

Disability and the Goods of Life

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The so-called Disability Paradox arises from the apparent tension between the popular view that disability leads to low well-being and the relatively high life-satisfaction reports of disabled people. Our aim in this essay is to make some progress toward dissolving this alleged paradox by exploring the relationship between disability and various “goods of life”—that is, components of a life that typically make a person’s life go better for them. We focus on four widely recognized goods of life (happiness, rewarding relationships, knowledge, achievement) and four common types of disability (sensory, mobility, intellectual, and social) and systematically examine the extent to which the four disability types are in principle compatible with obtaining the four goods of life. Our findings suggest that there is a high degree of compatibility. This undermines the widespread view that disabilities, by their very nature, substantially limit a person’s ability to access the goods of life, and it provides some guidance on how to dissolve the Disability Paradox.

Keywords: *disability, Disability Paradox, good life, impairment, prudential value, well-being, welfare*

I. INTRODUCTION

It is widely thought that disability is a very bad thing and that being disabled renders one’s life less “worth living,” if not unworthy of living altogether.¹

Yet, people with disabilities often report fairly high levels of life-satisfaction—much higher than nondisabled people tend to expect.² This discrepancy between disabled people's reported life-satisfaction and expectations about their well-being has proven puzzling to many people—so much so that it has been dubbed “The Disability Paradox” (Albrecht and Devlieger, 1999). How can it be that disabled people have low quality of life and yet express high satisfaction with their lives?

There are various ways to try to dissolve this apparent paradox. One approach is to challenge the view that having a disability tends to lead to low levels of well-being.³ Perhaps disabled people often report high life-satisfaction because, in fact, they often lead good and fulfilling lives.⁴ A second strategy is to claim that the life-satisfaction reports of disabled people cannot be trusted. The thought here is that disability really does ruin or significantly diminish the quality of people's lives, but disabled people are not reporting this—perhaps because they are deceiving themselves about their quality of life or have simply lowered their expectations and abandoned many desires and goals as a way of adapting to their unfortunate circumstances.⁵

A final strategy for dissolving the paradox seeks to establish that high reported life-satisfaction is actually compatible with low well-being. The philosopher and bioethicist Dan Brock pursues this third strategy. He claims that a plausible view of well-being will include objective components such as “accomplishments, personal relations, and self-determination” in addition to subjective components like happiness and life-satisfaction (Brock, 2005, 70). Recognizing objective elements of well-being opens up the possibility that a person might have high life-satisfaction and low overall well-being. As Brock puts it, “If these objective contents are significantly impoverished, then a person's quality of life will be diminished, even if he remains satisfied and happy with his life” (69). This third approach allows one to embrace both elements of the alleged paradox while denying that there is anything paradoxical about them.

Which of these three responses to the Disability Paradox is most promising?⁶ Our goal in this essay is to make some progress toward answering this question by exploring the relationship between disability and various “goods of life”—that is, components of a life that typically make a person's life go better for them. This is relevant because the common tendency of associating disability with low well-being (which underlies the second and third strategies) is often based on the assumption that disabilities, by their very nature, substantially limit a person's ability to access the goods of life. We wish to examine whether that assumption is true.

In Section II, we discuss four widely recognized goods of life: happiness, rewarding relationships, knowledge, and achievement. In Section III, we examine four common types of disability: sensory, mobility, intellectual, and social. In Section IV, we investigate whether and to what extent these

four types of disability are in principle compatible with accessing these four goods of life. Our general finding is that there is a high degree of in-principle compatibility. In Section V, we explain what this result implies about the three responses to the Disability Paradox and highlight some limitations of our inquiry.

II. FOUR GOODS OF LIFE

We begin with an examination of four goods of life: happiness, rewarding relationships, knowledge, and achievement. We are focusing on these items partly because they are what often leap to mind when someone associates disability with low well-being. It is commonly assumed that intellectual disabilities thwart the acquisition of knowledge, social disabilities prevent one from having healthy relationships, and that all four types of disability undermine achievement and/or happiness. In addition, these four items are widely agreed to be things that typically, if not always, enhance our well-being. To appreciate this, we need only examine the most popularly endorsed theories of well-being.⁷

Consider, first, objective-list theories. These theories hold that what fundamentally contributes to well-being is the possession of various goods, at least some of which are good for a person even if the person does not currently appreciate, like, or desire them (Parfit, 1984, 493; Fletcher, 2016a, 49–76). In our survey of the philosophy of well-being literature from the past four decades, we found that happiness, relationships, knowledge, and achievement were the items most frequently included on objective lists.⁸ Those who endorse objective-list theories that include these four items believe that being happy, having rewarding relationships, achieving our goals, and increasing our understanding are the sorts of things that make a direct and positive contribution to our well-being.

In contrast, hedonists maintain that only happiness has this status. Hedonism is the view that well-being is ultimately determined by the pleasantness or unpleasantness of one's mental states (Bradley, 2015, 13–33; Fletcher, 2016a, 8–26). However, even if happiness is the only thing that directly and positively contributes to well-being, most hedonists will agree that relationships, knowledge, and achievements are all important *sources* of happiness for human beings. They are indirectly beneficial insofar as they promote our happiness.⁹

Next, there is desire-fulfillment theory. This is the view that people's well-being is fundamentally enhanced or diminished by the satisfaction or frustration of their desires (Bradley, 2015, 34–46; Fletcher, 2016a, 27–48).¹⁰ Most human beings are deeply invested in being happy, maintaining their relationships with loved ones, achieving things, and being “in the know” about various aspects of our world.¹¹ Since these are things that people

stably desire for their lives, our four goods of life will typically contribute to well-being if desire-fulfillment theory is true.

Finally, perfectionism is the view that well-being is a matter of developing and exercising the capacities that are characteristic of one's kind (Bradley, 2015, 47–9; Fletcher, 2016a, 77–91). Arguably, human capacities include the capacity to acquire complex knowledge of the world, to set and successfully achieve goals, to take pleasure in abstract ideas and in presently experienced, imagined, remembered, or anticipated states of affairs, and to foster complex relationships with other people. Given this, it is not difficult to see how the perfectionist can view the attainment of knowledge, achievement of goals, various types of pleasure and enjoyment, and participation in successful relationships as important goods of life.¹² These are ways of exercising our human capacities.¹³

Thus, it seems that happiness, achievement, knowledge, and rewarding relationships can be sensibly viewed as goods of life on most theories of well-being. This is clearly true on an objective-list theory that includes these items. It will also be true on various types of hedonism, desire-fulfillment theory, and perfectionism. We now expand on each of these four goods to set the stage for our later inquiry.

Happiness

The nature of happiness is a matter of some dispute. In the psychological and philosophical literature on happiness, there are two main schools of thought.¹⁴ On the one hand, there are *affective* views that identify happiness with certain feelings, emotions, and/or moods. They include views that associate happiness with pleasurable sensation or positive affect (e.g., Daniel Kahneman's "objective happiness"; Kahneman, 1999), as well as Daniel Haybron's theory of "psychic flourishing" on which happiness is a matter of one's emotional condition as a whole (Haybron, 2008). On the other hand, there are *judgmental-affective* views that understand happiness as having a judgmental component, as well as an affective one. These views often appeal to the notion of "life satisfaction," which involves the disposition to make a positive appraisal or evaluation of one's life. Consider one prominent example: the idea of "subjective well-being" as explained by Ed Diener and Pelin Kesebir:

It would be accurate to conceptualize subjective well-being as an umbrella term, consisting of a number of interrelated yet separable components, such as life satisfaction (global judgements of one's life), satisfaction with important life domains (e.g., marriage or work satisfaction), positive affect (prevalence of positive emotions and moods), and low levels of negative affect (prevalence of unpleasant emotions and moods). (Kesebir and Diener, 2008, 66–7)

For present purposes, we adopt an inclusive understanding of happiness that incorporates all of the aforementioned elements: pleasurable experience, positive mood, life satisfaction, and life-domain satisfaction. Correspondingly,

we associate unhappiness with such things as painful experience, negative mood, life dissatisfaction, and life-domain dissatisfaction.¹⁵

Rewarding Relationships

It is difficult to generalize about the nature of valuable relationships. There are many kinds of important relationships—including, to name only a few, the relationships between sexual and romantic partners, family members, friends, neighbors, coworkers, professional colleagues, and fellow citizens. Some relationships are symmetrical, calling for the same type of mutual or shared attitudes and actions from each party. Other relationships (e.g., doctor/patient, parent/child, mentor/mentee, owner/pet) are asymmetrical and call for different types of attitudes or actions from different parties.

Relationships are commonly a two-way street: they only exist if there is some recognition or contribution from all members of the relationship. Yet, there are also cases in which one party in a relationship need not have any attitudes toward, or even an awareness of, the other. Think of the relationship between a caregiver and an unconscious care-receiver, between a pop idol and a fan, or between an individual and their secret admirer. Arguably, some such relationships are valuable, even if the relationships we tend to value the most involve a greater degree of mutuality. Some relationships are entered into and maintained voluntarily. Others take us by surprise.

Relationships that are rewarding can do much to enhance our lives. No doubt, relationships are not always good for us. Some are dysfunctional and cause serious physical or emotional damage. Even when they are healthy, relationships can call on us to make sacrifices of our overall self-interest. Nonetheless, relationships are among the greatest goods of life (Seligman, 2011). We will use “rewarding relationships” to pick out those relationships that, on balance, make a positive contribution to our lives. As we later note, there is some room for debate about what kinds of relationships qualify.

Knowledge

There is an extensive philosophical literature on the topic of knowledge, but we understand knowledge to be, very loosely, a matter of having true and justified beliefs that are not arrived at by sheer luck (cf. Gettier, 1963). Given this characterization, there are many ways to fall short of having knowledge about some subject matter. One might suspend judgment, as agnostics do on the question of God’s existence. Or one’s belief might be false. Or a belief, whether true or false, might be unjustified—not based on reasonable evidence. Or a belief, whether justified or unjustified, might be true but only as a matter of luck.

Many humans have a hunger for greater knowledge and understanding of our world and ourselves. The old adage “ignorance is bliss” may have some truth to it, but hardly anyone relishes the thought of being completely deluded or ignorant about themselves, their lives, or the universe they inhabit. Of course,

some types of knowledge seem trivial and unlikely to make any difference to our well-being. Following Thomas Hurka, it is useful to distinguish between three domains of nontrivial knowledge: knowledge of the world external to oneself, of one's relation to the world, and of one's own intrinsic states. Hurka suggests that knowledge of one's own relation to the world is the most important of these categories. He also contends that deeper explanatory knowledge tends to have greater value for us than more superficial factual knowledge and that precise knowledge tends to be more valuable than non-precise knowledge (Hurka, 2011, 75–96). There are challenging questions here about what kinds of knowledge have greater value and what ways of falling short of knowledge are worse for us. For our purposes, we can remain neutral on these matters and simply recognize that some kinds of knowledge are important for our lives.

Achievement

Drawing on the recent work of Gwen Bradford (2015a), we can understand an achievement to be comprised of a process and a product. The product must be *competently caused*, with *effort*, by the achiever. The effort condition is important because we do not consider things to be achievements if they are incredibly easy. Scratching one's nose or watching TV are not typically deemed achievements, given that they require no real effort for most people. The competent causation condition is important because we do not consider events to be achievements when they come about by accident or through confusion. For something to qualify as an achievement, it must be brought about intentionally and competently by the achiever.

There are various things that achievements need *not* involve. It is not necessary for the product of an achievement to be independently valuable—that is, something that on its own makes the world a better place. A child's first success at tying their shoes is a major achievement, even if the world is not improved by the manipulation of shoestrings. It also is not necessary for the product of an achievement to directly resonate with, or be currently desired by, the achiever (Bradford 2015a, 122). Breaking a world record in competitive diving is no less an achievement if the individual in question feels alienated from their achievement.

Similarly, achievements need not be pursued in a voluntary, unforced way. Someone might achieve a great proficiency with, say, the violin because as a child she was pushed to practice by her parents—an achievement that she may only come to appreciate later on. What all of these achievements have in common is that they are competently caused and effortful.

III. FOUR TYPES OF DISABILITY

Let us now turn to four common types of disabilities. For present purposes, a disability may be thought of as a diminished capacity or lack of capacity,

such that one can only perform a type of action or function (if at all) at a level significantly below what is typical for one's kind.¹⁶ For human beings, lacking the ability to see, speak, or hear is a disability in the above sense. Lacking the ability to fly is not, though it would be for a robin or a gnat. Importantly, on our usage, it is not built into the meaning of "disability" that disabilities are bad for or harmful to individuals who have them (cf. the "welfarist" definition of disability developed in [Kahane and Savulescu, 2009](#)). Whether they are is a matter that requires investigation.¹⁷

Sensory Disability

A sensory disability involves below-typical functioning of a sensory capacity—the capacity to access information about one's environment through sight, sound, touch, smell, or taste. Our discussion will focus on diminished capacities for hearing and vision, since these are the most prevalent and life-impacting sensory disabilities.¹⁸

Hearing and vision disabilities are sometimes present from birth. Significant hearing loss is one of the most common disorders at birth, occurring in 1–2 per 1,000 newborns ([Morton and Nance, 2006](#)). The most common form is sensorineural hearing loss, which involves either the cochlea or auditory neural pathway ([Smith, Bale, and White, 2005](#)). Retinopathy of prematurity is a vascular proliferative disorder that occurs in the incompletely vascularized retinas of premature infants and can result in blindness. The earlier the gestational age (or prematurity) of the infant, the higher the likelihood of blindness ([Hellström, Smith, and Dammann, 2013](#)). Loss of hearing or visual capacity can also occur later in life. This can be acute, as with trauma leading to retinal detachment and blindness, or strokes leading to hearing loss. It can also progress slowly over time. Macular degeneration, a leading cause of vision loss in individuals over 50 years of age, destroys the central vision needed to see objects clearly ([Harvey, 2003](#)).

Mobility Disability

A mobility disability involves below-typical functioning of the capacity to transport oneself without external or technological assistance. This might involve, at one extreme, an inability to walk safely without the use of a cane or walker. At the other extreme are forms of quadriplegia that involve the total inability to move one's limbs or torso.

There are various causes of mobility disability. Cerebral palsy is a nonprogressive syndrome arising from multiple causes (usually perinatal birth injury) that results in statistically abnormal muscle tone, posture, and movement ([MacLennan, Thompson, and Gecz, 2015](#)). With this condition, voluntary movements tend to be uncoordinated, stereotypic, and limited. As the brain matures, the manifestation of the mobility movements shifts, with a frequent increase in the spasticity, or resistance, in response to passive

muscle stretch (Haak et al., 2009). Different limbs can be affected—typically, the lower limbs, the limbs on one side, or all four limbs.

Another cause of mobility disability is spinal cord injury, an acute condition in adults or children that often results in mobility disabilities and can affect different limbs, depending on where the spinal cord injury occurs (Cortez and Levy, 2007). Muscular dystrophy is a progressive condition that involves a degeneration of the skeletal muscle throughout the body, resulting in an inability to walk and eventually an inability to breathe independently and even heart failure (Sparks et al., 2012).

Intellectual Disability

An intellectual disability involves below-typical functioning of one or more cognitive capacities (e.g., abstract thinking, learning, remembering, problem-solving). The most common known cause of intellectual disability is chromosomal “abnormality” or irregularity (Vissers, Gilissen, and Veltman, 2016). Down syndrome (or trisomy 21), which is the most prevalent and well-known example, tends to result in intellectual disability ranging from mild (IQ 50–70) to moderate (IQ 35–50) (Weijerman and de Winter, 2010). It frequently involves cognitive deficits in verbal short-term memory and explicit long-term memory and delays in linguistic development (Jarrold, Nadel, and Vicari, 2009).

Intellectual disabilities often develop late in life. Alzheimer’s dementia is a neurodegenerative disorder of older adults and is the most common cause of dementia. It is most often a progressive disease. Symptoms include selective memory impairment, with memory for recent events most prominently affected. Patients with Alzheimer’s can also experience other cognitive deficits, like executive dysfunction involving problems with planning and visual-spatial impairment (Winslow et al., 2011).

A third prominent cause of intellectual disability is traumatic brain injury (TBI), which significantly contributes to the leading cause of death for North Americans aged 1–44 years.¹⁹ In cases of moderate or severe TBI where people survive and regain consciousness, the injury can lead to significant intellectual disabilities. Many have significant deficits to planning, emotional regulation, goal-setting, and problem-solving. The process is not usually progressive, and a recovery process can occur over the course of a year with some regained function (Shively et al., 2012).

Social Disability

A social disability involves below-typical functioning of one’s capacity to have successful interactions and relationships with other human beings. Perhaps the most well-known cause of social disability is autism spectrum disorder, a neurodevelopmental disorder associated with difficulties with communication and repetitive behaviors. Autism varies significantly in severity, but

often people with autism are limited in their responsiveness to those around them and focus intently on one thing for long periods of time. They tend to have difficulty interpreting what others are thinking or feeling because they do not understand social cues like facial expressions or tone of voice (American Psychiatric Association [APA], 2013, 50–9).

Social anxiety disorder, or social phobia, involves having anxiety or discomfort that is disproportionate to social situations. In some cases, persons might be so uncomfortable having a conversation that they refuse to talk to strangers. One may also have a fear of being observed by others and avoid public situations so as not to be watched doing things like eating or drinking. A person qualifies for the disorder if the anxiety interferes with everyday activities (APA, 2013, 202–8).

Moreover, there are various personality disorders that impair one's ability to maintain healthy relationships with others. For instance, individuals with antisocial personality disorder (also known as "sociopathy" or "psychopathy") often have a reckless disregard for the wishes, rights, safety, and feelings of others; engage in manipulation or deception in the pursuit of personal pleasure or profit; and show an utter lack of remorse (APA, 2013, 659–63). Borderline personality disorder is characterized as "a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity." People with this condition can experience intense abandonment fears, dramatic swings in their view of others, and inappropriate and intense anger (APA, 2013, 663–6).

IV. THE GOODS AND THE DISABILITIES: ARE THEY COMPATIBLE?

Having offered a rough sketch of four prominent goods of life and four common types of disability, we turn now to the heart of our discussion and examine the extent to which these disabilities are, in principle, compatible or incompatible with accessing these goods. Our interest here is not to establish the exact extent to which people with these disabilities do in fact access these goods. As we will later explain, that is a very daunting undertaking for multiple reasons. Instead, our discussion abstracts away from most variable contingent factors and focuses on whether these disabilities, by their very nature, block or restrict a person's access to these goods of life across a wide range of contexts.²⁰

In our preferred usage, if a given disability is *in principle incompatible* with some good, then a person with that disability cannot attain the good at all. In contrast, we understand *in-principle compatibility* to be a matter of degree. At one extreme, a disability and some good of life might be in principle compatible in the weakest and most minimal sense if the disability severely restricts a person's access to that good. At the other extreme, a disability and a good will be strongly compatible in principle if the disability

itself provides little or no impediment to attaining high levels of that good. In what follows, our question is to what extent each of the four disability types restricts access to the four goods of life.

Rewarding Relationships

Sensory and mobility disabilities are perfectly compatible with having rewarding relationships of all types. People who are blind or deaf, as well as those who have some mobility disability, often enjoy strong and rewarding familial ties, romantic relationships, friendships, professional relationships, and community ties. This is unsurprising in light of the fact that relationships rarely depend crucially on the ability to hear, see, or transport oneself without assistance.

This is not to deny that these disabilities sometimes play a role in diminishing the quality of relationships, but we also should avoid exaggerating that diminishment. It might be that hearing the voices of your loved ones or visually beholding their faces and body language has a tendency to deepen affection, though it would be absurd to place much weight on this, since there are countless other ways to foster intimacy. An auditory disability can be an obstacle to communicating and, as a result, to forming relationships with those who do not know sign language (Solomon, 2012, 75, 79). But deaf individuals can still communicate by other means, and they are able to achieve fulfillment with individuals who can sign and through participation in deaf communities and Deaf culture. In fact, some people have such positive experiences of the Deaf culture that they think people who are not part of it are missing out on something very positive. Writing about his experience of attending a National Association of the Deaf convention, Andrew Solomon reported: “it was impossible, at the NAD conference, not to wish you were Deaf” (2012, 69).

A friendship that revolves around the shared activity of attending symphonies, viewing art, or playing tennis could be threatened by a sensory or mobility disability. But most friendships run deeper than this and are not so thoroughly activity centered. Even when they are, a range of substitute activities is typically available. A mobility disability might impede some activities associated with romantic love, though even quadriplegia can be compatible with sexual intimacy (O'Brien, 1990; Courtois et al., 1993; and Albright et al., 2015). In light of these considerations, it is evident that hearing, vision, and mobility disabilities are no serious impediment to developing and fostering a rich assortment of worthwhile and rewarding relationships.

Intellectual disability can place some limitations on relationships, such as restricting the potential for friendship with people who have cognitively advanced pastimes and interests. Yet, people with intellectual disabilities clearly partake in rewarding relationships. One powerful example is found in the companionship exhibited by Jason Kingsley, Yaniv Gorodischer, and

Raymond Frost Jr. in the 2018 documentary *Far from the Tree*. These men, who each have Down syndrome, have been housemates for over a decade. In one scene, as they sit on their back porch drinking coffee, Jason suggests that they have developed something deeper than friendship—they have become “a family of friends.” There is also much evidence of strong familial ties for people with Down syndrome (Kaposy, 2013, 306–8).²¹ A 2011 study found that 95% of parents of children with Down syndrome reported that their children had good relationships with their siblings. Over 90% of the children reported having feelings of affection and pride for their siblings with Down syndrome (Skotko, Levine, and Goldstein, 2011a). Over 97% of parents reported feelings of love and pride in their children with Down syndrome, and only 4% expressed regret about having such a child (Skotko, Levine, and Goldstein, 2011b). The existence of an intellectual disability need not be an obstacle to the enjoyment of strong and healthy relationships with others.

The rarer case of very severe cognitive disabilities is more complicated and will depend importantly on the specific capabilities and level of awareness of a given individual. It is tempting to assume, as Jeff McMahan and countless others have, that “The profoundly cognitively impaired are incapable . . . of deep personal and social relations . . .” (McMahan, 1996, 7). However, philosopher Eva Kittay, who has written movingly about her daughter Sesha who was diagnosed as having “severe to profound” intellectual disability, reports that Sesha “is enormously responsive, forming deep personal relationships with her family and her long-standing caregivers and friendly relations with her therapists and teachers, more distant relatives, and our friends” (Kittay, 2009, 616). Kittay also tells of her experience witnessing people with severe cognitive disabilities express grief:

My daughter now lives in a group home with five other people who are all considered to be severely mentally [disabled], and have been so since birth. Two of her housemates lost their fathers within the period of a month. One, a young woman diagnosed with Rett’s syndrome, would be found sitting with tears streaming down her face after she was told that her father was extremely ill and would die. In the case of the other, a young man who invariably greets me with a huge smile, I was witness to the howling, wailing grief minutes after his mother and sister informed him of the death of his father . . . So much for cavalier claims that the severely [disabled] cannot form profound attachments. (Kittay, 2009, 617)

What these comments suggest is that we should not be so quick to reject the idea that severe intellectual disabilities are sometimes compatible with meaningful relationships. And, arguably, there are some forms of valuable relationships where one party has limited ability to reciprocate but is able to receive the good of love and care from others.

Social disabilities, by their very nature, present challenges to forming healthy relationships with others. Some social disabilities make intimate

relationships difficult, if not impossible, to maintain. This seems especially true for certain conditions, such as antisocial and borderline personality disorders. However, many social disabilities can still allow for meaningful, on-going relationships with others. Consider, for example, the case of Marsha Linehan, an influential researcher of borderline personality disorder. In 2011, she revealed her own struggles with this condition and how being able to help others with the same condition enables her to relate to others in a deeply meaningful way (Carey, 2011). Or consider the relationships depicted in the 2015 documentary *Autism in Love*, which centers on the romantic lives of four individuals with autism. Although it is clearly a struggle for these individuals to achieve a romantic relationship, three of them provide clear examples of individuals on the autism spectrum who successfully achieve valuable romantic relationships that are deeply rewarding to them.

It is worth noting that many disabilities, including social ones, open up opportunities for social connections that would not otherwise exist. Having a disability often brings one into relationship with other people with similar disabilities, the larger disability community, activists, doctors, nurses, and care-workers. Such relationships can be a source of comfort and shared meaning.

In sum, although social disabilities and, to a much lesser degree, the other three types of disability can place certain limitations on one's ability to form healthy and rewarding relationships or render them challenging, disabled people are often able to attain this good.

Knowledge

Having a mobility, sensory, or social disability is not, in principle, any barrier to attaining knowledge and developing expertise of countless kinds. There are many examples of successful disabled intellectuals, such as the late Stephen Hawking (a world-renowned physicist who had a progressive mobility disability) and Temple Grandin (an influential professor of animal science who has autism).

This is not to suggest that these disabilities are no obstacle to certain types of knowledge. Since each of the disability types restricts the kinds of experiences an individual can have, they place certain limitations on what might be called "experiential knowledge," knowledge of what it is like to have some experience. Just as a woman who is kept in a black-and-white environment her whole life would not know what it is like to see red, one who is completely blind from birth will lack knowledge of how things appear.²² One who is fully deaf from birth will not know what it is like to experience various sounds. A mobility disability can prevent one from knowing what it is like to engage in certain types of physical activities, and a social disability might interfere with the experiential knowledge of certain kind of relationships. However, in these last two cases, it is

likely that one can work toward the acquisition of this knowledge through such indirect means as engagement with fictional and autobiographical accounts or virtual reality.

It is important to recognize that disabilities can open up areas of experiential knowledge that are not available to those who lack the disability. As Deaf activist MJ Bienvenu put it, “There are many things I can experience for which you have no equivalent” (Solomon 2012, 69; cf. Burke, 2014). John Hull (2013) describes how his blindness has enabled him to have a far richer experience of commonplace activities like hearing the rain and feeling the wind on his face.

Navigating life with a disability tends to give rise to important types of knowledge. In writing about the “Othering” of disabled people, Susan Wendell notes how the exclusion of disabled people’s perspectives severely limits culture:

It deprives the non-disabled of the knowledge and perspectives that people with disabilities could contribute to culture, including knowledge of how to live well with physical and mental limitations and suffering. Because disabled people’s experience is not integrated into the culture, most newly disabled people know little or nothing about how to live with long-term or life-threatening illness, how to communicate with doctors and nurses and medical bureaucrats about their problems, how to live with limitation, uncertainty, pain, and other symptoms when doctors cannot make them go away. Nor do they have any idea that they might gain something from their experiences of disability. (Wendell, 1996, 65)

In short, disabled people often have valuable practical knowledge about navigating social challenges and bureaucracies and about how to build a life in the face of suffering, uncertainty, and discrimination.

When it comes to the good of knowledge, the most interesting case is intellectual disability. Individuals with an intellectual disability face greater limitations on the depth and complexity of the knowledge they can attain. They have lower rates of college attendance and face employment disadvantages in cognitively demanding lines of work. But the limits on knowledge should not be misinterpreted as an outright barrier to knowledge of any kind. Knowledge of one’s relation to the world (which Thomas Hurka contends is the most valuable sort) is often more accessible than knowledge of the world external to oneself. We acknowledge that there may be extreme instances of intellectual disability that prevent individuals from attaining any knowledge as most understand it, but this is not the case for all intellectual disabilities. Most intellectual disabilities are compatible with achieving at least some knowledge of some forms.²³ To quote Thomas Hurka, “[T]he value of knowledge . . . can be found on many topics and by many different people . . . Far from the elitist value some philosophers have described, it’s one that’s available to some degree to us all” (2011, 96).

Achievement

Achievement involves a product that is competently caused with substantial effort. There is certainly one respect in which disabilities limit what someone is able to achieve. Whenever a disability renders some activity impossible or prohibitively difficult for an individual, it restricts one potential area of achievement for that person. For instance, running a marathon and rock-climbing are impossible with quadriplegia (at least with currently available assistive technologies). Succeeding in vision-intensive activities like archery and golf is difficult for those with visual impairments.²⁴

People with disabilities are sometimes better positioned to achieve certain outcomes than the average nondisabled person. Sometimes this is due to features intrinsic to the disability. Famously, people with autism can have intense abilities to focus and sometimes become incredibly skilled musicians or experts in complicated fields like mathematics. In other cases, the contingent social circumstances of people with disabilities make them uniquely positioned to achieve certain things. For instance, after NFL football player Brandon Marshall was diagnosed with borderline personality disorder, he made it a personal mission to try to destigmatize and raise awareness about mental illness among NFL players and other athletes. This was a new beginning for Marshall, and interviews with him suggest that he feels his advocacy work is an achievement that has given new meaning to his life, allowing him to reach out to others and help them in a way he could not when he was “only” a very successful athlete.²⁵

There is a remarkably wide range of activities that constitute achievements. Virtually any activity can qualify, provided that it is effortful and yields a product that is competently caused. Incidentally, this includes the activities of successfully cultivating and maintaining healthy relationships, acquiring certain types of knowledge, and attaining happiness.²⁶ Hence, the category of achievement has some overlap with other goods of life.

Since achievement depends on what is effortful, and since this in turn depends on an individual's personal capabilities and circumstances, achievement is a highly relativized form of good. It can be an achievement when a person with autism successfully develops the social skill of looking people in the eye (Solomon, 2012, 233) or when a teenager with Down syndrome handles the responsibility of waking up his sleeping father before their plane departs (Bérubé, 2016, 7–8) or when a blind professor learns to lecture without notes and navigate social situations (Hull, 2013, 108, 86–7). For most people, it is not an achievement to hold their head up, stick their thumbs in their mouths, or touch the hair behind their ears. But the parents of Ashley, who was diagnosed with static encephalopathy with unknown etiology, report that “These were big milestones for her and very exciting developments for us” (Pilkington, 2012). Similarly, one parent of a child with autism observed: “He put his dirty plates in the washer. That’s huge progress. We

become very proud, just as somebody else is if their child gets a first at Cambridge” (Solomon, 2012, 269). Thus, when it comes to achievement, it is all relative. Disabled people are by no means closed off from this good of life. A disability might close off particular avenues of potential achievement, but there are usually countless other avenues open to individuals.

Insofar as a disability renders certain activities challenging, it can actually enable and set the stage for achievement. People with newly acquired disabilities sometimes become deeply engaged or even invigorated by the problem-solving dimension of their condition. Journalist John Hockenberry, who became paralyzed from an accident at age 19, writes:

In the first weeks, months, and years after the accident, my body had become a puzzle. Solving it was exhilarating beyond the simple imperatives of survival. Each challenge was interesting in its own way . . . The future seemed like an adventure on some frontier of physical possibilities. Each problem—getting up, rolling over, balancing in a chair, getting from here to there—needed a new solution . . . Solving each problem offered a personal authorship to experience that had never before seemed possible . . . To them, I was just in a wheelchair. To me, I was inventing a new life. (Hockenberry, 1996, 71, 78–9)

In our world as it currently stands, where so many disabilities are not adequately accommodated and ableist attitudes are widespread, disabled people have no shortage of opportunities for achievement. This is because successfully navigating an unwelcoming environment is itself an achievement inasmuch as it involves difficult, competently caused activity. Importantly, this fact should not be thought to provide any sort of defense or justification for the failure to accommodate disabilities, much less for discrimination against disabled people. Injustice, unfairness, and discrimination are not justified by the fact that some individuals might manage to reap some benefits from an unfortunate situation. Plausibly, other ingredients of the good life include a certain degree of autonomy in determining the shape of one’s life and not being subjected to unjust treatment and unfair restrictions of one’s opportunities. The best kind of life for disabled people would be one in which their achievements are not ones that they are compelled by their social environment to make.

Happiness

The apparent compatibility between happiness and disabilities is what gave rise to the very idea of the Disability Paradox. Since the reliability of the life-satisfaction judgments of disabled people is in question, it might be thought question-begging to appeal to them in assessing the in/compatibility of the four disabilities with happiness. What should be emphasized, however, is the fact that there does not appear to be any incompatibility in principle between having below-typical functioning in the four capacities we are considering—that is, the capacities to see or hear, to form healthy

relationships, to transport oneself without assistance, or to engage in cognitively complex tasks—and enjoying various pleasures or attaining high levels of happiness.²⁷ Moreover, our discussion of the compatibility between the four disability types and the three other goods has a bearing on their relationship to happiness, given that rewarding relationships, knowledge, and achievement are all important sources of happiness. Insofar as individuals with the four types of disability have access to a sufficient amount of these goods, we have no reason to assume that they will result in low levels of life-satisfaction and happiness.

Results

The findings of our investigation are as follows.

- (1) Intellectual disabilities typically restrict a person's ability to achieve certain types and amounts of knowledge, though most forms of intellectual disability are compatible (to varying degrees, depending on the nature of the disability) with acquiring at least some knowledge of some kinds. This kind of disability in mild and moderate forms seems in principle strongly compatible with rewarding relationships, achievement of many kinds, and happiness. Severe intellectual disabilities are far more restrictive but may still allow for happiness (though perhaps not life-satisfaction) and some forms of rewarding relationships and achievement.
- (2) A social disability, by its very nature, undermines or seriously restricts an individual's ability to achieve rewarding relationships, though some social disabilities (e.g., autism and borderline personality disorder) are often compatible with attaining rewarding relationships, albeit with difficulty. But social disabilities are strongly compatible with the other goods: they do not inherently present a serious obstacle to attaining knowledge of most kinds, achievements of most kinds, or happiness.
- (3) Sensory disabilities are strongly compatible with all four goods. Being deaf or visually impaired, in itself, is perfectly compatible with achieving high levels of rewarding relationships, knowledge of most kinds, achievement of many kinds, and happiness.
- (4) Mobility disabilities are also strongly compatible with all four goods. Although this kind of disability will prevent a person from pursuing certain forms of achievement and experiential knowledge, it does not prevent or restrict the attainment of other forms of these goods, rewarding relationships, or happiness.

Thus, our inquiry into this matter suggests that, overall, there is an impressive degree of in-principle compatibility between these four types of disability and the four goods of life. Although we have noted various restrictions created by these disabilities, what is most striking is the fact that, with

the exception of very severe intellectual disability, each of the four disability types is strongly compatible with three or four of the goods of life. There is, in general, much more strong compatibility than weak compatibility or incompatibility between these disabilities and goods. This conclusion represents an important challenge to the popular assumption that disabilities, by their very nature, substantially restrict a person's access to the goods of life.

Granted, what counts as a substantial limitation depends on what theory of well-being is correct (cf. Barnes, 2016, 108). We can imagine an objectivist or perfectionist theory of well-being on which knowledge or the exercise of theoretical rationality is an essential and very weighty component of the good life. Given this sort of theory, it seems plausible that intellectual disability will substantially limit one's access to the most significant goods of life. Likewise, on a theory that accords great weight or priority to rewarding relationships, social disabilities may substantially limit one's access to important goods of life.

That said, although there have been a few scholars who regard one or more of our four goods as essential (the most striking example being Nussbaum, 1990),²⁸ many objective theorists mention no such constraint and therefore appear open to the possibility that lesser attainment of one type of good can be compensated by greater attainment of some other type. Hence, a person who faces difficulty or limitations in accruing, say, knowledge might "offset" this loss with rewarding relationships, achievement, happiness, or other types of goods. Of course, most forms of hedonism and desire-fulfillment theory include no restrictions on precisely how happiness or desire-fulfillment is achieved. Therefore, on most theories of well-being, the fact that an individual faces obstacles in securing one type of good is not, in principle, any barrier to that person attaining a high level of well-being.

It might be thought that such obstacles *are* a barrier insofar as opportunities to secure the goods of life are scarce. However, in most cases there is actually a surplus of such opportunities (cf. Asch and Wasserman, 2010, 208). Anyone with access to the Internet has more potential knowledge at their fingertips than any human being could possibly digest in a lifetime. Anyone living in a well-populated region (or who has Internet access) is likely to have plenty of opportunity for rewarding relationships (though, of course, there are limits on the number of people we can bring into our lives). Achievement is a remarkably versatile good, given that virtually any activity can constitute an achievement if it is difficult and competently caused. Finally, there are innumerable ways that people can manage to achieve happiness and pleasure. Most human beings have many more opportunities to pursue the goods of life than they could possibly take advantage of. Hence, on most theories of well-being, the fact that a disability restricts a person's access to one type of good does not, in principle, constitute any barrier to living a rich and rewarding life.

V. IMPLICATIONS AND LIMITATIONS OF OUR INQUIRY

A very natural and common reason for associating disability with low well-being is the assumption that disabilities, by their very nature, substantially limit a person's ability to access the goods of life. Our investigation into the in-principle compatibility of four prominent disabilities and four widely recognized goods of life suggests that, at least on most theories of well-being, this assumption is simply mistaken. This tells us something about the Disability Paradox.

Recall the three strategies for dissolving the paradox. The first rejects the claim that, in general, disabilities lead to low well-being. The second and third accept that claim but propose other reasons why there is not a paradox: the life-satisfaction reports of the disabled are not trustworthy (second strategy), or high life-satisfaction is compatible with low well-being (third strategy). Since our investigation undermines a very natural and common rationale for thinking that disabilities lead to low well-being, it also undermines a common rationale for accepting the second and third strategies. In the absence of some further reason to believe that disabilities lead to low levels of well-being, we believe that the results of our inquiry, in combination with empirical data about high life-satisfaction reports of disabled people,²⁹ provide us with a defeasible reason to favor the first strategy over its two rivals.

Furthermore, our inquiry constitutes a fairly direct challenge to Brock's employment of the third strategy. Brock proposed that disabled people fare well in terms of subjective dimensions of well-being (hence, the reports of high life-satisfaction) but fare poorly in the objective dimension of well-being—specifically, because their disabilities restrict their access to certain goods of life. As we have seen, each of the four disability types has a substantial degree of in-principle compatibility with the three most widely recognized “objective” goods: rewarding relationships, knowledge, and achievement.³⁰ Whenever an individual is cut off from specific forms of one good of life, other forms of that same type of good are often available. Even where there is little or no access to one kind of good, individuals often have the option to lead a rich life in terms of other goods.

It is important to acknowledge some limits of our findings. One important limitation is that we have only examined four types of disability and four putative goods of life. Our list of disabilities is not exhaustive and does not address a range of other relevant conditions (e.g., atypical bodily structures, conditions that lead to chronic pain, conditions that cause premature death). Our list of welfare goods is also not exhaustive and might be contested by some, and a full inquiry into this topic needs to examine the extent to which disability subjects a person to “the bads of life.”

Another limitation is the fact that we have only explored the degree to which the four disabilities are *in principle* compatible with the four goods of life. Obviously, whether they are compatible *in actuality* is a different

matter. In concrete social circumstances, there may be any number of obstacles to an individual's achieving a given good of life.

It is tempting to think that what we really need is an empirical investigation into the actual compatibility of these four disabilities and four goods of life and that an inquiry into in-principle compatibility should be of little interest. However, it is important to recognize that this empirical undertaking would prove an overwhelmingly daunting, if not practically impossible, task. There are several reasons for this.

First, the disability categories that we have canvassed are quite broad and cover a range of different conditions. Second, the four goods of life are themselves multifarious. Think of the countless forms that rewarding relationships may take, given the wide variation in the nature of the people (or animals) involved, the character of their interactions and their attitudes toward one another, the length of their association, the circumstances in which they are placed, and so forth. Third, the in/compatibility of disabilities and the goods of life is a highly context-dependent matter, and there is a rich variety of social contexts. Learning of the compatibility of, say, blindness and achievement in a particular city in Kenya in the 1990s is not going to tell us whether such compatibility obtains in countless other contexts. Fourth, it can be impossible to isolate the causal impact of a single disability in an individual's life, given that the disability exists within a complex web of other well-being-impacting conditions, circumstances, and events. Fifth, some goods of life do not lend themselves to empirical investigation, in part because it is contestable how to understand them. What counts as an eligible "relationship"? (Does the relationship of an adoring fan to a favorite celebrity qualify? A relationship with a deceased relative who is believed to persist in an afterlife? A relationship with a deity? A relationship with oneself?) How do we determine whether a relationship qualifies as sufficiently "rewarding"? In measuring individuals' achievement, what criteria should be adopted to determine if an activity was carried out with sufficient "effort" and "competence"? There is clearly much philosophical groundwork that would need to precede any such empirical work.

We are certainly not suggesting that empirical investigation of these matters is futile. Although we are skeptical that we will ever arrive at a completely satisfactory general response to our question about how far the four disabilities do or do not impede the attainment of the four goods, specific empirical investigations can prove worthwhile and move us closer to an answer. However, until such empirical work is brought forth (and kept up to date in our ever-changing world), it seems reasonable that the in-principle compatibility of disabilities and goods of life, along with the testimony of disabled people regarding their satisfaction with their own lives, should play a central role in guiding our expectations on this matter. Our own findings suggest that there is no reason to presume that, in general, disabled people lack ample access to fundamental goods of life.

Our investigation into the in-principle compatibility of disabilities and goods of life is important for another reason. Sometimes disabled people are thwarted from achieving some good of life due to environmental conditions, social attitudes, or their own expectations or attitudes. It is important to appreciate that, in many cases, there is no deep incompatibility that would explain why they could not obtain that good of life under different circumstances. Our inquiry thus serves the valuable purpose of highlighting cases where we might aspire to remove contingent barriers to disabled individuals' access to the goods of life.

NOTES

1. In this essay, we understand the terms “the goods of life,” “well-being,” “the good life,” “flourishing,” “quality of life,” “benefit,” “harm,” and “a life worth living” to concern the same general subject matter. For an introduction to the topic of well-being, see [Heathwood \(2010\)](#) and [Campbell \(2016\)](#).

2. For helpful reviews of some of this literature, see [Albrecht and Devlieger \(1999\)](#); [Ubel, Loewenstein, and Jepson \(2003\)](#); [Amundson \(2005, 2010\)](#); and [Barker and Wilson \(2019\)](#).

3. Several authors have favored this approach, including [Amundson \(2005\)](#), [Wasserman and Asch \(2014\)](#), [Schramme \(2013\)](#), [Barnes \(2016, ch. 3\)](#), [Campbell and Stramondo \(2017\)](#), and [Barker and Wilson \(2019\)](#).

4. It deserves mention that claims about disabled people's overall level of well-being have some independence from claims about the comparative goodness/badness of disability (i.e., the extent to which a disability makes a person better/worse off than they otherwise would have been). It could be that disabled people tend to enjoy fairly high well-being, even if disabilities tend to negatively impact well-being to some extent (cf. [Lucas 2007a, 2007b](#)).

5. For helpful discussion of this “adaptive preferences” response to the testimony of disabled people, see [Amundson \(2005\)](#), [Goering \(2008\)](#), and [Barnes \(2016, ch. 4\)](#).

6. Granted, there are other possible ways to dissolve the alleged paradox. For instance, one might argue that individuals' reported satisfaction with their lives can be based on factors other than their perceptions of their own well-being and that, as a result, we are not warranted in assuming there is a paradox here. Cf. [Haybron \(2008\)](#), 93. We are focusing on three of the most widely discussed responses to the paradox.

7. For a more extensive introduction to different theories of well-being, see [Heathwood \(2010\)](#), [Bradley \(2015\)](#), and [Fletcher \(2016a, 2016b\)](#).

8. The objective lists were drawn from [Finnis \(1980\)](#), [Parfit \(1984\)](#), [Griffin \(1986\)](#), [Kagan \(1998\)](#), [Murphy \(2001\)](#), [Kazez \(2007\)](#), [Zagzebski \(2008\)](#), [Fletcher \(2013\)](#), and [Rice \(2013\)](#). Relationships or friendship appears on all nine lists; achievement and knowledge on seven; and happiness, pleasure, or lack of suffering on six. Runner-up goods included aesthetic experience, autonomy/freedom, and moral virtue. Three of these goods of life (happiness, achievement, rewarding relationships) show up on the five-element theory of well-being defended by positive psychologist Martin Seligman. His list includes positive emotion, accomplishment, positive relationships, engagement (or flow), and meaning ([Seligman, 2011](#)).

9. Hedonists sometimes capitalize on this very fact to defend hedonism, arguing that our intuitions that these things are good for us are at least partly explained by their association with pleasure and happiness. See, for instance, [Crisp \(2006, 637\)](#).

10. It is commonly thought that a plausible desire-fulfillment theory will not appeal to the fulfillment of one's actual desires, since these can be distorted by faulty reasoning, misinformation, cognitive biases, etc. Instead, it should invoke the desires that one would have if one were adequately informed about relevant facts, procedurally rational, free of cognitive bias, and so forth.

11. This is not to say that everyone has an all-compassing desire for all kinds of knowledge, nor that all people have equally high standards of evidence and justification. People differ in what they take an interest in and also in their evidential standards. The point is rather that most people have some areas of

interest that they want to know about and that they are motivated to take the steps they regard as sufficient to provide them with that knowledge.

12. There is some debate about whether perfectionism can accommodate pleasure and pain. For discussion of this issue and some ways that perfectionists might make space for them, see [Bradford \(2016\)](#), 347–49.

13. Granted, even if perfectionist theories allow that these things contribute positively to well-being, such theories will also tend to regard many disabilities as a direct harm, insofar as they prevent individuals from exercising “natural” capacities (at least, in the way that humans typically do). The extent of that harm depends on the contours of the specific perfectionist theory.

14. We draw on the helpful discussion in [Rodogno \(2016\)](#).

15. It deserves mention that, in contrast to these purely subjective views of happiness, there is some research suggesting that the folk concept of happiness may involve some objective components. See [Phillips, Nyholm, and Liao \(2014\)](#).

16. This is a simplified version of an account of disability explored in [Campbell and Wasserman \(2020\)](#). It deserves mention that, while we are not drawing any distinction between “disability” and “impairment,” we do not accept a naive medical model of disability on which a disability is purely a function of an individual’s intrinsic or internal properties. Our characterization of disability can accommodate the countless cases in which an individual’s diminished functioning is partly due to their social environment.

17. In what follows, we focus more on disabilities that are present from birth or arise in the early or middle periods of life, although disabilities (particularly sensory, intellectual, and mobility) commonly develop as individuals reach an advanced age. We recognize that the “transition costs” of adapting to life with a disability are often substantial.

18. They are the only two sensory disabilities explicitly recognized by the US Census Bureau’s American Community Survey.

19. See [Centers for Disease Control and Prevention \(2021\)](#).

20. It is important to note that there is substantial variation within the four broad categories of disability that we are considering—not only across specific diagnosis groups, but also within them. Many particular conditions are associated with multiple characteristics, some of which can play a role in expanding or limiting individuals’ access to a given good. Accordingly, our discussion about the four disability categories and their relation to the goods of life will not apply invariably to every instance of every condition that falls within these categories. In assessing any particular case of a disability, one needs to attend to the details of that particular case to see whether our generalizations apply. We thank an anonymous reviewer for prompting us to make this clarification.

21. There is research suggesting that people with Down syndrome often have limited friend networks. See [Krauss, Seltzer, and Goodman \(1992\)](#) and [Snowdon \(2012\)](#), 6). However, there is little reason to presume that this springs from the very nature of the disability rather than, say, social attitudes.

22. Those who become blind can eventually lose their memories of what people and things look like. In one of his audio diaries, John Hull reflects: “I am finding it more and more difficult to realize that people look like anything, to put any meaning into the idea that they have an appearance” ([2013](#), 17–21).

23. Granted, if (as Hurka suggests) more deeply explanatory knowledge has greater prudential value, this could mean that intellectual disability often prevents an individual from attaining the most beneficial forms of knowledge. But this suggestion is controversial. Most of us would not consider physicists’ knowledge to enhance their life to a greater extent than the knowledge of, say, legal scholars or healthcare experts—despite the fact that the former group has much deeper explanatory knowledge.

24. Difficult but not necessarily impossible. There are various international and national “blind golf” associations (where golfers compete with the assistance of sighted coaches), and blind archers have competed in the International Paralympics Archery World Championship. There are several examples of this kind.

25. See, for instance, [Solotaroff \(2014\)](#).

26. Indeed, some philosophers have sought to analyze knowledge as a type of cognitive achievement. See [Greco \(2009\)](#), [Carter and Pritchard \(2015\)](#), and [Bradford \(2015b\)](#).

27. This is not to deny that specific conditions can involve or lead to chronic pain, depression, or other conditions that interfere more directly with one’s ability to achieve happiness.

28. In that article, Nussbaum proposes a list of “basic human functional capabilities” such that “life without [these items] would be too lacking, too impoverished, to be human at all. *A fortiori*, it could not be a good human life.” Her proposed list includes “being able to use the five senses”; “being able to imagine, to think and reason”; and “being able to live for and to others, to recognize and show concern for

other human beings" (Nussbaum 1990, 224–5). In contrast, Jean Kazez (2007) thinks certain goods are essential for well-being: happiness, autonomy, self-expression, morality, and progress. "Knowledge" and "close relationships" appear on Kazez's "B list" of nonessential goods.

29. To this, we might also add "disability-positive" testimony and culture. Barnes (2016, ch. 3, 6).

30. Our discussion only addresses two of the three objective goods that Brock mentions. The other is "self-determination" (Brock, 2005, 70). Self-determination or autonomy is sometimes cited on objective lists. Our only remark here is that while disabilities certainly can impede individuals' autonomy, this is usually a contingent matter. There are countless ways that institutional and architectural design, social programs, and family and friend networks can support disabled individuals in attaining typical levels of autonomy.

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