

Harris, Disability, and the Good Life

STEVEN D. EDWARDS

According to Professor Harris, anyone with a disability inevitably endures harm. This is because disability is a “harmed condition,”¹ and indeed Harris proposes a “‘harmed condition’ model of disability.”² The kind of harm disability entails is due to “the deprivation of worthwhile experience.”³ Harm is also incurred due to the fact that “important options and experiences are foreclosed by lameness, blindness and deafness.”⁴

The conception of disability as a harmed condition leads Harris to conclude that an individual’s chances of leading a maximally good life are inevitably impugned by the presence within that individual of a disability. Thus although it is perfectly possible that a person with a disability may lead a good life, his or her chances of leading a better life would have been improved were he or she not disabled.

This chain of reasoning is perhaps best illustrated in consideration of sensory disabilities. Following Harris, consider life in a state of complete deafness. This is an intrinsically harmed condition because the deaf person is deprived of a range of “worthwhile experiences.” These include the sound of beautiful music and the voices of loved ones. Due to this deprivation, the deaf person’s chances of leading a good life are inevitably reduced.

Now, consider a different kind of disability—paraplegia—that is not accompanied by sensory disabilities such as deafness or blindness. What could be the relevant class of worthwhile experiences that a paraplegic is deprived of? Given what Harris has claimed in relation to deafness, it would be reasonable to suppose that the range of worthwhile experiences he would have in mind include walking and general ease of mobility. As is well documented, the social environment can conspire against wheelchair users, making access to key services and facilities difficult.⁵ Because of this, it would seem reasonable to suggest that “important options” would be, if not foreclosed, more difficult to pursue.

Intellectual disabilities comprise a third category of disabling conditions. Let us focus on those conditions typically characterized by reference to IQ, conditions formerly described as mental handicaps. Down’s syndrome is a genetic abnormality associated with intellectual disability in almost all cases. Often the intellectual disability is mild or moderate in severity. What range of worthwhile experiences would such a person be deprived of due to his or her intellectual disability? Once again, extrapolating from Harris’s remarks about deafness, it seems reasonable to infer that he would point to the difficulties such a person would have in the execution of complex intellectual tasks, including, perhaps, acquisition and execution of subtle social skills. The “options and experiences” foreclosed to a mildly intellectually disabled person would include those just mentioned, plus, presumably, reduced opportunities for independent living and experiences associated with completion of complex tasks.

Having summarized Harris's views, fairly and accurately I hope, as they apply to disabilities, let us now identify two possible strategies for subjecting them to criticism. The first strategy tries to challenge the claim that disabling conditions inevitably reduce opportunities for worthwhile experiences. The second strategy is more ambitious. It seeks to query the necessary connection that Harris proposes between disabling conditions and impugned capacity for leading a good life.

Before pursuing these two strategies, brief consideration is called for concerning the idea of a worthwhile experience. As noted previously, according to Harris, deafness is a harmed condition because it deprives an individual of worthwhile experience.⁶ In virtue of what, then, is an experience worthwhile or otherwise? There are only two possibilities. An experience is worthwhile due to some intrinsic feature of it. Or, it is worthwhile due to some specific instrumental feature of it. Could hearing per se be understood to have intrinsic worth? It seems to me that it does not have intrinsic worth. Its worth stems from its connection with more specific goals such as hearing the sound of the sea, or of music, or of the voices of loved ones. If this is accepted, then hearing seems to be worthwhile not in itself but only in terms of its role as an instrument to aid the person to experience the kinds of aesthetic pleasures that can be gained from appreciating music, the sounds of the sea, and so on. So one way of explaining the worthwhileness of hearing is by virtue of its connection with attainment of certain kinds of pleasures or goods. These can be aesthetic, as in the "sound of music" example, or they can be the kinds of social or human goods that help to bond loved ones together in their relationships—as in the "voices of loved ones" example. The key point is that hearing thus counts as a worthwhile experience because of its instrumental rather than its intrinsic properties. The significance of this for the present discussion is as follows. Suppose the goods to which hearing is a conduit can be attained via some other route. And suppose this route is neither unduly burdensome nor excessively circuitous. The significance of absence of hearing seems then to be diminished. This conclusion follows *if* hearing is worthwhile due to its instrumental role in attaining goods, and *if* such goods can be attained by equally efficient means. So, it would be sufficient for an experience to count as a worthwhile experience if it is instrumental in character and serves as a conduit to the attainment of certain types of goods. Hearing thus counts as a worthwhile experience. Having made these points concerning the idea of a worthwhile experience, we now move on to consider the first of the two strategies described previously.

The first strategy argues that disabling conditions do not reduce opportunities for worthwhile experiences.

Consider the three categories of disabilities identified previously (sensory, physical, and intellectual). It should be acknowledged that sensory disabilities, by definition, cause reduction or lack of efficacy of the function of the senses. Physical disabilities such as paraplegia, as noted, generate mobility problems (in the absence of wheelchair provision and a modified social environment). Intellectual disabilities, again as noted, impugn problem-solving capacity given certain kinds of problems.

The discussion of what counts as a worthwhile experience suggested that hearing is a good due to its instrumental properties not due to its intrinsic ones. I think the same can be said of sight too. And, given more space, that analysis can be extended to mobility and to intellectual capacity. These are worthwhile not in themselves but because of their role as conduits to goods. As seen, such goods can be

aesthetic, familial, moral, or other. It follows that if relevant goods can be attained by other routes and can be attained equally conveniently, then disabling conditions do not reduce opportunities for attainment of worthwhile experiences.

The key clause in the last sentence concerns the reference to convenience. Consider sensory disabilities. It is plain that neither deafness nor blindness, in itself, prohibits the attainment of aesthetic goods. Neither condition is incompatible with appreciation of beauty. Do such conditions reduce opportunities for worthwhile experiences? They do of course restrict opportunities for certain *kinds* of worthwhile experiences, namely those the attainment of which requires the missing sense. But other kinds of worthwhile experiences can readily be obtained, including attainment of aesthetic goods. The deaf person can attain these via the remaining senses. The same is true of the blind person.

Do sensory disabilities prohibit attainment of social goods such as participation in family life or personal relationships with others? Although they do not prohibit attainment of such goods, it could be contended that the ease (i.e. "convenience") with which they can be attained is less than for persons without sensory disabilities. For, it may be argued, the sensory channels are key to developing such connections with others, and absence of a sensory channel impedes the development of such deep relationships. Of course such depth can be attained in time, but, it may be argued, there is a difference between the rate at which a person without sensory disabilities could attain such goods and the rate at which a sensorially disabled person could attain them. It follows that although such sensory disabilities do not prevent acquisition of certain kinds of goods, they impede the rate of acquisition of some of them.

Nonetheless, recall that this first strategy attempts to argue that disabling conditions do not reduce opportunities for worthwhile experiences. To show that a condition reduces the rate at which a worthwhile experience can be attained is not to show that the condition reduces opportunities for worthwhile experience. It is not clear to me that a theorist can credibly hold that the capacity for worthwhile experiences from five sensory routes is better than the capacity for worthwhile experiences from four sensory routes. If, after all, what matters is the capacity to have worthwhile experiences, why should it matter how many routes are open to an individual to exploit in order to attain them? The key questions are as follows: Can this individual attain worthwhile experiences? And can this individual attain such experiences with the same degree of convenience as an individual with five sensory routes to such experiences? In the case of a deaf or blind person with no other accompanying disabilities, Harris and I would agree that the answer to the first question is "yes." The second question is more difficult. According to the analysis presented so far here, the senses and other bodily and intellectual capacities are means to the achievement of ends. It has been pointed out that the absence of one set of means in an individual need not inhibit the capacity of that individual to attain worthwhile experiences. Such an individual could exploit other means (sensory channels, bodily capacities, and so on) available to him or her in order to attain worthwhile experiences. Moreover, it has been suggested that such an individual could attain certain types of such experiences with no greater inconvenience than a nondisabled individual.

To summarize this point as briefly and crudely as possible, it follows from Harris's conception of disability that (for example) a deaf person has the capacity to access fewer *types* of worthwhile experiences, and therefore, goods. Specifically,

the types of worthwhile experiences that require the conduit of the sense of hearing are unavailable to a deaf person. But it does not follow from this that such a person has reduced access to worthwhile experiences and, therefore, to goods, *per se*. To give a last example in illustration of the point, I may have access to one hundred sweets of the same type and may gain a specific degree of pleasure from eating these. It doesn't follow that my pleasure would have been increased if, instead of consuming one hundred of the same type of sweet, I'd consumed one hundred sweets of different types.

We now turn to discuss the second strategy described previously. This seeks to query the necessary connection that Harris proposes between disabling conditions and an impugned capacity for leading a good life.⁷

Harris's characterization of disability inescapably takes one to discussion of what counts as a good human life. This is due to its appeal to evaluative concepts such as importance, that which is worthwhile, and of course the concept of harm. There are roughly three answers to the question, "What makes a good (human) life?" According to the first, a life goes best when it involves the experience of as many pleasurable experiences as possible. According to the second, a life goes best when as many preferences as possible are satisfied. And according to the third answer, a life goes best when as many objective goods as possible are attained.⁸ Given that it has already been agreed that it is perfectly possible to lead a good life with a disability, the crucial question to pose is whether disability impugns a person's very capacity to lead a good life. Consider this question in the light of the three ways just listed of answering the question of what counts as a good life.

First, then, consider that a good life is a pleasure-filled life. It is plain that many disabling conditions are not incompatible with the experience of pleasure. This is obviously true of many sensory, physical, and intellectual disabilities. So, do such conditions impugn the disabled person's capacity to experience pleasure? As discussed previously, it is clear that sensory disabilities impugn a person's capacity to experience certain *kinds* of pleasures. But typically there is no reduction of the person's capacity to undergo pleasures *per se*. The same can be claimed in many kinds of both intellectual and physical disabilities.

Let us turn to the second option, then: that a good life involves maximal preference satisfaction. From this perspective, disabling conditions that are incompatible with the formulation of preferences are plainly incompatible with the possibility of leading a good life. But there are many kinds of disabilities that are not so disabling as to prevent the very formulation of preferences. Do disabilities impugn the capacity for preference formulation? If they do, then on this option disabilities clearly do impair the capacity to lead a good life. Consider sensory disabilities once again. Following Harris, it could be argued that they impugn the capacity to satisfy preferences related to the missing sense. But there are a couple of responses to this. First of all, is it clear that a congenitally deaf person, say, could formulate the kind of hearing-dependent preferences identified by Harris (to hear the sound of the sea, etc.)? It may be argued that because such a person has no conception of what it is to hear, he or she is cognitively incapable of formulating any hearing-dependent preferences. Second, it remains possible for a sensorially disabled person to entertain other kinds of preferences. So again, preference formulation (and satisfaction) *per se* is not excluded by sensory disability. Only objectionably imperialistic versions of preference-satisfaction theories of the good life could require a good life to consist in satisfaction of preferences of specific kinds. I think

that similar responses could be advanced in discussion of physical and intellectual disabilities too. If this is so, it can be concluded that many kinds of disabilities do not impugn the capacity to lead a good life because they do not impugn the capacity for preference formulation and satisfaction.

Let us turn then to the third and final answer to the question of what makes a good life: the view according to which such a life is one that involves the attainment of a sufficient level of objective goods. It may help to give examples of the kinds of goods being referred to here. In his discussion of such an approach, Griffin gives the examples of “accomplishment, deep personal relations, and the enjoyment of beauty.”⁹ (See also Aristotle’s *Nicomachean Ethics* for the key classical discussion of the idea of a good life.)¹⁰ As before, it is worth noting that many disabilities are compatible with attainment of such goods. But do they impair a person’s capacity to attain them? Let us again follow Harris and focus on sensory disabilities. It seems difficult to sustain any claim to the effect that such disabilities do in fact impair a person’s capacity to attain objective goods of the kind cited by Griffin. One might even argue that the capacity for accomplishment is actually enhanced rather than impugned. For the greater the obstacles one faces, the greater the scope for accomplishments. And plainly, the capacity for deep personal relations is not impugned by sensory disabilities. Perhaps the capacity for the enjoyment of aesthetic goods is impugned in the same way in which the capacities for experiencing pleasures or preferences associated with specific senses may be thought impugned. A blind person cannot see a painting, nor can a deaf person hear a symphony, as Harris notes. So certain routes to certain kinds of goods are closed off. It should be said in response, though, that access to aesthetic goods per se is not.

To conclude: this article began with a summary of Harris’s views on the nature of disability, and of why it is a harmed condition in his eyes. Two strategies for responding to his line were identified. The first tried to argue against Harris’s conclusion that disabilities inevitably reduce opportunities for worthwhile experiences. The second tried to connect Harris’s views on disability with three theories of the good life and to show that (many) disabilities need not impugn a person’s capacity to lead a good life.

Notes

1. Harris J. Is there a coherent social conception of disability? *Journal of Medical Ethics* 2000;26(2): 95–100, at 99.
2. See note 1, Harris 2000.
3. See note 1, Harris 2000, at 98.
4. See note 1, Harris 2000.
5. See, e.g., Oliver M. *The Politics of Disablement*. Macmillan: London; 1990; Toombs SK. Sufficient unto the day: A life with multiple sclerosis. In: Toombs SK, Barnard D, Carson RA, eds. *Chronic Illness, from Experience to Policy*. Indianapolis: Indiana University Press; 1995, at 3–22.
6. See note 1, Harris 2000, at 98.
7. See also Edwards SD. *Disability, Definition, Value, Identity*. Oxford: Radcliffe Publishing; 2005.
8. Parfit D. *Reasons and Persons*. Oxford: Oxford University Press; 1984; Brock D. Quality of life measures in healthcare and medical ethics. In: Nussbaum M, Sen A, eds. *The Quality of Life*. Oxford: Clarendon Press; 1993: 95–132.
9. Griffin J. *Well-Being: Its Meaning, Measurement, and Moral Importance*. Oxford: Clarendon Press; 1986, at 70.
10. Aristotle. *Nicomachean Ethics*. Thompson JAK, trans. London: Penguin; 1953.