he learned to understand Chris's behaviors. He figured out, for instance, how to recognize her requests for sensory stimulation and physical interaction. He also figured out how to help her engage in musical explorations. He came to discover that some of his own expectations of how she should interact, for instance that she would eat with a fork and spoon rather than her fingers, were in fact obstacles to their interactions and to his recognition of her assertions of her agency. That is, it was his expectations about what Chris's behaviors should look like that prevented him from recognizing her social engagement.

Goode also spent nearly a year in the home of a family of Bianca, a thirteen year-old who was deaf-blind from rubella syndrome and also had cerebral palsy. Bianca's

family had a difficult time with her school staff, who dismissed the family's claims about Bianca's level of communication and ability to assert her own agency:

It was taken as given who was right and who was wrong in such conflicts. Parental intimacy with the child, viewed not as a particularly trustworthy basis for testimony, was instead dismissed as subjective and was sacrificed to [purported] scientific objectivity. Intimacy was taken as a barrier to dispassionate scientific knowledge. (Goode 1994, 57)

The longer Good worked with Bianca, the more aware he became of her emotional dispositions, desires, and expressions of agency (for examples, see Goode 1994, 77ff). He realized that Bianca was able to engage in substantially more reciprocal communication than the school staff recognized:

While the school looked at communication in a highly general, "everyman" [*sic.*] way, the family took an entirely idiosyncratic, tailor-made approach. Because the two theories of communication, the "everyman" [*sic.*] and the "idiosyncratic," were employed by two different sets of actors in two separate and mutually exclusive settings, no one perceived the contradiction between them; indeed, since each had a different purpose and organization, this would have been difficult, if not impossible, to do. (Goode 1994, 60)

Goode discovered that Bianca and her mother, Barbara, had their own "lexicon" that enabled successful communication. It was hard for him to describe the exact syntax of this lexicon since it "resists description as a set of communicative practices . . . [but] becomes a kind of knowledge revealed only to those who are practitioners" (Goode 1994, 118). The school staff, however, didn't recognize this lexicon despite being "practitioners."

This reflects a pattern that Eva Kittay (2019) has noted in medical contexts and which I have written about in educational contexts (Timpe 2018). It's not only the disabled individual's testimony that is silenced, but there is significant silencing and gaslighting regarding the family's testimony. (Of course, there's a long history of families getting wrong what is in the best interests of their disabled children!) The staff's unwillingness to take the family's testimony about Bianca's agency also ruled out indirect communication through the form of testimonial silencing that Kristie Dotson calls testimonial quieting: "when an audience fails to identify [or recognize] a speaker as a knower" (Dotson 2011, 242). The most common illustrations of testimonial quieting involve some agent's direct communicative opportunities being denied, such as when a parent fails to recognize their child's ability to contribute knowledge to a conversation simply because they're a child. But in the case of Bi-

anca, we have something akin to “testimonial quieting by proxy” since the staff not only failed to recognize Bianca’s attempts at communication, but also failed to receive her family’s insistence on her status as a contributor to the discussions of her own needs. Instead, the staff dismissed the possibility that the family’s testimony could be more reliable than the staff’s, despite the family’s greater familiarity with Bianca. Much of this epistemic injustice is encoded in the social systems that disabled individuals and their families are forced to navigate; I return to this point in the next section.

Goode’s work reminds us that communication of deaf-blind individuals depends upon the environment, and the degree to which such interaction is successful may vary greatly across contexts. What Bianca’s school staff failed to realize was that “Bianca-as-she-existed-in-the-organization-of-a-special-education-school” was in large part of function of that environment and their expectations for her and didn’t fully capture Bianca’s agency (Goode 1994, 59). As I’ve argued elsewhere, the scope of our agency depends on our environments (Timpe 2019). What a deaf-blind individual such as Bianca is capable of doing depends on those in her environment, including whether they’re able to recognize that potential agency and then work to make possible the opportunity for its expression. Goode’s interactions with Chris and Bianca suggest a kind of extended agency that they are able to exercise only in the presence of certain other individuals who are familiar enough with them to enable it. Reflecting back on these experiences, he observed that “when one understood the concrete projects [that Chris and Bianca were engaged in], the membership of those performing them, their place and their purpose, and so forth, the actions of these children lost their pathological quality” (Goode 1994, 113f). What was needed to recognize their agency was a willingness for their novel norms of interaction and communication to be received, and amplified, by those around them.

As with other instances of testimony coming from disabled individuals discussed elsewhere (Scully 2020; Reynolds and Timpe 2022), what we have here is an instance of what Miranda Fricker describes as “a sphere of epistemic activity in which relations of identity and power can create a particular kind of epistemic injustice, with the upshot that some social groups are unable to dissent from distorted understandings of their social experiences” (Fricker 2006, 96; see also Fricker 2007). Kristie Dotson and Gaile Pohlhaus, Jr. have extended Fricker’s influential work in ways that are relevant here. Dotson, for instance, explicitly addresses epistemic agency by looking at features of epistemic systems themselves (Dotson 2014). Dotson distinguishes three kinds of epistemic oppression:

First-order epistemic oppression results from inefficient shared epistemic resources, like organizational schemata or instituted social imaginaries, which foster epistemic exclusions. Second-order epistemic oppression results from insufficient shared epistemic resources that produce salient

epistemic exclusions. And third-order epistemic oppression follows from inadequate share epistemic resources that foster epistemic exclusions. (Dotson 2014, 134)

First-order oppression can be addressed by increased efficiency within the relevant social epistemic community. But second- and third-level epistemic oppression reveal limitations within the epistemic community which permit epistemic exclusion to persist indefinitely if its gaps are not interrogated and addressed. The staff's inability to interpret Bianca's attempts at communication and unwillingness to listen to her family contributed to her being epistemic exclusion and oppression, excluded her from practices that would have value for her if she were able to participate. But her inability to participate isn't simply a restatement of her disability. Rather it's a result of insufficient epistemic resources on behalf of the staff. This inequality extends not just to the disabled agents themselves, but can also extend to those who try to scaffold their agency. In these cases, the power dynamics involved lead to a loss of epistemic confidence in the parents' ability to accurately represent their children's agency. The staff's failure to countenance Bianca's contributions at the least reflects a second-order problem. Given the historical resistance of medical communities and institutions for disabled individuals to countenance this sort of gap and realize that their epistemic resources are inadequate, the problem might arise to the third-order. "To say that such resources are inadequate is to throw into question the relevance of a given community's overall dominant resources in light of the knowledge production capacities in question Third-order epistemic exclusion proceeds from the 'outside' of a set of epistemic resources to throw large portions of one's epistemological system into question" (Dotson 2014, 129; see also Pohlhuase 2020, 235–236).

3. Autism and Social Norms

In this section I turn toward autism. There is debate whether autism should be understood as a disability. Some neurodiversity advocates suggest that it shouldn't, instead being understood as "a districting cognitive and perceptual style (or a range of such styles, not a mental impairment)" (Wakefield, Wasserman, and Conrad 2020, 502).² Others, including cofounder of the Autistic Self-Advocacy Network Ari Ne'eman, insist that it is (2012, 92). Autism is often understood to be a kind of cognitive disability or considered an "intellectual and developmental disability," as it is

²I've argued elsewhere (Timpe 2022) that "disability" isn't a single thing characterized by necessary and jointly sufficient conditions, but should instead be understood to be a cluster concept whose boundaries depend on the purpose for which it's deployed. While I don't think that all instances of autism will be a disability in every context, I do think that many instances will be in some contexts.

with the American Psychological Association. It's important to remember, however, that autism need not have any specific impact on intellectual functioning. This may be due, in part, to the diagnostic history of autism which was very closely associated with children for a long time, and which continues to have the implication of underdiagnosis in adults, specifically for women and minorities (see Silberman 2015).

Given the range of how autism presents, much of what I say in this section will not apply to all instances of autism. I intentionally treat autism as a wide category, though much of the literature on autism focuses primarily on autistics without, or at least without significant, intellectual disability. According to some reports, as many as 70 percent of autistic individuals (Armstrong 2010, 55) also have some level of intellectual disability, though this may not be the case as both the diagnostic requirements for an autism diagnosis and access to diagnoses expand. For some autistics with a greater degree of intellectual disability, some aspects of the previous section on Rubella syndrome might also be relevant to their lives. The goal here is not to put boundaries on how broad "autism" should be understood or to claim that all autistic individuals face the same issues regarding social interaction.

From its initial isolation as a condition, differences in social interaction have been central to understandings of autism. (It's also at the root of the "lack of theory of mind" understanding of autism that has been quiet influential despite, I think, being fundamentally wrong.) Here's how Leo Kanner, one of the most influential autism researchers from the 1940s, described autism in an early paper:

The outstanding, "pathognomonic," fundamental disorder is the children's *inability to relate themselves* in the ordinary way to people and situations from the beginning of life. Their parents referred to them as having been "self-sufficient"; "like in a shell"; "happiest when left alone"; "acting as if people weren't there"; "perfectly oblivious to everything about him"; "giving the impression of silent wisdom"; "failing to develop the usual amount of social awareness"; "acting almost as if hypnotized." This is not, as in schizophrenic children or adults, a departure from an initially present relationship; it is not a "withdrawal" from formerly existing participation. There is from the start an *extreme autistic aloneness* that, whenever possible, disregards, ignores, shuts out anything that comes to the child from the outside. Direct physical contact or such motion or noise as threatens to disrupt the aloneness is either treated "as if it weren't there" or, if this is no longer sufficient, resented painfully as distressing interference. (Kanner 1943, 242)

There are important connections between Kanner's early focus on autistic children and the ways that autistics in general are infantilized or treated as children, which

contributes to some of the issues that I'll be discussing in this section. But at present I want to focus primarily on the social dimensions of autism. Kanner described this "extreme autistic aloneness" as one of two "essential common characteristics" of the condition (the other being a fear of novelty or change in routine). The present *DSM-V* retains this pattern, where three of the five diagnostic criteria are "persistent deficits of social communication and social interaction," "significant impairment in social, occupational, or other important areas of functioning," and "restricted, repetitive patterns of behavior, interests, or activities" (*DSM-V* 50).³

According to self-reports, the social difficulties that are at the heart of Kanner's initial description and remain in the diagnostic criteria for autism today account for one of the most significant challenges for autistics. Rees Finlay, for instance, writes that "one of the most noticeable and prominent parts of my autism is the difficulty deconstructing unwritten social rules, the subtle hints of everyday interaction, the complicated world of flirtations and double meanings" (Barnhill 2007; Taylor and Selzter 2010; Gantman et al. 2012; Finlay 2019, 66). Note that autistic traits, behaviors, or interests only satisfy the *DSM-V*'s account of autism if they are negative or cause impairment (Pearson and Rose 2021, 53). Autism can lead to social problems. But rather than attributing these problems to the condition, as the *DSM-V* does, paying attention to the experiences of autistics suggests we should reframe the issue as a mismatch with neurotypical structuring of social environments. That is, autism isn't a "problem to be solved" but rather calls for a reevaluation of social practice and expectations. What we have, I suggest, is both a practical and a normative problem with the social norms that govern many of our interpersonal interactions. Social norms form a complex network, and often are not reducible to a set of clear nested rules. As Quill Kukla writes in their recent book on how urban spaces shape our agency, "all these nuances of perception, attention, and risk judgments have substantial moral consequences: they shape how we treat one another, who we are willing to engage with, and when we are inclined to help or retreat" (Kukla 2021, 70). These norms are often enacted in ways that don't pay attention to neurotypical assumptions and thus lead to neurodiverse people, including autistics, having to abide by norms that systemically disadvantage them.

Camouflaging

I begin with a discussion of autistic camouflaging, sometimes also referred to as "adaptive morphing." Camouflaging is a term used to describe behavioral strategies that enable an autistic individual to hide or suppress stereotypical autism traits in

³The other two criteria are that the symptoms "must be present in the early developmental period" and that "these disturbances are not better explained by intellectual disability" (*DSM-V*, 50f). Both of these additional criteria have problematic repercussions.

certain situations. Some use “masking” and “camouflaging” as close to if not synonymous. Others differentiate masking, the non-performance of stereotypical autistic behaviors that many non-autistic individuals find unusual or strange, from assimilation, understood as performing neurotypical behaviors that many autistics find difficult or uncomfortable and take these kinds of behavioral strategies to be two different types of camouflaging. Refraining from stimming behaviors is a widespread example of masking (and thus of camouflaging more broadly). Stimming behaviors, or stims, are repetitive bodily movements taken to be one of the most obvious indicators of autism. In his widely known *The Reason I Jump*, autistic teen Naoki Higashida talks about why he “flaps” his fingers in front of his eyes, a common stim:

Flapping our fingers and hands in front of our faces allows the light to enter our eyes in a pleasant, filtered fashion. Light that reaches us like this feels soft and gentle, like moonlight. But “unfiltered” direct light sort of “needles” its way into the eyeballs of people with autism in sharp straight lines, so we see too many points of light. This actually makes our eyes hurt. (Higashida 2016, Q37)

So flapping, like other stims, is a way of managing sensory input so that the autistic either gets pleasure or is better able to manage their sensory environments. It’s an adaptive behavior, not maladaptive or problematic. Other autistics will hum to regulate sensory input or social expectations. Evidence suggest that stimming behaviors actually facilitate learning and social engagement (Lipsky 2011; Silberman 2015, 308), and allowing such behaviors rather than pressuring autistics to suppress them is good. Nevertheless, most autistics engage in camouflaging behaviors (Hull et al. 2017). And a dominant reason they do is because of social pressures and norms. In one study, 80 percent of neurotypical participants rated stereotypical autistic traits negatively, even if they were personally familiar with autistic individuals (Wood and Freeth 2016).

This pressure is bad for autistics despite being done for the benefit of others. Growing evidence suggest that camouflaging is detrimental to mental health. One study found that 79 percent of autistic adults in general had some sort of mental health condition, the most common being ADHD, anxiety, and depression (Lever and Guerts 2016). Other recent studies find evidence that increased camouflaging behaviors correlate with decreased mental health (Bargiela, Steward, and Mandy 2016; Cage and Troxell-Whitman 2019). The perceived need to camouflage contributes to exhaustion, social anxiety, stress, and even suicidality (Cage, DiMonaco, and Newell 2018; Cassidy et al. 2018). “Those who were consistently low camouflagers had significantly lower stress scores than both switchers [i.e., those who engage in

significant camouflaging in some contexts but not in others] . . . and high camouflagers” (Cage and Troxell-Whitman 2019, 1904).

Some might interpret this, in line with the larger ableist assumptions so prevalent in our culture, as a problem with autism, reinforcing “the standard view” that “having a disability is bad for or harmful to the person who is disabled” (Campbell and Stramondo 2017, 151).⁴ However, a better interpretation is that the reasons that many autistics feel that they need to engage in camouflaging is because of the social difficulties that they face in non-autistic spaces. Consider, for instance, that the impact of camouflaging on mental health not only varies across individuals but also upon the social situation. The perceived need to camouflage is higher when dealing with university administrators, landlords, new acquaintances, or in job interviews than it is among interactions with family members or around other autistics (Cage and Troxell-Whitman 2019, 1903). The most common reasons given for camouflaging all have to do with fitting into conventional or social expectations:

- to communicate one’s ideas or work
- to make friends
- to be seen as performing well at one’s job
- to increase one’s odds of finding a romantic partner
- to get others to take the autistic individual more seriously

Summarizing their study, Cage and Troxell-Whitman write that “camouflaging was [primarily] driven by a desire to assimilate or ‘pass’ [as non-autistic] within neurotypical society” (2019, 1905). The second and third most common set of reasons for engaging in camouflaging were to avoid retaliation or bullying by others and to avoid giving a negative impression by not camouflaging. Camouflaging behaviors are thus done primarily to avoid many of the negative interactions that autistics experience with non-autistic individuals in an effort to find the social connections that so many autistics report finding difficult to achieve. (This could also help explain why older autistics are less likely, though still more likely than non-autistics, to experience mental health conditions than are younger adults and teens if they come to feel the need to camouflage less as they age.)

Embodied Social Norms and Motor Skills

The expectation that autistics should seek to follow neurotypical communicative norms shapes not only interpersonal interactions, but also current psychological research and recommended interventions. Consider, for instance, a recent study out

⁴I have in mind here especially what they differentiate as the first interpretation of the standard view, namely that “having a disability tends to be *intrinsically bad* for a person” (Campbell and Stramondo 2017, 154).

of UCLA's influential autism research program. Gantman et al. began by reviewing existing studies on autistics' social interactions. As already mentioned, some of these difficulties are built into the diagnostic criteria for autism. The social difficulties that autistics face can lead them to engage in behaviors that actually reinforce their difficulties in social interactions with neurotypicals. They may, for instance, make fewer social initiations and in fact withdraw from social interactions. Increased loneliness can increase depression and anxiety, which leads to increased social withdrawal, leading to a cyclical pattern of reinforcement (see for instance Shtayermman 2007; Whitehouse et al. 2009).

After reviewing the literature that “strongly suggest[s] the need for provision of social skills instruction to improve the social relationships and psychological well being” (Gantman et al. 2012, 1095) participants learned the PEERS (Program for the Evaluation and Enrichment of Relational Skills) social skills intervention (Laugeson and Frankel 2010). This did seem to lead to increased social skills as reported by parents and care-givers. But the researchers don't seem to consider that another way to change the social difficulties is to change the dominant social norms that autistics are expected to work within. The PEERS curriculum is based on neurotypical communicative norms (e.g., rules for maintaining eye-contact during conversations; eliminating behaviors, including stims, that might distract or disrupt others). Gantman et al. found that the individuals who went through the PEERS training had “greater reduction in ASD symptoms” and decreased “autistic mannerisms” relative to those who did not receive the training (Gantman et al. 2012, 1099f).⁵ In the discussion of the limitations of their findings, they don't consider changing the expected social norms away from neurotypical expectations that disadvantage autistics to norms that are more conducive to positive social interactions among autistics.

There's an embodied and not merely behavioral component as well. This shouldn't be surprising since our embodied and social dimensions are interconnected. “Many of our stances, skills, and perceptual practices are sedimented into our bodies and embody implicit and perhaps uncodifiable norms—our shifting sense of how to balance eye contact, body space, and privacy is a good example” (Kukla 2021, 50). Some of Joel Kreuger's recent work highlights a bodily and not merely epistemic

⁵Though not speaking specifically about Gantman et al's work, Kreuger says the following about this general approach to social impairment in autism: “I am not suggesting that these programs are without value. Many autistic people find them helpful. Moreover, it may be that some kind of epistemic disorientation is an important part of many autistic persons” struggles to feel anchored in neurotypical spaces. I am instead arguing that we should adopt a more wholistic and multidimensional approach to social impairments in autism. This is because adopting an exclusively neurocognitive perspective downplays, or even overlooks altogether, the way *embodied, interactive, relational, and developmental* processes are partly constitutive of autistic styles of thinking, expressing, and sharing emotions and experiences” (Kreuger 2021, 15 in manuscript).

disorientation between autistics and their social world. It is not just autistic ways of understanding the world that cause autistics to experience the disconnect from the larger social norms, but their ways of being embodied in social spaces that operate according to neurotypical norms. It's not just that autistic's epistemic contributions to a community are undermined, though that happens too. Rather, the way that they inhabit space can lead to their exclusion from the group altogether. Their different bodily experiences can lead them to feeling out of place in social spaces and interactions that are governed by largely unspoken and implicit neurotypical norms. Many autistics, for instance, find common social spaces such as bars or coffee shops to be difficult to manage given the sensory experiences they often encounter there. Or the need for increased processing time before responding can make participating in group discusses that switch topics quickly difficult. These sorts of considerations can combine to form an "atmosphere of uncertainty: a perpetual anticipation that one is about to be negatively impacted or judged for not settling into the bodily dynamics of spaces in a comfortably familiar (i.e., neurotypical) way" (Kreuger 2021, 19 in manuscript). Drawing on the phenomenology of Tetsuro Watsuji and Sarah Ahmed, Kreuger argues, for instance, that social impairments arise from a bodily disorientation where autistics are "out-of-sync with neurotypical spaces not set up to accommodate non-neurotypical styles of being in the world" (Kreuger 2021, 3 in manuscript).⁶ Notice, however, that the real issue is a disconnect between the space and individuals' natural embodiment and mode of interaction. Rather than being a "problem" with one person, the issue is a disconnect between what is expected by those with the social privilege, here neurotypicals, and the modes of embodiment most comfortable for autistic individuals. In his recent memoir *We're Not Broken*, autistic reporter Eric Garcia quotes autistic self-advocate Mel Baggs on the asymmetrical social expectations that dominate so many interpersonal interactions. He refers to this overall package of social, communicative, and bodily norms as a "lan-

⁶If social difficulties are caused by different social norms and expectations rather than, say, the lack of "theory of mind" (as one prominent understanding of autism holds), we have different normative demands for dealing with the difficulties. According to the lack of theory of mind approach, "social impairments in autism flow from a kind of epistemic disorientation. Again, autistic people struggle settling into neurotypical spaces because they lack the cognitive capacities and understanding of other minds (i.e., Theory of Mind) needed to become attuned to others' intentions and behavior" (Kreuger 2021, 15 in manuscript). This leads to a focus on teaching autistics cues to "read" others' mental states in a way that, placing the burden of "correcting" the difficulties of social interaction entirely on the autistic. And this is exactly what one finds in one of the leading guides for autistic social interactions, *Social Skills for Teenagers with Developmental and Autism Spectrum Disorders: The PEERS Treatment Manual*. Similarly, the influential *Treatment and Education of Autistic and related Communications Handicapped Children* (TEACCH) program has as its long-term goal for autistic individuals "to fit as comfortably and effectively as possible into our culture as an adult" through learning "the skills needed to function in our culture" (Mesibov, Shea, and Schopler 2004, 20).

guage” of interaction: “I find it very interesting that failure to learn your language is seen as a deficit but failure to learn my language is seen as so natural that people like me are officially described as mysterious and puzzling rather than anyone admitting that it is themselves who are confused” (Garcia 2021, 218). And the collection *Sincerely, Your Autistic Child* contains numerous essays that describe how dominant embodied social norms either don’t connect with or are specifically harmful to autistics (see, for instance, chapters 12, 18, and 24).

Other embodied dimensions matter as well. Some autistics’ body control leads to them doing behaviors that others interpret as intentional or problematic. Flapping and other stims, mentioned earlier, can be seen as instances of the former. But so can unintentional behaviors such as facial tics or jerky muscular contractions. Rather than being instances of non-verbal behavior, they may be rooted in difficulties organizing movement or regulating sensory input. At other times some autistics don’t perform bodily actions that others might expect from them. Though some of their findings are inconsistent, a number of studies has found autistics to often have motor planning difficulties particularly when it comes to integration of information for motor planning and organizing motor knowledge (Vilenski, Damasio, and Maurer 1981; Szatmari et al. 1990; Rinehart et al. 2001; Gowen and Hamilton 2013; for a discussion of the inconsistency in the findings, see Eigsti 2013). A significant portion of autistic individuals exhibit catanotia (Wing and Shah 2000). Other studies have found that autistics and neurotypicals have differential neuronal responses to others’ gaits and bodily movements, which in turn impacts how they perceive others’ emotions. Some have suggested that motor impairments are central to autism’s phenotype (Atkinson 2009; Kaiser and Shiffar 2009; Nackaerts et al. 2012). As also documented in Parkinsons, the motor impairments in autism also seem to be environment dependent (Mostofsky et al. 2009).

In addition to performing behaviors that others don’t expect, some autistics don’t (or don’t regularly) perform bodily actions that others *do* expect, and these can also impact social interactions. The best-known example of this is probably failing to make or adequately maintain eye contact-during conversations. But autistics are less likely to spontaneously engage in mimicry behaviors (Garcia 2012, 218). Similarly there are differences in the response times of verbal responses during conversational interactions (Leary and Donnellan 2012; other examples of the disconnect between norms in McGeer 2009). There are also lower rates and qualities of physical gestures in conversations involving autistics compared with neurotypicals (Hobson and Lee 1998; Eigsti 2013).

Many of us have accepted without question the implicit message that unusual movements presented by people with autism are always volitional and pleasurable Neurological symptoms such as sudden, loud vocal-

izations; being in constant motion; extreme response to minor changes; unusual mannerisms and gait; and “unmotivated” laughter are examples of behaviors commonly thought to be performed “on purpose” and targeted for behavioral intervention. A social interpretation of these symptoms leaves people with the assumption that they occur as a matter of choice, apathy, or learned behavior. (Donnellan, Hill, and Leary 2012, 161)

Assuming that the differences in autistics’ bodily movements are volitional can be problematic insofar as it not only reinforces some of the norms that marginalize but also in that it puts the blame on the autistic for violating norms that they may not even be aware of. In other contexts, however, the assumption that the perceived violation is involuntary and couldn’t be addressed even if made explicit can itself be problematic. This inconsistency results from neurotypicals’ advantage in being allowed to set the dominant social norms and hermeneutical context in which others, and their behavior, are interpreted.

4. Normative Upshot

Summarizing then, there are features of interactions that depart from dominant social norms and expectations expected by folks without cognitive disabilities. Some of these are a result of individuals with cognitive disabilities not being considered the sorts of agents that have and are responsive to social norms and expectations in the first place. These cases involve exclusion from reciprocal communication because of the particular form of cognitive disability, such as that caused by Rubella syndrome or certain forms of non-verbal autism. They may not even be recognized as agents worth including in a social community. Other instances are unintentional results of autistic embodiment not receiving social uptake. Some, like camouflaging, are done for the sake of social acceptance from others or to avoid marginalization. In all of these cases, assumptions about what interactions with others should be like both structure and reinforce various forms of privilege in our social architecture in ways that are harmful and exclusionary for cognitively disabled individuals.

We thus see that both the costs of violating the dominant social norms and the effort taken to avoid violations in the first place are born by the marginalized group. It’s an instance of what Daiman Milton calls the “double empathy problem”:

a disjuncture in reciprocity between two differently disposed social actors which becomes more marked the wider the disjuncture in dispositional perceptions of the lifeworld—perceived as a breach in the “natural attitude” of what constitutes “social reality” for “non-autistic spectrum”

people and yet an everyday and often traumatic experience for “autistic people.” (Milton 2014, 884)

The social difficulties involved in autism are often attributed solely to the autistic individual; it's taken to be a feature *of* autistic individuals. But this attribution fails to take seriously that communication is an interpersonal interaction with complex but constructed norms. Social interactions are “actively constructed by social agents engaged in material and mental production” (Milton 2014, 884). Milton argues that the double empathy problem arises because autistic and non-autistic individuals often have different approaches to interpersonal communication. It is a “problem” for successful interaction, not just one person: “it is a ‘double problem’ because both people experience it, and so it is not a singular problem located in any one person. Rather, it is based in the social interaction between two differently disposed social actors” (Milton 2014, 884). Pearson and Rose refer to it as a “mismatch of salience” (2021, 56). And something similar also appears to be true of other cognitive disabilities; interactionist views hold that “the communication problem [many with cognitive disabilities face] may be less a function of the disabilities themselves than of the interaction between [those] with disabilities and those with whom they communicate” (Miranda and Donnellan 1986, 127). Autism scholar Barry Prizant's influential *Uniquely Human* (2015) stresses a similar theme (see, for instance, p. 6).

But there are ways to structure our social spaces that don't involve this asymmetric burden at the heart of the double empathy problem. For the difficulties that autistics often experience in social contexts aren't characteristic of autistic-constructed spaces. Historically, ham radio networks and early internet bulletin boards became autistic friendly places because their means of interaction disrupted the dominant social norms and helped autistics find social connections (see the discussion in Silberman 2015, particularly chapters 6 and 1).

Autistic-led and structured conferences and retreats like Autscope and Autreat free autistics to communicate and physically be in social contexts without social pressures. As a result, they do much better. “The takeaway lesson from examples like these,” Kreuger suggests, “is that many so-called social impairments in ASD are *context sensitive*. They do not arise when people with ASD inhabit autistic spaces” (Kreuger 2021, 21 in manuscript). One of the leading, but problematic, views of autism holds that autistics are not capable of empathy. This is proven false by autistic self-reports and friendships between neurodiverse and neurotypical individuals, which clearly shows that autistics are capable of empathy even if it's expressed in ways that may not always be recognized as such. Research suggests that both neurodivergent and neurotypical individuals have more empathetic responses to character in stories that are like themselves; that is, empathetic responses between two individuals tend to be stronger

when both are neurodivergent or both are neurotypical.⁷ The perceived impairment that many neurotypical individuals attributed to autistics is a function of expectations, familiarity, and context. In fact, the context specificity is built into the diagnostic criteria for autism where deficits in social communication and interaction are tied to variance in “various social contexts” (*DSM-V*, 51). Furthermore, the DSM recognizes that the prevalence of various behaviors depends on autistic individuals’ willingness to camouflage even at personal expense, while the need to “compensate” for their social challenges decreases in supportive social environments.

Now that the social structures and features that lead to exclusion of cognitively disabled individuals are exposed, the normative demands come into better focus. At the individual level, those of us who are neurotypical have an obligation to become aware of and modify our expectations surrounding social interactions. We need to do this by expanding the range and variation of our social interactions and accepted norms. “It would hardly be reasonable to modify our social practices to the extent that autism had a negligible impact on social interaction, for example, by relying as little as possible on context, spontaneity, emotional cues, and conversational implicature [all of which many autistics struggle with]” (Wakefield, Wasserman, and Conrad 2020, 515). Tolerate stimming. Modulate sensory input. Be open to the co-experience of music as a means of communication. Listen more attentively to caretakers. Pluralize modes of communication, attending especially to modalities that don’t rely exclusively on signing or speaking orally. Recognize that, especially for non-verbal cognitively disabled individuals, what is taken to be “problematic behavior” may be one of the most effective or only available forms of communication. Take seriously what cognitively disabled people tell us about their behavior, rather than (for those of us that are neurotypical) interpret it according to our own preferred norms as if those norms were somehow givens rather than constructions. Work to build what Mia Mingus call “access intimacy” (Mingus 2011). Here, much of the work on how to undermine testimonial quieting and other kinds of epistemic injustice is relevant. Learn to recognize, promote, and receive testimony from non-verbal individuals. More interactions with autistics or individuals with other cognitive disabilities, particularly if we pay attention to the social norms at work in these interactions, can help bring about what Hacking calls “an entire more of discourse” or “a new language game.” And “this speech is, in turn, creating

⁷See Komeda et al. 2015, 146. Similarity of neurostatus between the subjects and the characters in the story also affected memory retrieval. The study concludes that “individuals with ASD do not lack empathy towards others who are similar to each other, just as TD [typically developing; i.e., neurotypical] individuals respond selectively to others who are similar than to those who are dissimilar” (ibid., 150). The perceived lack of empathy is, I think, largely a function of ignorance and misunderstanding of different social norms at work in expressing empathy.

or extending a way for very unusual people—namely, autistic ones—to be, to exist, to live” (Hacking 2009, 501). (Of course, there’s a concern here that cognitive disabled individuals’ self-understanding may itself be shaped by hermeneutical injustice and thus itself be skewed. Internalized oppression and marginalization complicate reform efforts here.)⁸ Many folks don’t have the kinds of acquaintances that make this learning possible, so it will involve intentionally structuring our social contexts to be more diverse than they already are.

While all this is a necessary start, I think it’s insufficient to address the issues. Like other sorts of systemic disadvantage, the kinds of social costs that I’ve explored tend to be born by those who are disadvantaged. It’s too easy to put the onus on those who do not align with the more widely accepted norms. There’s a danger in asking those who tend to be excluded by the dominant norms to educate those unaware of how those norms lead to exclusion. Such requests can lead to what Emmalon Davis calls “compulsory representation” in which a marginalized epistemic agency “is recognized only insofar as the speaker might provide some informational service, where the information in question is perceived by dominant hearers to be inaccessible from their own epistemic position (2016, 490). Increasing demands placed on neurodiverse individuals could potentially result in tokenizing or mis-attributing cognitive disability to those who press these issues. Even if these two negative consequences are avoided, there’s still the danger of what Dotson calls “epistemic smothering” (2011).⁹ Adjusting our individual expectations for social interactions won’t be enough. Something more systemic is needed. “A system will need to be more fully developed so as to facilitate epistemic agency more equitably,” as Pohlhause puts it (2020, 235), to accomplish the greater inclusion of cognitively disabled individuals. Systemic change is needed to avoid second- and third-order exclusion.

In his excellent *Academic Ableism*, Jay Dolmage argues that ableism is both architectural and social, “a rhetoric in the fullest sense of the word” (Dolmage 2017, 46). It’s structural, not just the result of individual actions or persons. He helpfully differentiates between accommodations and accessibility. Accommodations are attempts to address ableism at the non-structural but rather individual level. One example of physical accommodations are retrofits like added ramps to work around denial of physical access due to stairs. Retrofits, he argues, “fix’ a space but don’t address the

⁸See, for instance, Watermeyer and Gorgens 2014: “For many [disabled individuals], a withdrawal into passive acquiescence to these denigrating imputations is unavoidable, leading to lives of unrealized potential and damaged self-worth Escaping the clutches of toxic social mirroring is the work of a painful confrontation with one’s own history and consequent sense of self” (267f). They conclude with the claim that “to ignore how psychological life is shaped by disablist socialization is to elide essential aspects of oppression” (274).

⁹I’d like to thank a referee for the journal for highlighting the need to flag this issue, even though I cannot address it at present.

structural issues and are often temporary. They “are not designed for people to live and thrive with a disability, but rather to temporarily make the disability go away” (Dolmage 2017, 70; see also Pryal 2017, 103 and 129). Dolmage isn’t opposed to accommodations, but thinks the need for them reveals an underlying structural problem:

The presence of such temporary additions—limited in their time of effectiveness and in their space of implementation—will always point up the lack the partiality of social and architectural structures. This lack shouldn’t be either lamented or ignored, but rather addressed. The presence of retrofits cannot be seen as completing this lack, or filling the holes. (Dolmage 2017, 77)

In contrast, Dolmage describes designing for accessibility as systemic in nature, where we intentionally structure “the environment to minimize the constraining and impairing effects of intellectual and architectural structures, but also to emphasize and enable embodied differences [including cognitive differences] to thrive” (Dolmage 2017, 123). As Kittay writes, “it is not the cognitive impairments as such that are the source of the diminished quality of life” (Kittay 2019, 52). Rather, it’s the ways in which our dominant social expectations and interactions that disadvantage those with a range of cognitive disabilities. Jim Sinclair, one of the co-founders of Autism Network International (ANI), describes how ANI has structured Autreat to operate according to dominant social norms in a way that has been beneficial (2012), including color-coded social interaction badges. However, it also should be recognized that even with the needed change to social norms and expectations, it may not be possible for every social location or interaction to be made fully accessible any more than it is to make all geographic spaces fully accessible, particular given the fact that some needs for accessibility may conflict with others. It may be, for instance, that a person with anxiety who is speaking in front of a group would have their anxiety increase with any noticeable distraction, including another person stimming. Truly universal social design may not always be possible; but this doesn’t excuse us from the need to make our social interactions *more* inclusive.

I don’t think it’s a stretch for us to understand “accessibility [including social accessibility] is a social justice issue” (Hitt 2021, 48). Like other structural injustices, addressing it will require kinds of interpersonal interactions that the current social norms make so difficult, a redistribution of social power. It would be good to develop a more specific account of widespread social space construction that pays attention to cognitive disabilities would look like (for some discussion along these lines, see McGeer 2009). But here, I hope that by exploring Rubella syndrome and

autism in detail, the moral demand for us to collectively address forms of social exclusion is clearer.¹⁰

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¹⁰I first became aware of some of the issues discussed in this paper via discussions with my friend Carlyle King, who helped me recognize the need to change social practices, including some of my own. The paper has benefitted from discussions with Elle Benjamin, Zsuzsanna Chappell, Elyse Purcell, and the philosophy department at Georgetown University, where I presented a previous version and benefitted from constructive feedback. I received very helpful and extensive comments from two anonymous reviewers for the journal. While I may have muttered some choice words working through them, it is clear to me that the paper is now better for their input.

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