

# Disability, Virtue, and Happiness

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## Abstract

It is common for people to think that being or becoming disabled would lead them to be less happy. However, empirical data suggests that this common view is mistaken. In contrast, many disability scholars argue that disability itself, apart from contingent social factors, does not undermine happiness. In the present paper, I argue that there reason to think a middle view is correct. More specifically, I argue that at least some disabilities themselves can have a negative impact on an agent's happiness. But this very limited conclusion does not mean (a) that all disabilities detract from an agent's happiness or (b) that disabled lives are not happy.

## 1 A Common View

It is very common for individuals, especially if they do not have personal experience with a disability or significant interaction with disabled individuals, to think that having a disability makes one worse off or less happy<sup>1</sup> simply in virtue of having that disability. In what follows, I shall refer to this view as 'the Common View'. And while I won't take time at present to give a more precise treatment of 'the Common View' (though such a task might be worthwhile), the basic idea is hopefully clear: being disabled is normatively bad in a way that isn't just a function of problematic social structures. As Guy Kahane and Julian Savulescu describe it:

The everyday use of disability has an *evaluative* dimension [in addition to a *descriptive* element]. People are often described as *suffering* from a disability. . . . Disability is taken to be a misfortune, something that makes life worse, and thus something that gives us reasons to try to avoid or correct it. In other words, the concept of disability is a *thick evaluative concept*—a concept that at once has specific descriptive content and commits speakers to certain valuations.<sup>2</sup>

Significant literature in disability studies and the philosophy of disability has gone into showing that the 'everyday conception' or 'Common View' is false.<sup>3</sup>

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<sup>1</sup>In the present paper, I'm using these interchangeably. See section 3 below.

<sup>2</sup>Kahane and Savulescu (2009), 17.

<sup>3</sup>The rejection of the Common View is consistent with those with disabilities being worse off because of ableism or other problematic social structures.

For three recent criticisms, see the work of Elizabeth Barnes,<sup>4</sup> Stephen Campbell and Joseph Stramondo,<sup>5</sup> and Guy Kahane and Julian Savulescu.<sup>6</sup>

I find the literature questioning the truth of the Common View to be, on the whole, correct. I'm willing to concede here that there is nothing in disability *per se* which means that individuals with disabilities are always worse off. However, I think that the reaction against the 'everyday concept' or Common View sometimes goes too far. My admittedly limited aim in the present paper is to argue that sometimes having a disability makes an individual worse-off, and not just for reasons related to social structures and ablism. More specifically, I shall argue that there are some disabilities that make those individuals less happy (in the sense of lower well-being) given that they make it harder to acquire certain virtues.<sup>7</sup>

## 2 Testimony Against the Common View

Before turning toward my positive argument, it might briefly be helpful to consider why the Common View has largely been rejected, both by many of those with disabilities and by many working in disability studies. Why think that the mere having of a disability doesn't negatively impact one's well-being?

There are, as I see it, two related reasons to think the Common View is problematic, both of which have to do with the testimony of individuals with disabilities. First, individuals with disabilities typically reject the claim that they're worse off simply in virtue of being disabled (apart from issues related to the ableist structures of much of our society). Instead, there is a robust testimonial literature against the Common View. That is, many individuals with disabilities claim that their disabilities don't decrease their well-being. Instead, being disabled is either neutral or even positive.<sup>8</sup> What makes those

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<sup>4</sup>Barnes (2016)

<sup>5</sup>Campbell and Stramondo (forthcoming). More precisely, Campbell and Stramondo are arguing against what they call 'the Standard View', which makes statistical claim that is not part of the Common View as presented here, though the close connection between these views is obvious.

<sup>6</sup>Kahane and Savulescu (2009). While Kahane and Savulescu argue that the 'everyday concept' of disability mentioned above is false, their primary aim in this paper is to replace the everyday concept, which they see as based on a medical model of disability, and social models of disability with what their own 'welfarist account of disability'. They admit that this view is revisionary, but they think that it can better do the required normative work than existing models.

<sup>7</sup>I have a real concern about the dangers that this project, divorced from the larger project it's a part of, might lead to. And while I try to avoid those dangers in the larger project, present limitations prevent such a discussion here.

<sup>8</sup>In what follows, I'll largely ignore what Elizabeth Barnes refers to as 'disability-positive testimony'—testimony according to which being disabled is not just neutral but has an overall positive impact on well-being. My reason for ignoring this kind of testimony in the present case is that all that's needed to give us reason to reject the Common View is disability-neutral testimony. For this purpose, I shall simply lump disability-positive testimony in to disability-neutral testimony. As Barnes discusses, disability-positive testimony is at the heart of the disability pride movement.

with disabilities worse off is not the disabilities themselves but rather “a social context laden with prejudice and stigma against the disabled.”<sup>9</sup>

In her recent book *The Minority Body*, Elizabeth Barnes gives us a number of reasons to reject attempts to explain away this kind of testimony through some means or other. For one, disability-neutral testimony is shared (though, admittedly, not uniformly) by those with both acquired and congenital disabilities.<sup>10</sup> Furthermore, she argues that attempts to explain away the testimony via an account of adaptive preference is “*too easy*” and leads to “problematic overgeneralization.”<sup>11</sup> Furthermore, building on the work of Miranda Fricker’s work on epistemic injustice, Barnes argues that “dismissing wholesale the testimony of disabled people in this way—whether via a story about adaptive preference or something else—is testimonial injustice.”<sup>12</sup>

Of course, as Barnes and others admit, such testimony isn’t necessarily veridical or infallible. But it is sufficiently robust that we ought to take it seriously. And doing so, Barnes and others argue, gives us reason to think that for at least many individuals and many kinds of disabilities the Common View is simply mistaken.

Though closely related to the first, a second reason for rejecting the Common View can be seen in L. A. Paul’s influential work on transformative experiences.<sup>13</sup> In addition to taking seriously the testimony of individuals with disabilities in the way that we’ve already seen, Paul’s work can also be seen as giving us an account of *why* the Common View might seem so plausible to individuals who haven’t had first-hand experience with disability. Paul asks us to consider how we make judgments about what experiences very different than our actual experiences would be like:

[W]hen you find yourself facing a decision involving a new experience that is unlike any other experience you’ve had before, you can find yourself in a special sort of epistemic situation. In this sort of situation, you know very little about your possible future. . . . If you want to make the decision by thinking about what your lived experience would be like if you decided to undergo the experience, you have a problem. In such a situation, you find yourself facing a decision

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<sup>9</sup>Barnes (2016), 2.

<sup>10</sup>“People who become disabled—including those who have become disabled as adults—and who thus know what it’s like to be non-disabled also express disability-positive views. These views are rarely expressed in the first few years after acquiring disability, as it (unsurprisingly) takes time to adjust to being disabled. But disability-positive testimony isn’t exclusive to those who were born disabled” (Barnes (2016), 121). Such testimony is also discussed in other places; see, among others, Wasserman et al. (2016), section 1.4.

<sup>11</sup>Barnes (2016), 131. Explaining away such testimony via adaptive preferences requires us to assume that being disabled is “something bad or suboptimal. But that’s something we shouldn’t assume. Whether disability is bad or suboptimal is exactly the issue under discussion, and disabled people take their testimony about their own experiences to be part of the evidence we ought to consider when evaluating this issue” (Barnes (2016), 139).

<sup>12</sup>Barnes (2016), 142. See also section 4.8.

<sup>13</sup>Barnes references Paul’s work in her discussion of disability testimony; see, for instance, Barnes (2016), 120 footnote 2.

where you lack the information where you lack the information you need to make the decision the way you naturally want to make it—by assessing what the different possibilities would be like and choosing between them.<sup>14</sup>

Why can't individuals figure out what an experience, such as becoming disabled, would be like without undergoing it? Because these are what she calls 'transformative experiences':

The sorts of experiences that *can* change who you are, in the sense of radically changing your point of view (rather than only slightly modifying your preferences), are experiences that are *personally transformative*... The experience can be life-changing in that it changes what it is like for you to be you. That is, it can change your point of view, and by extension, your personal preferences, and perhaps even change the kind of person that you are or at least take yourself to be. If an experience changes you enough to substantially change your point of view, thus substantially revising your core preferences or revising how you experience yourself, it is a personally transformative experience.<sup>15</sup>

Paul's work on transformative experiences has been applied to a wide variety of life experiences, but of particular relevance here is the way it applies to disability.<sup>16</sup> Paul argues that non-disabled often aren't able to evaluate what it would be like to be disabled because becoming disabled in one such transformative experience. We think, largely wrongly it turns out, that we'd be significantly worse off in terms of disability because we're epistemically unable to know what such experiences would be like and, perhaps more importantly, how such experiences would change us and our evaluation of our well-being.

### 3 The Relevant Sense of 'Less Happy'

The goal of this section is to make clear exactly what I do and do not mean by saying that a disability negatively impacts one's happiness. Before addressing the comparative claim (of being *less* happy than they would be otherwise), a few words about my use of the term 'happiness'. Having elsewhere aligned myself with a roughly Aristotelian approach to happiness,<sup>17</sup> I do not take happiness to be primarily an emotional state. Rather, I take it to be the kind of flourishing that is often picked out by the term 'well-being', and so for present purposes will use the terms interchangeably. Furthermore, I endorse what Parfit calls an 'objective list theory' of well-being, according to which "certain things are good

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<sup>14</sup>Paul (2014), 2f.

<sup>15</sup>Paul (2014), 16.

<sup>16</sup>See, in particular, chapter 3 of Paul (2014); see also

<sup>17</sup>See Timpe and Boyd (2014); Perrine and Timpe (2014); and Timpe (2013), particularly chapter 6.

or bad for us, even if we would not want to have the good things or avoid the bad things.”<sup>18</sup> Further detail as to the particular content of that objective list won’t be relevant for present purposes so long as the virtues are to be counted among the objective goods. (Even the question of whether virtues are partly constitutive of well-being or simply required for well-being won’t need to be adjudicated here; my argument simply needs the claim that the virtues are necessary for well-being.<sup>19</sup>)

With this assumption of an objective list theory of well-being, let’s now consider the claim that a particular trait makes one less happy. The relevant sense of ‘less’ here is to be understood to be an intrinsic reduction in well-being, and not just an instrumental or extrinsic reduction. Consider, by way of comparison, the claim that being the member of a minority makes one less happy. Even if this claim were true, there would be a further question that would need to be addressed: *what is it about being a member of that minority in virtue of which its members are less happy?* Here, there are at least two possible answers. According to the first, it is not something intrinsic to being a minority that makes one less happy. This view could admit that there are instrumental ways that being a minority could reduce one’s well-being. Such an answer is consistent with it being the case that, say, an African-American in 1950 (or a Muslim-American in much of the contemporary US) would be less happy given the racial (and religious) prejudice they encounter in their lives. It wouldn’t follow from, for instance, Jim Crow laws that it was anything about being African-American *itself* that made minorities less well-off. Rather, it would simply be that society was structured in a way to have this effect. The second, and stronger, answer to the question holds that even apart from any social pressures, prejudices, or exclusionary practices members of that minority are less happy than are members of the majority.

Returning to the relationship between disability and happiness, the question I want to focus on isn’t about whether being disabled makes one less happy in the weaker sense. Even if that were the case,<sup>20</sup> that would give us reason to change our present contingent social practices—to make our societies less prejudiced against the disabled, to work toward alleviating the social pressures that disproportionality affect those with disabilities, etc. . . . I think we ought to engage in such projects, but they’re not my focus in this paper. Rather, when I refer to whether or not disabilities make those that have them less happy,

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<sup>18</sup>Parfit (1984), 4. Commenting on Parfit’s classification, Wasserman *et al.* write: “Although ‘objective list theories’ may suggest a simple checklist, they are better seen as recognizing (i) that there is an irreducible plurality in the goods of life and (ii) that their contribution to well-being cannot be expressed in terms of a common metric, like utility. Both (i) and (ii) distinguish objective list theories as a special case of objective or substantive-good theories of well-being” (Wasserman et al. (2016)).

<sup>19</sup>Here, I’m assuming that even if some goods on the relevant objective list are not necessary for well-being, the virtues (both collectively and individually) are. Given the nature of the virtues, I’m inclined to think that possessing them will also require certain subjective elements as well, but won’t pursue that line of reasoning here; see Wasserman et al. (2016), section 1.2.

<sup>20</sup>Though even here the empirical data isn’t what one might initially think, for reasons related to testimony mentioned earlier.

the question I'm attempting to address is the second and stronger sense: even if we could somehow eliminate all social pressures, prejudices, or exclusionary practices, are individuals with disabilities less well-off or happy in virtue of being disabled? As seen earlier, the Common View says yes.<sup>21</sup> Most disability studies scholars answers this question in the negative. I want to argue that the correct answer is: sometimes.<sup>22</sup>

## 4 Disabilities, Emotion, and Well-Being

How might certain disabilities lessen an agent's well-being? The short answer is by making it harder for the agent to realize one of the constituent elements of well-being; and the constituent of well-being I have in mind is virtue—or, more precisely, certain virtues. Whatever the exact make-up of the complete objective list of goods involved in well-being, if the virtues are counted among those objective goods, then if disabilities make it harder for an individual to be virtuous that same disability will make it harder for the individual to achieve well-being.<sup>23</sup>

Painting with an intentionally broad brush so as not to be too tightly wedded to any particular version of virtue theory, I take the virtues to be excellences which dispose their possessor to live and do well *qua* human in some particular way. Many virtues will be dispositions to act in particular ways, such as justice being the disposition to treat others as they are due. But some of the virtues are about being rightly disposed to feel particular emotions as called for by the situation. But, as Robert C. Roberts points out, the connection between virtue and emotion isn't just that virtue requires us to have certain emotions; virtues may also require that we not have others (or not have emotions in inappropriate ways):

Some of these [virtues] are dispositions to have emotions (as as to perform actions) of certain types in certain types of situations (justice, compassion); others are dispositions to overcome or master emotions of certain types in certain types of situations (courage, perseverance); some seem to be dispositions *not* to have emotions of certain types of situations (see 'not given to inordinate anger, or to vanity, and so forth').<sup>24</sup>

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<sup>21</sup>At least most of the time. Whether or not it requires for this to be true in every case would depend on exactly how we precisified the central claim of the Common View.

<sup>22</sup>By this I do not mean to be making a claim about such individuals' value, nor is this a claim that such individuals cannot flourish at all because of their disability in question. Rather, it's simply the claim that in virtue of their disabilities, some individuals are less well-off than they would be otherwise in this second and stronger sense.

<sup>23</sup>Is it ever the case that having a particular disability makes it inherently easier for an individual to develop other virtues that contribute to well-being? I'm inclined to think that the answer is yes, though I don't have time to explore that question at present. Even if there are, it seems doubtful to me that those disabilities that make certain virtues inherently easier to acquire would be the same disabilities as make other virtues harder to acquire.

<sup>24</sup>Roberts (2010), 565.

Few, if any, of us can intentionally cause ourselves to have a particular emotion by a simple act of will. I cannot will myself to feel hope or anger directly. However, we can do things that we know will cause us to have particular emotions. I can, for instance, walk to my bookshelf and reread parts of Kim Nielsen’s *A Disability History of the United States*,<sup>25</sup> knowing that doing so will cause myself to become angry about the myriad ways that institutions in the U.S. have mistreated, marginalized, and oppressed individuals with disabilities. And the virtues which are about having proper emotions, like all moral virtues, can be acquired through the development of states of character.<sup>26</sup> By habituating myself toward the virtue of excellence with respect to anger, I can (indirectly) become the kind of person that will be appropriately empathetic and angered by injustice in how we treat those with disabilities.<sup>27</sup> The proper amount of an emotion that the agent ought to feel in a particular situation (as with the proper action that they ought to perform) is that which is accord with ‘right reason’ or ‘prudence’.<sup>28</sup> The ideally virtuous agent will be the one whose emotions are in perfect harmony with the dictates of prudence. Training one’s emotions, then, will involve a close connection with the agent’s cognitive or intellectual faculties.<sup>29</sup>

In the rest of this section, I consider ways that disabilities can impair virtue formation in virtue of their impact on emotion. There are a number of ways that disabilities can impair virtue formation, some of which I discuss in greater detail below. This discussion, however, is meant to be illustrative rather than exhaustive; there will be other instances beyond those I consider here.

## 4.1 Emotional Blunting and Flattened Affect

Numerous disabilities lead to emotional blunting or flattened affect, a decrease in the frequency or strength of emotions, both positive and negative.<sup>30</sup> Emotional blunting is commonly associated with schizophrenic syndrome and frontotemporal dementia (FTD).<sup>31</sup> In some cases, emotional blunting—and the social

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<sup>25</sup>Nielsen (2012).

<sup>26</sup>See, for instance, Joseph J. Kotva (1996), 105 and Athanassoulis (2013), 43.

<sup>27</sup>? argues that there isn’t a single virtue that is excellence with respect to anger, but a number of related virtues. Nothing of import at present hangs upon the number of virtues with respect to anger.

<sup>28</sup>See Boyd (2014), Wood (2014), and Helm (2010).

<sup>29</sup>The bifurcation of intellectual and moral virtue that traces back to Aristotle likely over-separates things that are interconnection in complex ways.

<sup>30</sup>See, for instance, Kim (2015). Though not an official diagnosis in the DSM-V, alexithymia also seems relevant to the present discussion. See Ricciardi et al. (2015).

<sup>31</sup>See Berenbaum et al. (1987), 57 and Williamson and Allman (2011), 104 respectively. FTD can also lead to volitional impairment, which can intersect with other symptoms. More on intersectionality below. Damage to different parts of the brain can cause neurologically distinct kinds of blunting: “right hemisphere damage may produce disturbances in affective expression . . . , whereas damage to the frontal lobe convexity is more likely to result in apathy and avolition. . . . Thus, blunting might not be a unitary trait but, as presently measured clinically, may represent a heterogeneous symptom complex, with the various components having different clinical and theoretical implications” (Berenbaum et al. (1987), 58—citations omitted). FTD affects the ventromedial frontal region, which plays a key role in social and

and personality changes that it can lead to—may be more significant than a condition’s cognitive or neuropsychological deficits.<sup>32</sup> This appears to be the case, for instance, in individuals with FTD:

Neuropsychiatric changes are the most prominent symptoms of early FTD. During the first few years after onset, the neuropsychiatric symptoms usually overshadow any cognitive disabilities. . . . Symptoms such as decreased social tact and propriety, abulia and disengagement, and emotional detachment are out of proportion to memory deficits. . . . Investigators suggest that many of these neuropsychiatric changes have a basis in emotional blunting, such as social impropriety, decreased personal regulation, and overall lack of consideration for people.<sup>33</sup>

Individuals impaired by FTD can become emotionally detached; have a decrease in autonomic emotional responsiveness; lose empathy and willingness to comfort others; and more frequently fail to comfort or help others in distress, even if they are family members or close friends.<sup>34</sup> (Emotional blunting can also impair other emotional responses, not just those involving empathy.)

## 4.2 Executive Dysfunction

Another way that disabilities can impact an agent’s emotions are via impairments related to executive dysfunction. I’ve explored the connection between disabilities and executive function at greater length elsewhere, and here only want to summarize some of that discussion.<sup>35</sup> One difficulty which confronts anyone interested in how disabilities can impact agency via impaired executive functioning is the “failure to find consensus on a general definition of the construct.”<sup>36</sup> For purposes of the present project, I understand executive function to be an umbrella term that encompasses the following abilities:<sup>37</sup>

- agential planning
- initiation of action, particularly for goal-directed behavior

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learned emotional responses to novel situations, and the anterior temporal region, involved in empathy; see Mendez et al. (2006), 245.

<sup>32</sup>Mendez et al. (2006), 242.

<sup>33</sup>Mendez et al. (2006), 245. Citations in quotation omitted.

<sup>34</sup>Mendez et al. (2006), 245.

<sup>35</sup>See Timpe (2016), from which this section borrows.

<sup>36</sup>Borkowski and Burke (1996), 244. Similarly, “There continues to be no consensus definition of executive functions” (Senn et al. (2004), 445); see also Brier (2015), 2 and Chung et al. (2014), 13.

<sup>37</sup>See Brier (2015), 2f; Smidts et al. (2004), 386; Sample (2008), 75f; Siegler (1991), Lezak et al. (2004), 611. As Weyandt et al. (2014) makes clear, “a universally accepted definition of EF does not exist, and many have criticized the broad definitions of the construct” (69).

- working memory<sup>38</sup>
- self-monitoring<sup>39</sup>
- behavioral self-regulation (including restraint and inhibition)
- emotional self-regulation
- attention/focus
- selective attention
- task coordination and switching<sup>40</sup>
- effective performance.

Even this list is incomplete, as over 30 constructs have been included within the scope of executive function.<sup>41</sup> Of particular interest here, however, is the role that many of these abilities will play in emotional response directly or in the formation of virtue. Emotional self-regulation, for instance, will have a direct impact.<sup>42</sup> And some scholars suggest that regulating the strength of many emotions is also explicable in terms of executive function.<sup>43</sup> Furthermore, many of these abilities involved in executive function will be involved in the agent’s attempts to form virtues, including those that have emotions as their objects. For instance, impairments of behavioral self-regulation or inhibition will make it more difficult for individuals to behave temperately, and thus develop the virtue of temperance.

### 4.3 Cognitive Disabilities and Emotions

In addition to affecting executive function, the emotions are closely connected with the role of cognition in agency. This connection has a number of different elements. First, research has shown that the emotions impact the gathering of information, and that emotional impairment can undermine the motivation

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<sup>38</sup>Working memory allows “information to be held after sensory input so that a course of action can be planned” (Williamson and Allman (2011), 55). According to Baddeley (1992), working memory is central to executive function in virtue of its role in controlling attention; see also Baddeley et al. (1996).

<sup>39</sup>Self-monitoring refers to the processes that individuals “use to check in and note if their in depended behavior is matching their actual behavior” (Brier (2015), 5). Williamson and Allman include the following under self-monitoring: “self-appraisal, agency, autobiographical memories, propection, and theory of mind” (Williamson and Allman (2011), 123).

<sup>40</sup>See McLean and Hitch (1999), 243f.

<sup>41</sup>Goldstein et al. (2013), 4.

<sup>42</sup>For relevant psychological research on the connections between the emotions and executive function, see Lezak et al. (2004), chapter 19. On some models of executive functioning suggest, management of the emotions also falls within the scope of executive functioning. Brahdstadter describes emotional-regulation and self-control as “basic requirements of social coexistence” (Brandtstadter (2000), 3).

<sup>43</sup>Kim (2015), 139.

for further inquiry.<sup>44</sup> Second, many emotions themselves have a cognitive element.<sup>45</sup> Antonio Damasio's well-known *Descartes' Error: Emotion, Reason, and the Human Brain* is an extended treatment of the close interconnections between emotion and cognition with respect to the human brain. Since at least Plato, philosophers have thought that emotion can undermine rationality. But Damasio also argues that the emotions are "indispensable for rationality."<sup>46</sup> While the emotions can make us less rational, so too can their absence or impairment:

Reason may not be as pure as most of us think it is or wish it were, that emotions and feelings may not be intruders in the bastion of reason at all: they may be enmeshed in its network, for worse *and* for better... It is thus even more surprising and novel that the *absence* of emotion and feeling is no less damaging, no less capable of compromising the rationality that makes us distinctly human and allows us to decide in consonance with a sense of personal future, social convention, and moral principle.<sup>47</sup>

Damasio gives the example of Elliot, discussed at length in chapter 3 of *Descartes' Error*. Elliot had a frontal lobe tumor which was surgically removed, resulting in impairments of both the emotions and executive function but no cognitive or memory impairment. Nevertheless, the removal of the tumor lead to agential failures. "He was still physically capable and most of his mental capacities were intact. But his ability to reach decisions was impaired, as was his ability to make an effective plan for the hours ahead of him, let alone to plan for the months and years of his future."<sup>48</sup> Given these impacts, it would not be surprising if Elliot had a more difficult time undertaking the task of forming virtue, including those virtues that are excellences of the emotions.

Relatedly, there is evidence to suggest that cognitive disabilities<sup>49</sup> could make it more difficult for agents to foster certain virtues even if it does not necessarily impair the emotions themselves. In his *Spiritual Emotions: A Psychology of Christian Virtues*, Robert C. Roberts claims that emotions are shaped

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<sup>44</sup>Elster (2010). For more on the motivational role of the emotions, and not just with regard to intellectual inquiry, also Helm (2010); Prinz (2010), section 1; and Morton (2010), 389.

<sup>45</sup>See Prizant (2015), Goldie (2010), Elster (2010), Morton (2010), Tappolet (2010). Roberts (2007), and Jaggar (1989).

<sup>46</sup>Damasio (1994), xiii.

<sup>47</sup>Damasio (1994), xii.

<sup>48</sup>Damasio (1994), 37. See also 40–45.

<sup>49</sup>Not everyone uses the terms 'cognitive disability' and 'intellectual disability' in the same way, or in the same way as others use them. In the introduction to their *Cognitive Disability and Its Challenge to Moral Philosophy*, Licia Carlson and Eva Feder Kittay write that "We've chosen 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 (2010)). Following them, I will speak of cognitive disability and intend my use of the term to cover the wider category of disability which includes but isn't limited to intellectual disability

by concepts and narratives.<sup>50</sup> Similarly, he tells a very cognitive story of coming to no longer see one's reasons as adequate to justify one's actions or emotions.<sup>51</sup> Consider, for instance the role that prudence is typically thought to play in virtue ethics.<sup>52</sup> Prudence is that intellectual virtue connected with what ought to be done, and thus aims at action:

Practical wisdom, or prudence, is thus a 'bridge virtue,' connecting reason with moral activity. Put briefly, prudence is the deeply anchored, acquired habit of thinking well in order to live and act well. Aristotle defines it as 'a state of grasping the truth, involving reason, concerned with action about things that are good or bad for a human being' [*Nicomachean Ethics* 1140b5]. . . . It is a cultivated habit of good judgment that allows us to reason thoroughly and with finesse amidst the particularities of our moral, interpersonal, emotional, political, and various other life circumstances, toward the end of human flourishing.<sup>53</sup>

Prudence is not only a cardinal virtue, it is the first, in one important sense of first, of the cardinals. Prudence is necessary for the proper development of the other cardinal virtues since it is by prudence that the agent is able to know *how* to develop the other virtues.<sup>54</sup> Wood gives the example of temperance: "If, for instance, temperance in eating requires that one avoid too much or too little suitably nutritious food, one must discern the truth about the type and amount of food best suited to health and overall well-being."<sup>55</sup> On such a model, it might not be surprising then that cognitive impairment often contributes to obesity.<sup>56</sup> I'm not suggesting that all obesity is caused by gluttony; but cognitive impairments could make it more difficult for an agent to develop prudence and thus properly train their desire for food, drink, and exercise. A similar point could also be made about those virtues involving the emotions.

Prudence can be understood as involving the agent's excellence with respect to believing the relevant normative reasons and the excellence of weighing them properly. It shouldn't be hard, then, to see how a cognitive impairment which

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<sup>50</sup>Roberts (2007), 29f. Another approach to the emotions which has a very cognitive flavor is Gabrielle Taylor's; see Taylor (1985). In particular, Taylor focuses on pride, shame, and guilt, and gives a 'propositional' account of their nature; see *ibid.*, 5.

<sup>51</sup>Roberts (2007), 39ff.

<sup>52</sup>I draw here on W. Jay Wood's recent account of prudence (Wood (2014)) even though there are competitors. Those that prefer a different account can substitute their preferred view in what follows. I suspect such an adaption would not have major implications for the main contours of my argument.

<sup>53</sup>Wood (2014), 37.

<sup>54</sup>While Wood puts this point explicitly terms of prudence's role in the development and deployment of the other cardinal virtues, the same point would also hold regrind other moral virtues, and perhaps other intellectual virtues as well.

<sup>55</sup>Wood (2014), 38. Similarly, Wood writes that "Prudence is essential for moral virtue because it provides the ineliminable sound judgment required to practice any of the virtues in our particular moral circumstances" (Wood (2014), 38).

<sup>56</sup>Doody and Doody (2012) documents a 59% higher rate of obesity among individuals with intellectual disabilities as compared with the general population.

makes prudence more difficult to achieve could, by consideration of prudence's role in forming the other virtues, also make it more difficult to develop other virtues as well.

I have argued above that certain disabilities which impact an agent's emotions may impair moral agency, and make it harder for an individual to develop certain virtues. Insofar as the virtues are among the objective goods that are constitutive of well-being, one implication of this investigation is these disabilities may decrease an agent's well-being via their interfering with the proper training of emotion that virtue requires.

## 5 Avoiding Various Dangers

In the previous sections, I have argued that some disabilities can decrease an agent's happiness or well-being by negatively impacting their ability to form certain virtues. In this final section I want to indicate briefly a number of way my project might be misconstrued and seek to prevent those misconstrues. In brief:

1. One might think that my argument supports the Common View. But this would be a mistake. It is possible for some disabilities to decrease well-being by making virtue harder to realize without meaning that all individuals with disabilities are worse off.
2. My argument doesn't entail that disabilities (much less all disabilities) are 'bad differences' in Elizabeth Barnes' sense of that phrase. As Barnes herself agrees, it is consistent her particular version of the 'mere difference' view, which she calls the 'Value-Neutral Model', that something that is neutral simpliciter still can be bad for the individual.<sup>57</sup>
3. Nothing in my argument means that disabilities negatively impact well-being more than do other factors. If one thinks my argument carries such an implication, I explicitly cancel any such implicature. In fact, in the larger project that this paper is a part of, I focus on how disabilities' impact on agency are much more similar to other factors than we might initially think. I endorse a degreed conception of agency, and disability is only one factor that can affect the extent of our agency.
4. Finally, I'm not claiming that having a disability of the sort under discussion here means that the individual's moral status or value is less than that of non-disabled individuals due to their disability.

While I don't have time to spell out in the present venue all the relevant issues here, I hope that from what I have said above it's sufficiently clear, at least in general, how how these consequences are avoided. While I think that there are

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<sup>57</sup>Barnes (2016), 80. In fact, this seems to be a motivation for developing the view in the way that Barnes does.

numerous things that can negatively affect an individual's well-being whether or not they are disabled, including many that are not the fault or under the control of the individual, it may be that not all disabilities are neutral with respect to well-being. If this limited conclusion is true, it's a conclusion that many in the disability studies literature may not welcome.<sup>58</sup>

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