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Response to Open Peer Commentaries on “Not Just ‘Study Drugs’ for The Rich: Stimulants as Moral Tools for Creating Opportunities for Socially Disadvantaged Students”

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I thank the commenters for their thoughtful critiques and responses to my argument in “Not Just ‘Study Drugs’ for The Rich: Stimulants as Moral Tools for Creating Opportunities for Socially Disadvantaged Students” (Ray 2016). Many of the commenters took issues with various parts of my argument, which is that there are many ways that people are socially disadvantaged, including not having access to proper education. Without access to proper education, many of life’s opportunities are not in one’s grasp. So to help the most vulnerable people in our communities—children—we ought to explore all possibilities for aiding their access to education. One of those possibilities is the use of stimulants, which could be used to help some young students make the best of an education system that is not conducive to their academic success and therefore not conducive to their long-term well-being. As I argued, there is no theoretical reason to withhold stimulants from students on the grounds that these students do not have a cognitive disorder. I also argued that whether there are practical grounds to withhold stimulants from students on the grounds that these students do not have a cognitive disorder should be further explored but that those explorations ought not to be guided by a fear of enhancement or fear of giving drugs to nonpathological students. Here I respond to a few of the commenters’ concerns about my argument.

In my article I acknowledged that stimulants might not be the most effective, long-lasting solution to the problem of socially disadvantaged children receiving a poor education. However, since we are not currently taking the necessary huge steps that reformation calls for, we ought to determine what other steps we can take, even if those steps are short-term based on what can potentially be gained from an adequate education—well-being in the form of opportunities. Erler (2016), however, suggests that concerns about opportunity and fairness do not support more research on stimulants’ effectiveness in nonpathological students because studies concerning how stimulants affect children with attention deficit hyperactivity disorder (ADHD) are mixed and do not conclusively suggest long-term benefits for ADHD sufferers.

Erler (2016) and I disagree about what evidence is needed to begin to seriously think about more research into the effectiveness of stimulant use by non-ADHD sufferers. The research may be mixed about what stimulants can do for ADHD sufferers, but we do know that stimulants help some students with ADHD and we have anecdotal evidence supporting their effectiveness as study drugs. Because of what is at stake for a socially disadvantaged individual and the community that has an interest in an educated populous, this ought to be enough evidence to at least do more research.

Lavazza (2016) gives several valuable comments on my project, including a thoughtful Rawlsian version of my argument that I will continue to think about. Additionally, Lavazza makes one argument that many types of enhancement practices are subject to quite frequently—if we allow people to use enhancing substances such as stimulants, they will become dependent on them and not pursue other means of success. My response is similar to my response to Erler (2016), which is there is too much at stake to do nothing and only pursue options that would have wide-range, long-lasting benefits. Lavazza’s worry seems to be that...
students will use stimulants rather than changing the larger sociopolitical institutions that created their social disadvantages. As I acknowledged in my article, the goal is not to ignore the problems that created socially disadvantaged students in inadequate schools, thus creating the need for other solutions such as the one I have proposed. Whether some students may use stimulants to pass an exam is not much of a worry because (1) stimulants are not magic and must be used in conjunction with other tools for success, as I stated in my original article, and (2) students cannot even hope to be in a position to change the socially defunct institutions that put them in their current position if they don’t have an education now. I’m more concerned about what is happening to generations of students who do not have the education they need than about what is only a possible social dependence on stimulants.

In regard to Ketchum and Repantis’s (2016) concerns that my argument relies on a distinction between social and biological pathologies, I acknowledge that the research shows that they are often intertwined and that many biological pathologies have a social component. Somewhat similarly, Sattler and Singh (2016) fault my argument for not clarifying what social factors I believe stimulants can mitigate. The goal of my argument is to acknowledge that there are some students who are healthy, meaning they do not have a medical condition that is in need of medical care, but their social environments are unhealthy. “Unhealthy” in this sense means that their environments cannot supply them with social goods that they need to be well; specifically, I address good schools. This matters because just as a medical condition can severely limit available life options, so can unhealthy social environments. This was the extent of my claim that there are social and biological pathologies, and that we cannot limit how we “treat” students based on their status as nonpathological.

Similar to another point in Sattler and Singh (2016), Warren (2016) also gives considerations for the role race will play in my proposal, particularly in regard to African Americans. Stigmatization and the correlation between race and social disadvantages are topics I did not have space to discuss in this article but are the subject of future articles in this project.

In regard to Ray and Davis (2016), I want to take issue with what seems to be the foundation of their argument but is a misunderstanding of my own argument. Ray and Davis state that the basis of my argument is the flawed belief that educational systems and schools are equalizers of opportunities. This idea is not a part of my argument. For the sake of brevity I had to focus on certain students in my argument. I chose to focus on poorly performing students in poor schools. This is not to say that there are not poor/socially disadvantaged students in rich schools and that these students do not face similar struggles as the students my argument engages. The flaws in our education system that Ray and Davis note, such as its labor-market-like functioning and its perpetuation of inequalities, are exactly why my argument is pertinent. I intentionally made my argument about opportunities and not equality because education systems are not equalizers of opportunities, but there is value in the good that they offer, which is education, which in turn confers opportunities for a self-directed life.

To justify the possible use of stimulants to help mitigate the effects of deficits in people’s access to social determinants of health, I argued for the idea of “opportunity maintenance.” This concept is a work in progress and I’m thankful for Graham’s (2016) proposal of focusing on autonomy, rather than well-being. I mistakenly took it for granted that there was an understood connection between well-being and autonomy and that a pursuit of well-being included a pursuit of autonomy. I included in my article that the goal of finding ways to ensure disadvantaged students’ access to better education was so they could have the chance to determine what kind of life they want to lead for themselves. I thought this would be enough to stress the importance of autonomy, but it is not. I appreciate Graham’s commentary on this matter.

In future papers I want to make the connection between my proposed used of stimulants and autonomy clearer, without losing the importance of opportunities. Whereas autonomy is important, certain social factors must be present for us to truly be able to make autonomous decisions about the most important part of ourselves, namely, the kind of people we want to become. For this reason, in the future I may replace “opportunity maintenance” with the term “affirmative enhancement” to keep the focus on opportunities, social environments, and how they can be augmented with enhancing practices.

I appreciate Stevenson (2016) bringing the results of an unpublished study on students’ perceptions of stimulants for studying purposes to my attention. I agree that thinking about current perceptions and uses of the stimulants are important when theorizing about stimulants’ uses for disadvantaged students; however, I do not want stigmas about enhancement to prevent us from considering expanding the uses of drugs.

A few commenters suggested that I made a claim that I do not believe that I made. And if I did, it was not intentional. To be clear, I do not favor the use of stimulants instead of reforming our social institutions, as, for example, Sattler and Singh (2016) suggest. Yes, call me “cynical” (Sattler and Singh 2016); I do think the problem of socially disadvantaged children in inadequate schools is dire enough to consider stimulants, should research prove that they have some influence on behaviors and practices that can aid students in their pursuit of education in a poor education system. I’m thankful for the commenters and their responses to my project. This is an ongoing project, so I appreciate the contribution and the chance to discuss our shared interest in social justice and education reformation.

REFERENCES
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