Ways To Be Worse Off

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Abstract: Does disability make a person worse off? I argue that the best answer is yes *and* no, because we can be worse off in two conceptually distinct ways. Disabilities usually make us worse off in one way (typified by facing hassles) but not in the other (typified by facing loneliness). Acknowledging two conceptually distinct ways to be worse off has fundamental implications for philosophical theories of well-being.

A central question in the philosophy of disability concerns the implications of disability for well-being. The question is of obvious relevance to several controversies in bioethics; positions concerning the permissibility of prenatal screening for the purposes of positive or negative selection and the appropriate allocation of scarce health-care resources turn, in large part, on whether disabilities are a form of value-neutral diversity (mere difference) or a regrettable, harmed condition (bad difference).

Perhaps it is because the practical implications of the mere-difference/bad-difference debate are so significant that philosophers have given little attention to that debate's theoretical implications. Those implications are also significant. In fact, clarifying a conceptual confusion at the heart of the mere-difference/bad-difference debate yields a fundamental challenge to the entire project of theorizing well-being.

Thus, I have two goals in this paper. First, I engage the mere-difference/bad-difference debate by attending to the pre-theoretic concept of well-being. I argue that there is no unified concept of well-being, rather a graft of two distinct sub-concepts. As a result, the answer to the question "Does disability make a person worse off?" is "yes and no," because the question is ambiguous. Second, I trace the implications of this answer for theories of well-being. All of the going theories of well-being assume a unified pre-theoretic concept of well-being. But if our pre-theoretic concept of well-being is actually a graft of two distinct sub-concepts, then a unified theory of well-being is impossible. We would do better to start over, with the two sub-concepts of well-being as the targets of two theories.

The paper proceeds in four sections. Section 1 offers some standard qualifications and clarifications of the question "Does disability make a person worse off?" and explains the method I propose to engage that question. Section 2 characterizes two distinct pre-theoretic concepts of

well-being and offers examples of the kind of confusion and miscommunication that can follow on eliding the distinction. Section 3 uses the two sub-concepts of well-being to develop and defend a new position in the mere-difference/bad-difference debate. Section 4 discusses implications for philosophical theories of well-being.

1 Preliminaries

The organizing question for the paper is: Does disability make a person worse off? Autorefsec:one outlines two fairly standard clarifications and qualifications of the question, and makes explicit two features of the method I'll use in answering it.

1.1 Two Clarifications of the Question

'Disability' isn't an easy word to define, and I won't attempt a philosophical definition. Following Elizabeth Barnes (2014), I'll use the word primarily in an ostensive sense, as picking out the set of 'familiar' disabilities—blindness, deafness, paraplegia, quadriplegia, Down syndrome, etc.—that are the first examples of disability to come to mind for many people. It is characteristic of these familiar disabilities that they are stable (as opposed to progressive), have minimal implications for life expectancy, and do not have as part of their concept pain or suffering.[1]

The advantage of this approach is that it allows us to make progress on one important and difficult question (the mere/bad debate) without first requiring us to settle a different difficult question (the necessary and sufficient conditions of disability). To focus, for the purpose of this paper, on a narrow and ostensive meaning of 'disability' is not to deny that there are many disabilities beyond the 'familiar' ones. Indeed, nothing I say is intended to hold true of *all* disabilities, or even all instances of the disabilities I focus on. What I will go on to say holds true, often, of many of the familiar disabilities. That's more than enough to get my project off the ground.

> **Question clarification 1:** For the purposes of this paper, I intend the word 'disability' in the question "Does disability make a person worse off?" to pick out blindness, deafness, paraplegia, Down syndrome, and any other 'familiar' disabilities that are stable, have

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[1] Progressive disabilities (e.g., muscular dystrophy, multiple sclerosis) require repeated or even constant adaptation to new functional capabilities. Stable disabilities, when acquired after childhood, impose one-time transition and adaptation costs. Emotional or physical suffering is part of the concept of some disabilities (e.g., depression, fibromyalgia), and a significantly shortened life is characteristic of some disabilities (e.g., Tay-Sachs disease, cystic fibrosis). Such health consequences stand in contrast with those of blindness, deafness, etc., and I'll treat them separately.

minimal implications for life-expectancy, and do not conceptually include emotional or physical suffering.

It is also characteristic of the familiar disabilities that they all include a social component. This can be established close to decisively by means of society-swapping thought experiments.[2]

Imagine that right now your slate of impairments is clean, but plot twists have trapped you in a science-fiction scenario: when you wake up in the morning, alien experimenters will have removed from you a physical ability you had when you went to bed. They will do you the courtesy of leaving an index card on your chest specifying your new impairment, so you won't have to go to the trouble of snapping your fingers by your ears, etc. The card might read "you are now quadriplegic," or it might read "you are now unable to roll your tongue," or anything between. You go to sleep, wake up, and read your card: "you are now tone-deaf;" that is, you are newly unable to distinguish the relative pitch of musical notes. I expect you would feel you got off easy. I expect you would not feel you had been *disabled* in your sleep.[3]

A similar scenario: when you wake up, not only will you lack a physical ability you had when you fell asleep; you will also have been transported to one of a hundred off-world human colonies. Some colonies are new, and share your culture, but some are generations old and have evolved radically different cultures. You wake up and your card reads "you are

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[2] Many good society-swapping examples already appear in the literature. Ron Amundson, for example, asks us to imagine triplet sisters with identical paraplegia living in different cities that differentially accommodate wheelchairs. The differences in their mobility are entirely a function of their social circumstances, not their bodies (2005, 109–110). Vic Finkelstein offers a similarly spirited fanciful example of an imaginary town in which everyone uses wheelchairs, and building codes evolve to serve the needs of seated people. Leg-walkers, on moving to this town, would find themselves *disabled*—whacking their heads on door frames, developing back problems from hunching indoors, and so on (1988). Both of these examples are intended to establish that disability isn't a feature of bodies alone, but rather a feature of the fit between bodies and their environments.

When I've used Amundson-style examples in teaching, many students respond along these lines: "I don't doubt that ramps make life easier for people who use wheelchairs. But still—Amundson's paraplegic sisters are all three *disabled*, independent of social arrangements. They're *paraplegic*!" Similarly with Finkelstein's example. Some students resist the radical intent of the story in favor of an inspirational message of inclusion and fairness. In Finkelstein's story, they identify the wheelchair users as disabled, the leg-walkers as non-disabled, and think the wheelchair users treat the leg-walkers unfairly by failing to accommodate them . . . just as our society treats wheelchair users unfairly.

In adding my own examples to the list of existing examples, I do not contribute anything philosophically new. What I take myself to be contributing is a pedagogical tactic I've found helpful for making the social component of disability clear to people who haven't previously had occasion to think about it.

[3] Singers, jazz musicians, and players of fretless instruments should imagine these examples from the perspective of people who are not invested in musical-interval-linked personal projects. Or make the appropriate substitutions to run the example with a comparable impairment, like color-blindness.

now tone-deaf." Should you feel relief? Are you *disabled* by tone-deafness? It is impossible to answer until you learn something about the culture that hosts you.

Suppose it were like this: the colonists use intricate patterns of whistled tones to interact with their built environment. Doors don't open and close by pushing them, but rather automatically, in response to the proper pattern of whistled tones. On elevators, the colonists choose their destination not by pushing a button, but rather by whistling the interval for the number of floors they'd like to travel. They unlock their cell phones with whistles. They turn the lights off and on, set their thermostats, indicate they have a question in a meeting, flush their toilets, request a stop on the bus, and pause Netflix, all with specific patterns of whistled tones.

In that culture, tone-deafness would be as confining as quadriplegia is on ours. The impairment that is a minor inconvenience in our society—the sort of thing your close friends might not even know you have—would be a major disability on that off-world colony.

In fanciful examples like this one, it is easy to see that the conversion of a non-disabling impairment into a major disability is due entirely to social environment. Once we notice this, it is perhaps easier to see that most real-world disabilities work similarly. Just as tone-deafness is disabling or not, contingent on the social environment in which it occurs, so too are deafness (Groce 2009), blindness, and paraplegia. We cannot venture a guess about the role these impairments are likely to play in people's lives until we know something of the social circumstances in which they live.

To acknowledge that (at least some) disabilities have a social component is not to commit to the Social Model,[4] which has well-known shortcomings (Shakespeare and Watson 2002; Terzi 2004). It is only to insist that whatever the true model of disability is, it must include a characterization of the fit between bodies and their social environments, and not identify bodies as the sole cause of disability.

One reason to insist that our background model of disability include a social component is that acknowledging the role social factors play in the experience of living with disability has consequences for how we evaluate a person's prospects for well-being. When philosophers ask, "Does disability make a person worse off?" they are not asking after social psychological data on the actual condition of disabled people; they are asking about the implications of a person's features for that person's well-being. In answering the question, we should bracket contingent social factors that interact with impairments, because if it is ever the case that contingent social factors unnecessarily impose disability on top of impairments, then in those cases it would be confused, or mistaken, or (under *unjust* social arrangements)

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[4] The Social Model of Disability: "it is society which disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society" (Union of the Physically Impaired Against Segregation 1975).

immoral to count those socially imposed costs against a disabled person's intrinsic prospects for well-being.

Authors pressing this point sometimes draw analogies between disability and other features of people such as race, gender, and sexual orientation, that are widely accepted as *intrinsically* neutral, but can nevertheless have terrible implications for well-being in some social environments (Johnson 2003; Hershey 1997; Barnes 2014). The physical feature of dark skin, embedded in the white supremacist environment of 1950s Mississippi, meant that there were places black people couldn't go, jobs they couldn't hold, and relationships they couldn't pursue. It was effectively disabling to be black in Mississippi in the 1950s. It is similarly disabling to be a woman in Saudi Arabia today. In that social environment, a female body is as limiting as dark skin was for black Mississippians in the 1950s.

The value of these analogies is that they illuminate how fundamentally confused it would be to classify socially imposed costs as intrinsic features of the physical traits societies target for stigmatization and exclusion. In the contexts of race, gender, and sexual orientation, it's uncontroversial to claim that when members of a group are made worse off by the societies in which they live, their reduced well-being should not be chalked up as an intrinsic consequence of the physical feature that places them in their social position. Because the gender-oppressive character of Saudi social arrangements is clear to most of us on the outside, it is easy for us to separate the underlying physical property of femaleness from the social context that disables people displaying that property. We can say, "Wait a minute—*XX chromosomes* don't make Saudi women worse off—Saudi Arabia does." We should treat similarly any unjustly imposed costs of disability.

These analogies cannot establish that all of the disadvantages of disability are, in fact, socially imposed, because there are potentially relevant differences between disability, on the one hand, and race, sex, and sexual orientation on the other. It is something close to self-evident that in a fully just and accommodating society, biological femaleness would not intrinsically make a person worse off. But would *impairment* make us worse off even in such a society? This is a live question. Tone-deafness is not disabling or disadvantaging in our present society, but it could still be the case that tone-deafness has intrinsic consequences for well-being that leave tone-deaf people worse off than they would otherwise be. Quadriplegia is disabling in the social context we have now, but it might still be the case that quadriplegic people would be worse off, even in a non-disabling social context, owing to the intrinsic consequences of quadriplegia.

> **Question clarification 2:** Disabilities *could* have inherent or intrinsic consequences for well-being. Many disabilities also do, in fact, have extrinsic, socially imposed, consequences for well-being. I

intend to ask the question only of the intrinsic consequences of disability for well-being.

1.2 Two Clarifications of Method

The question as I intend to ask it: Do the *familiar* disabilities *intrinsically*—even in a just and accommodating society—make a person worse off? The question is not "Do wheelchair users in fact suffer social exclusion and stigma?" It is, rather, "What are the implications of mobility impairments in an accommodating world free of stigma?" One way to ensure we've bracketed the contributions of social oppression is to focus closely on implications of the biological component of disability. For clarity's sake, I'll help myself to the traditional distinction between impairment and disability. By impairment I mean a bodily, biological function that performs short of the statistical norm. Mild myopia and total blindness are both impairments of the eyes. Mild myopia is not a disability in our present society, while total blindness is.[5]

The methodological advantage of focusing on impairment is two-fold. First, if we can identify intrinsic consequences of biological impairment for well-being, those consequences will presumably be inherited by any disabilities associated with that impairment, regardless of the social context in which they occur. Second, although not everyone is disabled, virtually everyone has impairments. A focus on impairment thus allows more participants in the debate to approach it from a first-person perspective.

> **Methodological point 1:** I will focus on the biological component of disability, which, following convention, I'll call 'impairment.'

I turn now to the second methodological clarification, which is much more important than the first.

More than a few philosophers are involved in the task of developing a *theory* of the concept of well-being. These theories offer various accounts of the essential features of a life that is going well for the person living it, but the *concept* of well-being is something held in common quite apart from philosophers who offer competing theories of it.

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[5] The traditional distinction between impairment and disability is not totally uncontroversial. For the purposes of this paper, I need language that tracks roughly the basic idea that people have bodies; some bodies function differently than the statistical norm; some of those differences in function are widely recognized as disabilities, others are 'mere,' or non-disabling, impairments. The traditional impairment/disability distinction accomplishes that. To draw attention to the fact that the familiar disabilities have a biological component is perfectly compatible with the objection that medical definitions of impairment track poorly the boundaries of disability (Crossley 2000), and the objection that the category of biological impairment is itself socially constructed, not biologically determined (Tremain 2001). Thus, I do not believe this modest use of the traditional distinction should (or will) be controversial, even among those who object to stronger versions of the distinction; if this modest version of the impairment/disability distinction requires a defense, that defense is beyond the scope of this paper.

The *phainomena* and *endoxa*[6] associated with the pre-theoretic concept of well-being—the materials theorists use for theory—are rich. Broad consensus on paradigm cases of well-being (and its absence) is easily achieved in the absence of a theory of well-being. (If this weren't easy, a theory of well-being might be impossible.) Long before we begin to theorize, we can identify certain substantive correlates of lives that are good for the people living them. Being invested in projects you're passionate about; being in close, caring relationships with other people; being active in your community; facing achievable challenges; being safe, warm, and dry; these are all things we associate with good lives before we ever begin the project of theorizing well-being.[7]

It is part of the pre-theoretic concept of well-being that considerations of well-being yield moral and prudential reasons for acting. (That a course of action would promote the well-being of another is a reason of kindness in favor of that course; that a course of action would promote one's own well-being is a reason of prudence in favor of that course.) Some *endoxa* related to well-being are so sensible that even the most curmudgeonly philosopher would struggle to object. Consider this familiar bit of good advice: although it usually feels good to be doing well, that good feeling "cannot be pursued; it must ensue, and it only does so as the unintended side effect of one's personal dedication to a cause greater than oneself or as the by-product of one's surrender to a person other than oneself" (Frankl 2000, 12).

Theorists offer systematic accounts of these *phainomena* and *endoxa*. What essential feature(s) do all the paradigm examples of well-being share? What property or properties do all the substantive correlates of well-being share in virtue of which they are correlates of *well-being* instead of correlates of something else?

One reason to develop a theory of well-being is that a theory can help us adjudicate controversial cases. What about someone who displays features both positively and negatively correlated with our pre-theoretic concept of well-being? What about a happy slave? What about someone who is deluded about the nature of her relationships or the success of her projects? A theory of well-being can help sort out such cases.

Since the relationship between disability and well-being is controversial, this is exactly the sort of question to which a theory of well-being can

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[6] These terms are Aristotle's. By *phainomena* I mean the propositions concerning well-being that strike most people as uncontroversially true. By *endoxa* I mean the opinions regarding those *phainomena* held by those whose opinions are worth taking seriously (2015, Sec. 3).

[7] This list of substantive correlates of a good life should not be mistaken for an objective list theory of well-being. It has no explanatory component, and some might hope for an explanatory objective list theory. (Others do not hope for that [Fletcher 2013].) But this list of substantive correlates of a good life isn't an enumerative (as opposed to explanatory) objective list theory, either. Enumerative objective list theories do more than restate popular slogans associated with the pre-theoretic concept of well-being; they sift through these pre-theoretic materials to identify all and only the distinct sources of prudential value.

contribute. Because there is no consensus on the One True Theory of Well-Being, authors writing on the relationship between disability and well-being sometimes run through the catalog of going theories, and apply each of them to the question at hand (Bognar 2005; Savulescu 2001; Schramme 2013; Wasserman and Asch 2013; Wilkinson 2013). According to preference-satisfaction theory, blindness is bad just in case the blind person wants to see. According to hedonism, blindness is bad just in case it causes the blind person to experience unpleasant emotional states. According to eudaimonistic theories, blindness is bad just in case it prevents a person from flourishing. And so on.

I employ a different method. In section 2 and section 3, I ignore theories of well-being and, instead, attend carefully to the pre-theoretic concept of well-being. We can make a great deal of progress in the mere/bad debate by working with untheorized concepts. This approach has the advantage of being genuinely theory neutral, but it also will pay theoretical dividends in section 4, where I discuss the implications of the bad/mere debate for theories of well-being.

'Well-being' is a potentially awkward term, because it is sometimes a term of art, and sometimes it is not. Many people who have never taken a philosophy class talk about the prudential value of various choices and states of affairs, often using the words 'well-being' and 'welfare.' But some philosophers use 'well-being' in a technical sense, as picking out a specific theory of well-being. Peter Singer, for example, probably means by 'well-being,' at least sometimes, 'preference satisfaction.'

> **Methodological point 2:** in section 2 and section 3, I will only use the term 'well-being' to indicate the pre-theoretic concept, and not as a philosophical term of art indicating a particular theory of that pre-theoretic concept. I will stick, so far as I can, to the phrases 'worse off' and 'better off' as picking out the same pre-theoretic concept as the word 'well-being' when that word is used in its usual colloquial sense.

2 Two Ways To Be Worse Off

The organizing question, after the clarifications and qualifications in section 1: Are the intrinsic consequences of the biological component of familiar disabilities bad for disabled people? One advantage of focusing on the biological component of disability (i.e., impairment) is that the experience of impairment is something close to universally shared. From the unlimited menu of impairments—nearsightedness and farsightedness, weak ankles and game knees, food intolerances, asthma, allergies, and so on—nearly everyone has made several selections. We can make a first pass at an answer to the question by considering the intrinsic consequences of non-disabling impairments—a subject on which virtually everyone can

reflect from the first-person perspective. Then we can ask if there is any reason our conclusions about non-disabling impairments should not transfer to the impairments associated with the familiar disabilities.

To begin anecdotally: among my own non-disabling impairments is an inability to perceive depth. In my case, an abnormality of bodily structure (strabismus) caused a corresponding loss of normal bodily function (depth perception). Though this is a textbook example of a biological impairment, its consequences are, for me, minimal. I'm bad at basketball and baseball, I can't go to 3-D movies, and so on. These limits are so minimal that in my social context, a lack of depth perception is not disabling. I've never felt this impairment foreclosed any courses of life I'd prefer to have chosen, and I have no impairment-linked difficulties navigating the course I have chosen. In fact, no one has ever noticed symptoms of impairment without my first telling them what to look for.

Concerning my lack of depth perception, I have at different times made these two claims:

   a) My life is no worse as a result of my lack of depth perception. I mean this in the strongest possible sense. I am *literally no worse off* than an otherwise similar person with depth perception.
   b) If there were a cheap and safe treatment that would give me depth perception, I'd take it in a heartbeat, because I'd *obviously* be better off with depth perception.[8]

I expect most depth perceivers are on board with claim *b*. After all, I'm curious what 3-D reality looks like (movies, too—I might love them if I could watch them), it's embarrassing when someone tosses me a set of keys and I grasp at air, parallel parking would be easier with depth perception, and I'd be less prone to walking face-first into low-hanging branches. These are a few of the many ways I'd be better off with depth perception.

It's claim *a* I expect needs a motivating explanation. Given the previous paragraph, how could it possibly be true that I am *literally* no worse off than a similar person with depth perception?

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[8] Not everyone would make these claims about their own impairments. With respect to the first claim, some impairments are dreadful. Almost everyone with cluster headaches or post-traumatic stress disorder would agree they are worse off relative to an otherwise similar person who is free of these sources of suffering.

With respect to claim *b*, people choose not to treat treatable impairments for many reasons. Perhaps they're so good at managing their impairment that even slight risks or inconveniences of treatment aren't worth it. This is the kind of reason given by many glasses-wearers for foregoing laser eye surgery. Perhaps shared impairment is a component of a community or culture they value. This is the kind of reason given by some deaf people for declining cochlear implants (Dolnick 1993). Perhaps their impairment is part of their sense of self, and to treat it would be to threaten their identity. This is the kind of reason given by some people with mobility impairments (Kunc and Van der Klift 1995; Johnson 2003) and is especially interesting territory when it comes to treating cognitive and mental impairments.

Again, not everyone would make these two claims about their own impairments. I have, however, made both claims about my own inability to perceive depth.

Here's how. Imagine that you are forced to make a *Sophie's Choice*-style decision between the lives of two people, both strangers to you. Convinced that there is no available avenue of escape, you fall back on some minimal consequentialist commitments and resolve to choose life for the person with the better prospects for a good future. This is the only way you can see to live with your choice; though forced to participate in a crime, you will at least direct consequences away from the worst possible outcome.[9]

And so you gather information about the people whose futures you control and undertake the research you believe will be necessary to make an informed decision. You begin with medical records, and find that the two strangers are as close to clones as possible without shared DNA. Same height, weight, cholesterol, and history of childhood diseases and broken bones. The only difference you can find between the two charts is that one candidate lacks depth perception, while the other has normal vision.

Surely neither you, reader, nor anyone else thinks this is the place to stop researching and choose. Obviously there could be other, more pertinent information yet to uncover. I want to make the stronger claim that this piece of information is not pertinent *at all*. When the question is one of prospects for a good future, "lacks depth perception" doesn't deserve a place on the column headed 'demerits.'

To make a judgment about the victims' relative prospects for well-being, you would be well-served to search for clues about their prospects for access to the substantive correlates of well-being. (Again, I'm appealing to the pre-theoretical concept of well-being, which includes these substantive correlates.) Do they have any close relationships? Are they actively engaged in projects they find rewarding? Are they part of a community they value? Answers to questions like these could support some educated guesses about their prospects for a future that's good for them. But that tantalizing tidbit in the doctor's chart fails to give you information that predicts answers to any of these questions, and *a fortiori* fails to give you information that predicts their prospects for future that's good for them. Whether lacking or possessing depth perception, people are *exactly equal* in their ability to form close relationships, engage in rewarding projects, participate in the life of their community, and so on.

Impairment will of course play a role in determining the specific projects and activities that each of the victims can pursue. If you choose life for the depth-impaired victim, he can never be a 3-D movie critic, fighter pilot, or professional outfielder. The unimpaired victim is free to imagine those paths for himself. But this alone has no predictive power for their future well-being. If we think of all of the projects a person could pursue as constituting their cornucopia of available engagements, what matters for

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[9] For readers who lack even minimal consequentialist intuitions, I'm asking for some imaginative effort, here. The point of the example is to focus attention on the effects of impairment on the arc of a person's life, and not to make any kind of claim about what the morally right course of action is in this contrived scenario.

predictions concerning prospects for well-being is whether or not those cornucopias are stuffed to abundance with engagements that are potentially appealing to the person whose cornucopia it is. While it is true that the unimpaired candidate has depth-perception-related engagements in his cornucopia while the impaired candidate does not, this fact has no predictive power *provided that* the impaired candidate's cornucopia is abundant. And that is the case here. Although the impaired candidate cannot be an outfielder, both candidates are equally able to discover and pursue personally rewarding projects from their comparably abundant (albeit different) cornucopias.[10]

This, then, is what I mean when I say that, despite lacking depth perception, I am *literally* no worse off. I and my depth-sensing doppelganger are exactly equal in our ability to form relationships, discover rewarding projects, participate in our communities, and secure any of the other substantive correlates of well-being. Whether we're doing it in 2-D or 3-D, there is no difference at all in our prospects for building good lives.

Claims *a* and *b* would be baldly inconsistent if 'worse off' meant the same thing in both sentences. It doesn't.

> **Claim *a*, clarified:** My prospects for securing the substantive correlates of a good life are in no way deficient relative to the prospects of an unimpaired doppelganger of me.[11] (Call this 'Worse Off' in the big-*W* sense.)

> **Claim *b*, clarified:** I sometimes face episodes of frustration, irritation, annoyance, pain, etc. that an unimpaired doppelganger of me would not face. (Call this 'worse off' in the little-*w* sense.)[12]

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[10] The cornucopia metaphor is a version of the abundance and saturation responses developed, respectively, in Parens and Asch 1999 and Wasserman and Asch 2013. Those authors draw our attention to the great many ways humans can access different modes of experience. A deaf person, for example, cannot have aesthetic experiences of melody, but she can have a vast variety of alternative aesthetic experiences. So long as people have such abundance or saturation of their possibilities for aesthetic experience, it doesn't make much sense to classify them as disadvantaged or impoverished with respect to the human need for aesthetic experience, even if they are unable to have aesthetic experiences of melodies. I'm offering nothing more than a generalization of the same point to all the substantive correlates of well-being.

[11] I still intend 'good life' in its pre-theoretical sense. Take any paradigm case of well-being, the kind of core case that every theory must classify as a good life in order to be plausible as a theory. What I'm saying is that the presence or absence of depth perception gives literally no information about whether or not a given person's life will resemble that paradigm case of well-being.

[12] When discussing the little-*w* sense of 'worse off,' I'll stick to this language of frustration and annoyance throughout, not to belittle the extent to which disabilities can be frustrating and annoying, but rather to highlight the difference between judgments about episodes in life and judgments about prospects for a rewarding or satisfying life. It is (of course) possible that a disability, operating through episodes of pain or frustration, could have significant consequences for the trajectory of a person's life. Episodic experiences can matter a lot. But even in a life that is substantially shaped by episodic consequences of a disability it can be

My malfunctioning eyes, which are unable to perceive depth, leave me little-*w* worse off, but not big-*W* Worse Off.

I began by suggesting that we ask the worse-off question of impairments, and that we attend to the pre-theoretic concept 'worse off' instead of applying theories of well-being to the question. But on closer inspection, there appear to be two distinct ways to be worse off, two concepts that run under the single term 'worse off.'

When distinct concepts are mistaken for a single, unified concept, it is inevitable that communication will become confused and people using the fragmented concept will end up talking past each other.[13] If the term 'worse off' can pick out two distinct concepts that are commonly mistaken for a single, unified concept, then debates about what does and does not make a person 'worse off' are almost inevitably going to be a location of confusion. Before turning, in section 3, to the mere-difference/bad-difference debate, I will close the current section with two real-world examples of people talking past each other. These examples can be easily diagnosed and resolved by dividing the grafted concept into its sub-concepts.[14]

2.1 Evidence of Conceptual Confusion in the Singer/Johnson Miscommunication

The two ways to be worse off lie at the heart of Harriet McBryde Johnson's account of her exchange with Peter Singer. She, an attorney and activist who relied on a wheelchair and personal attendant, visited Singer's classroom to take the con side of a debate about whether morality in most cases requires selection against fetuses with disabilities. The debate turned on whether or not people with disabilities are worse off. Johnson:

> Are [disabled people] 'worse off'? I don't think so. Not in
> any meaningful sense. There are too many variables. For
> those of us with congenital conditions, disability shapes

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true that the disability has no predictive power regarding prospects for healthy relationships, rewarding projects, active engagement with a valued community, and similar correlates of well-being.

[13] Think, for example, of the role played by the term 'person' in the abortion debate, and the variety of distinct concepts that term might pick out. Until participants have sorted out the conceptual tangle, confusion reigns (Warren 1973).

[14] In a recent chapter, Stephen Campbell argues that philosophers engaged in debates about theories of well-being might end up talking past each other as a result of employing different background analyses of the concept of well-being. He offers an imaginary example of apparent theoretical disagreement that is actually an instance of talking-past, because the two philosophers use 'well-being' to pick out different analyses of the concept (2016).

The following examples are intended to be examples of the conceptual confusion running deeper—it's all the way down in the folk concept, the un-analyzed concept, of well-being, and it shows up in real-world instances of talking-past, well outside the boundaries of theoretical debates. Thus, it could well be the case that philosophers aren't just relying on different analyses of the concept of well-being, but analyses of genuinely different concepts. I discuss the theoretical implications of conceptual fragmentation on section 4.

all we are. Those disabled later in life adapt. We take constraints that no one would choose and build rich and satisfying lives within them. We enjoy pleasures other people enjoy, and pleasures peculiarly our own. We have something the world needs. (2006, 207–208)

Singer was unmoved. This is unsurprising, because from his perspective he had considered and dismissed this line of thinking a decade before, in the second edition of *Practical Ethics*:

If disabled people who must use wheelchairs to get around were suddenly offered a miracle drug that would, with no side effects, give them full use of their legs, how many of them would refuse to take it on the grounds that life with a disability is in no way inferior to life without a disability? In seeking medical assistance to overcome and eliminate disability, when it is available, disabled people themselves show that the preference for a life without disability is no mere prejudice. . . . To be able to walk, to see, to hear, to be relatively free from pain and discomfort, to communicate effectively—all these are, under virtually any social conditions, genuine benefits. To say this is not to deny that people lacking these abilities may triumph over their disabilities and have lives of astonishing richness and diversity. Nevertheless, we show no prejudice against disabled people if we prefer, whether for ourselves or for our children, not to be faced with hurdles so great that to surmount them is in itself a triumph. (1993, 46–47)

After drawing the distinction between the two ways to be worse off, we can recognize this as an instance of miscommunication. Johnson *concedes* that disability can make life worse in *some* sense. That's the natural reading of "We take constraints that *no one* would choose" (my emphasis). What she denies is that her disability makes her worse off "in any *meaningful* sense" (again, my emphasis). Life with her disability involves some special hassles, but it isn't inferior to non-disabled life in any way that matters for building a good life. Johnson is claiming that disability makes her little-*w*, but not big-*W* Worse Off. And Singer, in flattening the two concepts of 'worse off' into a single theory of preference satisfaction, then focusing on the frustrations and irritations that follow on some impairments, fails to register Johnson's position [15]

The Johnson/Singer miscommunication is an artifact of conceptual confusion. Had they been clear, from the beginning, that there are two ways to

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[15] Singer's case provides a preview of the risks of adopting a unified theory of what is actually a grafted concept. Johnson is reporting her experience in terms of the pre-theoretic concept of well-being, and Singer's theoretical commitments seem to make it impossible for him to hear what she's saying.

be worse off, they could have had a genuine debate, instead of talking past each other. Is Johnson right that her disability does not make her big-*W* Worse Off? Would Singer still stand behind his abortion and infanticide argument if it were re-developed in little-*w* terms? These questions aren't asked, because they are obscured by conceptual confusion.

2.2 Evidence of Conceptual Confusion in the Paradox of Physical Therapy

Physical therapists work with people seeking to mitigate or eliminate mobility impairments. For these therapists, hearing from the disability rights community—which often characterizes disabled people as no worse off than non-disabled people—can be jarring and dissonant. Roush and Sharby term this dissonance 'the paradox of physical therapy': "[H]ow do we practice in the medical model and intervene to minimize the effects of a disability while recognizing and celebrating disability as diversity? From a traditional physical therapy perspective, it is inherently contradictory" (2011, 1718). Phrased less diplomatically, the situation looks to some physical therapists like this: If the activist community is right that mobility impairments don't make a person worse off, and in fact should be celebrated, then why the heck are we working so hard to get rid of them?

Roush and Sharby appeal to the biopsychosocial model of disability to argue that physical therapists can improve outcomes for their patients if they pay attention to the social and environmental factors that interact with bodily impairments in the daily lives of their patients. In arguing that there is room to improve patient outcomes by abandoning the medical model of disability,[16] Roush and Sharby don't even pretend to address their own opening question. If mobility impairments don't make a person any worse off, then why care about mobility-related outcomes in the first place?

To resolve the paradox of physical therapy we need, instead, to mark the two meanings of 'worse off.' Picking up a dropped pen, turning around in a crowded space, reaching the cereal box that got pushed to the back of the counter—these things can be a hassle when done from a wheelchair. Walking on snowy sidewalk, climbing into a friend's car—these things can be stressful when done with a cane. Mobility impairments like these make a person little-*w* worse off, and the job of physical therapists is to help reduce the frequency and intensity of those episodes by helping patients improve their mobility.

Therapists can take pride in doing that job while at the same time recognizing that the cornucopia of life's available engagements overflows even after removing those that require fleet feet. Whether on wheels or on foot, people are exactly equal in their ability to form relationships, discover and pursue projects that are interesting to them and participate in the life of

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[16] The Medical Model of Disability: disabilities are functional losses caused by bodily (that is biological, or medical) impairments.

their community. Even if the prescribed course of physical therapy proves ineffective, the patient is not thereby big-*W* Worse Off.

The paradox of physical therapy is an artifact of conceptual confusion. If we attend to the two different ways to be worse off, there is no paradox. It is only when we treat the grafted sub-concepts as if they were a single, unified concept, that the paradox appears.

2.3 Sub-conclusion

In section 1, I listed a variety of *phainomena* and *endoxa* that are part of our shared pre-theoretic concept of well-being. In section 2, I have argued that those *phainomena* group into two distinct sets. Some of the time, when we talk about well-being, we talk about counterfactual comparisons of episodes, as when I say I'd be better off if I hadn't lost my wallet. Some of the time, when we talk about well-being, we talk about evaluations that aren't linked to episodes, but rather evaluations of access to the substantive correlates of a good life. This is the case when I say I am worse off because unrewarding work demands fill my days, leaving no time for the projects and relationships that matter to me.

The pre-theoretic concept of well-being, and its comparative forms 'better off' and 'worse off,' is not a single, unified concept. It is, rather, a graft of two sub-concepts. We are worse off in one sense when we face episodes of pointless pain or frustration. We are worse off in a different sense when we are unable to secure the substantive correlates of a good life.

3 The Mere-Difference/Bad-Difference Debate

I am not alone in understanding my own non-disabling impairments as traits that leave me little-*w*, but not big-*W* worse off. Among users of corrective lenses, vanishingly few experience their vision impairment as something that has implications for their prospects for securing the substantive correlates of a good life. This is why it would be absurd to talk of the need for corrective lenses as tragic, lamentable, or pitiable. And yet using corrective lenses remains an inconvenience, a hassle, and for this reason many users of corrective lenses would fix their eyes were the fix sufficiently easy, cheap, and safe. Minor vision impairment makes us little-*w* worse off (and so is bad-difference in one sense), but it surely doesn't make us big-*W* Worse Off (and so is mere-difference in another sense).

It is a feature of a broad range of non-disabling impairments that they make a person little-*w*, but not big-*W* worse off. Such impairments are often hassles; they rarely undermine our ability to form relationships, pursue projects, etc. But exactly the same sort of distinction appears in the testimony of people with impairments that are disabling in our present society. We've already seen Harriet McBryde Johnson maintain that her disability does not make her Worse Off, although it does make her worse

off. Consider, also, this oft-quoted passage from Alison Davis, a wheelchair user:

> If I lived in a society where being in a wheelchair was no more remarkable than wearing glasses and if the community was completely accepting and accessible, my disability would be an inconvenience and not much more than that. It is Society which handicaps me, far more seriously and completely than the fact that I have spina bifida. (1989, 19)

Davis experiences her actual social condition as *qualitatively* different from inconvenience or hassle, but can imagine a society in which spina bifida is converted from what it is now into inconvenience. She isn't claiming that in her imaginary society there would be no downside at all to spina bifida. Even in a fully accepting and accessible society, spina bifida would still, sometimes, be a hassle. Putting our conceptual distinction to use makes this passage easy to gloss: in an inclusive society, spina bifida would not make Davis big-*W* Worse Off; it would merely make her little-*w* worse off, and not much at that.

Thesis: it is characteristic of a broad range of impairments—whether disabling or non-disabling—that they make their possessor little-*w* worse off, while having no implications at all in the big-*W* sense. The impairments associated with familiar disabilities like blindness, deafness, paraplegia, and Down syndrome all cause special hassles, episodes of frustration, etc., but these impairments have no implications at all for whether their possessor will be successful in securing the substantive correlates of a good life.

The answer to the question "Does an impairment (or a disability) make a person worse off?" is thus *yes* and *no*. It depends on which meaning of 'worse off' the asker has in mind.

There is currently some interest, among scholars who work on issues of disability and well-being, in developing a "yes and no" answer to the worse-off question. Tom Shakespeare's version of the "yes and no" answer is probably the best-known. Shakespeare characterizes disability as a predicament (2006). Predicaments are bad, since they make it harder to achieve a good life; but predicaments are escapable—they aren't the same thing as doom—and predicaments of various sorts are a universally shared aspect of human experience.[17] Does the predicament of disability make a person worse off? It depends on whether the question is about the badness of *predicaments*, or about the badness of disability *relative* to other predicaments. Predicaments are bad, but the predicament of disability isn't inherently worse than many other predicaments. Does disability make a person worse off than they would be if they didn't have

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[17] Think: the predicament of childcare, the predicament of financial security, the predicament of proximity to geographically dispersed family and friends, the predicament of a stable job that has lost its luster, etc.

that predicament? In many cases, yes. Does a disability make a person worse off than other common human predicaments make people? In many cases, no (Shakespeare 2013, 108).

An alternative "yes and no" answer comes from Thomas Schramme. For Schramme, the answer to the question depends on what you take to be the relevant counterfactual states involved in the comparative judgment. If we take the set of counterfactual states to include anyone at all, then disabilities make a person worse off. But in many contexts, the relevant set of counterfactual states is narrower than that. From the first-person perspective, it is almost always the case that the counterfactual states that matter are only those that count as identity-preserving versions of the person whose well-being we're evaluating. A disability would only make a person worse off (in the identity-preserving-comparison sense) if her disability is something she "cannot endorse or see as part of herself" and "wants to be rid of" (2013). Since many disabled people have no trouble seeing and endorsing their bodies as part of their identity, their disabilities do not make them worse off in an identity preserving comparison, even though they do make them worse off in other comparisons.

The important thing to note is this. Both Shakespeare and Schramme take 'worse off' to be a unified concept; whether we answer yes or no depends on the answer to the further question: Worse off compared to what? Shakespeare: Worse off than someone with *different* predicaments, or worse off than someone with *no* predicaments? Schramme: Worse off than alternative versions of me, or worse off than somebody else entirely?

I'm suggesting that the ambiguity in the question is contained within the concept of well-being—within the expression 'worse off' itself. If the question is "Does disability make a person big-*W* Worse Off?" then the answer is, "not usually." If the question is "Does disability make a person little-*w* worse off?" then the answer is "generally so."

The suggestion that familiar disabilities like blindness, deafness, and paraplegia are mere-difference in the big-*W* sense, and bad-difference in the little-*w* sense, is a kind of cake-splitting suggestion, and I anticipate objections from both camps laying claim to the whole confection. Some objectors will resist allowing that disabled people are worse off in either sense, and others will insist that disabled people are indeed big-*W* Worse Off. I turn, now, to what I anticipate to be the two most immediate objections.

3.1 Do Stacked Disabilities Reveal That Individual Disabilities Make a Person Big-*W* Worse Off?

Objection: When disabilities stack on a single person, there comes a point at which no one could reasonably deny that the person they are stacked on is big-*W* Worse Off. In the limiting case, a person who lacks every ability in the catalog is indisputably Worse Off than someone who has those

abilities. But this effect would be impossible if individual disabilities make a person *literally* no Worse Off. If one disability is wholly neutral, then two wholly neutral disabilities should be wholly neutral, too. (Compare stacking genuinely neutral traits like skin color, hair color, height, gender, and so on. You can specify these wholly neutral traits until you've run out of breath without having them add up to any conjunctive Better or Worse.) The more plausible reading of the evidence is that a person with a single disability can usually *compensate* for it, thereby *masking* the ways it makes him or her big-*W* Worse Off.

Jeff McMahan offers a version of this argument. "If disabilities were individually entirely neutral, they ought also to be neutral in combination." But it is obvious that this is not so: "the bad effects of blindness could not be adequately compensated for in the case of a person who was also deaf and wholly paralyzed. In short, the bad effects of disabilities are largely additive." Since disabilities "in combination make a life worse," we can conclude that disabilities are not individually neutral (2005, 96).

Reply: Return for a moment the cornucopia metaphor introduced in section 2. Imagine that we each had a personal cornucopia stuffed with every project we could undertake, every friendship or relationship we could pursue, every community role we could play—a cornucopia, in short, stuffed with every substantive correlate of well-being we could possibly hope to pursue. It seems to me that if two cornucopias have *different* contents, but are both stuffed to abundance with vastly more possibilities than a person could possibly hope to pursue in a single lifetime, then those two cornucopias are comparably good.

Note that not everyone's cornucopia is stuffed to abundance; some people find themselves grasping after unsatisfying scraps in a ravened horn. Life circumstances can do that. As Mill saw it, one key downside of exhausting and mind-numbing labor is that it leaves people unable to use their non-work time in any potentially rewarding ways (1998, 58). Terrible working conditions can empty out the horn of plenty. Some health conditions and disabilities can do the same. Serious chronic pain and unmanaged major depression can in the worst circumstances leave nothing—no available projects, no available relationships—behind.

Multiple disabilities working in concert could have the same effect. There is presumably some point at which people who lack multiple abilities that other people use to communicate will find communication—and thus most forms of interpersonal relationship—difficult or impossible. There is likewise some point at which people who lack multiple abilities that others use to interface with the physical world will find themselves unable to pursue projects that require engagement with the physical world; which is just to say that stacked disabilities *could* empty the cornucopia. In the limiting case, someone with every disability is indeed Worse Off in the big-*W* sense. This is because such a person's condition *does* predict

reduced prospects for close relationships, meaningful projects, community engagement, and the other substantive correlates of a good life.

Disabilities like blindness, deafness, quadriplegia, and Down syndrome are nothing like that. The specific projects, engagements, relationships, and communities available to people with those impairments may be different from those available to people with other impairments. But people who are blind, deaf, paralyzed, or mildly cognitively impaired, like people who are presently non-disabled, have available to them vastly more possibilities for rewarding projects and healthy relationships than they could possibly sample in a single lifetime. So long as our social circumstances don't hollow out our cornucopias for us, non-disabled and disabled people alike have horns of comparable plenty.

McMahan's reading of the implication of the all-the-disabilities case is thus not the only plausible reading. Although the cornucopia of life's available engagements still overflows after removing those engagements that require a single ability, such as hearing *or* vision *or* mobility *or* speech, the horn might fall short of plenty after removing all the engagements that require any of those abilities. If so, stacked disabilities could make a person big-*W* Worse Off without implying that individual disabilities make a person big-*W* Worse Off.

3.2 Does Status Quo Bias Suggest That Disabilities Don't Make a Person Little-*w* Worse Off?

Objection: Disabilities are limits that non-disabled people don't share, but by the same token, non-disabled people face limits that disabled people don't share. There is no reason to believe that the set of limits faced by a disabled person is *worse* than, as opposed to *different* from the set of limits faced by a non-disabled person. The pervasive judgement (among the non-disabled) that the limits faced by disabled people are worse than the limits faced by non-disabled people is best understood as an unsurprising result of status quo bias. Most people are accustomed to the normal set of limits, and so those limits don't register as frustrations, annoyances, embarrassments, etc., to remotely the same extent as the less familiar limits that come with disability.

Elizabeth Barnes adopts a similar position[18]:

> Everyone is constrained by the way their bodies work. . . .
> Being nondisabled also constrains options. (Indeed, having

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[18] Though she explicitly advocates for a mere-difference view of disability, Barnes is arguably closer to the kind of mixed view I'm offering here. Her 2009 paper argues that disability "is just another way of being different (i.e., disability is in no way sub-optimal) *and* that disability can, in and of itself and even in ideal social conditions, be a harm," which I take to be getting at a similar thought as the one I'm after (2009, 338). It might be unfair of me, then, to attribute to her the full-blown mere-difference view. Nevertheless, her 2014 paper is the best defense of the mere-difference view I've read yet, and so seems the best one to engage.

>a physical body that is in any specific way a body can constrain options.) It is simply that being nondisabled constrains options in a way we're more comfortable and familiar with. To support the claim that there's an obvious [moral distinction between causing a fetus to be disabled and causing a fetus to be nondisabled], you'd need the further claim that the constraints imposed by disability are somehow worse than those imposed by nondisability. And that's precisely the claim that the mere-difference view rejects. (2014, 105–106)

The mere-difference view of disability is most compelling in illustration:

>It would be a mistake . . . to think that the only potential good effects of blindness come from the (well-documented) sensory uniqueness of the blind. For example, blind story-teller and disability awareness campaigner Kim Kilpatrick runs a blog called "Great Things about Being Blind!", where she documents positive everyday experiences associated with her blindness. Her list includes: not being able to judge people based on what they look like, having no sense of self-consciousness about personal appearance and no temptation to "check the mirror," a love of and facility with Braille, and the deep, profound relationship she has formed with her guide dog. (2014, fn 24)

All of which is to say: disabled people aren't worse off in *any* sense, whether you spell it with a big or little 'w.' Rather, disabled people face a *merely different* set of frustrations and hassles, and non-disabled people mistakenly assume it is a *worse* set, because it's unfamiliar.

Reply: We are here comparing, with Barnes, a state of impairment to a state of non-impairment. Surely status quo bias is part of the explanation of the pervasive misjudgment among the non-disabled that the lives of disabled people are tragic, pitiable, not worth living (or, alternatively, triumphant and inspiring). But status quo bias is not sufficient to explain away the judgment that a state of impairment is little-*w* worse than—as opposed to merely different than—a state of non-impairment.

Consider some examples of common non-disabling physical impairments: nearsightedness, farsightedness, mild mobility impairments associated with age or injury, reduced hearing at certain frequencies, lactose intolerance and chronic constipation. Some non-disabling cognitive or mental impairments are mild forms of dyslexia, dyscalculia, attention deficit-hyperactivity disorder, and depression. This list of non-disabling impairments could be expanded indefinitely, and the odds are good that you, reader, have at least one of the impairments on it. I ask of your own non-disabling impairment: Would you be better off (in the lower-case sense) if you didn't have it?

I expect your answer is "yes." Among nearsighted and farsighted readers, I bet most treat their impaired vision with glasses, contacts, or corrective surgery. I do. I wear glasses because it's *nice* to be able to resolve not only the words on the page in my hand but also the leaves on the trees across the street. On days when I forget my glasses at home, I'm worse off. It's *annoying* to be unable to read the clock at the back of the classroom, or the expressions on student faces. Days without glasses are a hassle; I'm better off when I can see things that are far away.

Status quo bias can't be the source of our judgement that our own non-disabling impairments are, on balance, annoying because these impairments are our status quo. We have direct experience living with them. We are usually deft in managing them. We do not have an exaggerated view of the role they play in our lives, and we judge that they make us little-*w* worse off.

If functional impairment of an organ or system makes us worse off when that impairment *isn't* disabling, it is difficult to imagine how that same functional impairment could cease to make us worse off when transported to a social context in which it *is* disabling. If non-disabling impairments usually make us little-*w* worse off, disabling impairments probably do, too.

3.3 Sub-conclusion

Recognizing the two conceptually distinct ways to be worse off opens up a new middle ground in the mere-difference/bad-difference debate. The best answer to the question "Do disabilities make a person worse off?" is "yes and no"; it depends on which meaning of 'worse off' the speaker intends. Most impairments, including many that are disabling in our present society, tend to make a person little-*w* worse off, but not big-*W* Worse Off.

4 Well-Being: Concept and Theory

The history of philosophy is thick with concepts, once taken to be single, unified concepts, that eventually came to be understood as *fragmented* concepts. The term is due to Taylor and Vickers, who use 'fragmented concept' as an umbrella term covering "any case where: (i) a certain term, originally widely assumed to enjoy a single meaning, has been found to have multiple distinct meanings no one of which is privileged, and (ii) different definitions are adopted for different theoretical uses" (2016). Taylor and Vickers list twenty concepts, from *acid* to *species*, that fragment in a variety of ways. The closest precedent for the kind of fragmentation I'm claiming for the concept of *well-being* is probably Ned Block's argument that *consciousness* is a 'mongrel' concept. He argues that what is standardly taken to be a unified concept is actually a combination of distinct sub-concepts: phenomenal-consciousness and access-consciousness. Propositions that hold true of access-consciousness (which is the sub-concept investigated

by neuroscience) do not necessarily transfer to the conceptually distinct sub-concept of phenomenal-consciousness (Block 1995).[19]

In this final section, I offer a guess at why the grafted concept of well-being is so readily mistaken for a unified concept, offer a fuller version of the argument that the two sub-concepts are genuinely distinct, and briefly discuss the implications of conceptual fragmentation for theories of well-being.

4.1 The Appearance of a Unified Concept

Why does the grafted concept of well-being give the impression of unity? It is hard not to suspect that the reason is that both sub-concepts yield moral and prudential reasons in similar ways.

Parents, for example, are *kind* to their children when they invest time and attention in broadening their experience of the world. This is a kindness because it makes it more likely that children will grow up well-equipped to build for themselves a good life. But parents are also kind to their children when they put a bandage on a scraped knee. This is a kindness even when the child will, within the day, forget the entire episode and it will play no long-term role in the child's development. Parents morally ought to do what they can to make their children better off in both the big-W and little-w senses of well-being.

When high-school cliques choose a scapegoat to ostracize, they do something cruel. Social isolation almost always makes a person big-W Worse Off. For a clique to inflict that kind of harm on a scapegoat is morally wrong. But the lone bully who scatters a victim's books in the hallway also does something cruel. Although that episode may have no implications for the victim's prospects for forming healthy relationships, pursuing rewarding projects, or securing the other substantive correlates of well-being, it still leaves the victim little-w worse off. The bully ought not do that.

Similarly with prudential considerations. Other things equal, it would be prudentially irrational to choose a course of action one expects would make oneself big-W Worse Off. But it would also be prudentially irrational to choose a course of action (other things equal) that leads to episodes of pointless frustration, pain, annoyance, disappointment, etc.

That both sub-concepts of well-being yield moral and prudential reasons might help explain why they are so readily mistaken for a single, unified concept. Nevertheless, the two sub-concepts are genuinely distinct.

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[19] When it comes to well-being, I prefer the modifier 'grafted' to Block's 'mongrel.' 'Mongrel' suggests a mixture of contributing components that cannot be teased apart. Well-being, though, like a grafted tree, initially gives the overwhelming impression of unity, but once the graft is noticed, the separate branches are quite distinct.

4.2 The Independence of the Sub-concepts

We sometimes talk about temporally linked well-being (headaches occur at a specific time) and sometimes we talk about well-being in ways that are not necessarily linked to a specific time (e.g., it is notoriously difficult to explain how the state of death can be bad for a person at any specific time). It is thus common for philosophers to treat well-being as a single, unified concept that is open to two different modes of evaluation: at-a-moment versus whole-life evaluations (sometimes called local versus global evaluations). Is this a way to salvage well-being as a unified concept?

Drawing the at-a-moment evaluation versus whole-life evaluation distinction causes its own set of philosophical troubles. If these two evaluations are different measurements of a single underlying quality, then we should be able to translate between them. But if there are available translations, they are more complicated than summing the at-a-moment evaluations to get a whole-life evaluation, or dividing a whole-life evaluation by its number of moments to get an at-a-moment evaluation. Some additional factor (e.g., Velleman's narrative-shape-of-a-life) is needed before we can make sense of the relationship between at-a-moment and whole-life evaluations of welfare (1991). (One might worry that an inability to do simple translations is evidence that these are not two metrics of a single underlying value.)

Perhaps the additional factor (e.g., the narrative shape of a life) makes one of these evaluations more important than the other. Elizabeth Barnes takes this route in distinguishing global from local evaluations of well-being. She holds that global evaluations are the evaluations that matter for the mere-difference/bad-difference debate, and argues that disability's downsides only show up in *local* evaluations. This allows her to conclude that disability "is just another way of being different (i.e., disability is in no way sub-optimal) *and* that disability can, in and of itself and even in ideal social conditions, be a harm" (2009, 338). (One might worry that a sentence that reads as internally inconsistent in colloquial English is evidence of conceptual fragmentation.)

Ben Bramble draws a distinction between momentary well-being and lifetime well-being and argues "for a new theory of value, whole-life welfarism, according to which something is good (or bad) only if it increases (or decreases) a person's *lifetime* well-being in some way" (2014, 72). This is a tough bullet to bite; on the face of it, considerations of at-a-time evaluations of welfare *do* matter, at least in the relevant sense of yielding moral and prudential norms. Surely it is wrong for the bully to knock the books from the victim's hands, even if that has zero consequences for the victim's lifetime well-being.

These are only a few of the many ways in which the attempt to salvage a unified concept of well-being by appealing to different time-horizons on which to measure it proves costly. I am proposing an alternative use of the difference between at-a-time and whole-life views of well-being (or

global and local perspectives); build that difference into the characterization of two distinct sub-concepts of well-being. Hassles, frustrations, pains, disappointments, and other things that make us little-*w* worse off tend to be episodic—they happen at a specific time. The sub-concept of big-*W* Worse Off is not so clearly temporally linked. I may be lonely at a specific time, but relationships with other people are not something that happen at a specific time, and my investment in other people and projects can extend well beyond the specific times and places I engage them, and even beyond my own death (Nagel 1970). Hassles and loneliness have little in common; these are not short-term and long-term evaluations of well-being, but rather two conceptually distinct ways to be worse off.

And, in fact, I think we have no choice but to accept that the lower-case branch and the upper-case branch are genuinely distinct sub-concepts. This must be so, because a person's little-*w* condition can change without corresponding changes in their big-*W* condition, and vice-versa, even when those evaluations occur over the same period of time.

Section 2 and section 3 of this paper are largely given to establishing the first half of the independence claim in the context of impairment and disability. When people adjust to a new stable impairment, or the effective mitigation of a former disability, it is often the case that their little-*w* status changes with no corresponding change in their big-*W* status. When someone moves from feet to a wheelchair, he or she is almost certain to face new hassles that will make her worse off, in the little-*w* sense, than she was before. But once she's adjusted to the wheelchair, it's hard to imagine how the wheels-versus-feet difference could affect her prospects for projects, relationships, and the other substantive correlates of a good life.

It is similarly possible to change big-*W* status without corresponding changes to little-*w* status. Imagine an excellent high school teacher who works at a school with a low rate of alumni contact. When her students graduate, she simply doesn't know what becomes of them. Let us suppose that her work-life, like that of most high school teachers, is packed with little-*w* hassles. Knowing this gives us no useful information about whether her life is bad for her in the big-*W* sense. For her, the answer to the big-*W* question turns in large part on whether the time and energy required by her job is wasted. If her time and effort is wasted, she would consider her investment in people other than herself (her students) and her core personal project (teaching well) to be failures. If, on the other hand, her efforts succeed and she contributes to the personal growth and thriving of her students, then the projects and relationships that are centrally important to her would be successful. In that case, she would have secured some of the central substantive correlates of a good life.

Whether or not her work makes her Better or Worse Off (in the big-*W* sense) thus turns in large part on the batch of students she is dealt. If one year's students ignore their school experience and soon after find themselves miserable, ignorant, jaded, and alone, then her core projects

and relationships are going poorly, and that's big-*W* Bad. If the following year's students include many who go on to thrive, and cite their experiences in her classroom as important to their growth, then her core projects and relationships are going well, and that's big-*W* Good. But the episodes that unfolded during those two years—her quotidian mix of frustrations and joys, disappointments, and successes—could be identical. She can be Worse Off or Better Off from year to year without her little-*w* condition changing.

If big-*W* status can change with no corresponding change in little-*w* status, and little-*w* status can change with no corresponding change in big-*W* status, it certainly cannot be the case that these are two different ways of looking at or evaluating a single underlying concept. There are two sub-concepts of well-being.

4.3 Implications for Theories of Well-Being

If the *phainomena* and *endoxa* that make up the pre-theoretic concept of well-being actually group into two distinct sub-concepts, then a single, unified theory of well-being is impossible. We need to start over with theories of the sub-concepts, and an account of the relationship between them.

Of course, much of this work theorizing the sub-concepts of well-being is probably already done. Benthamite hedonism, for example, looks significantly more plausible as a theory of little-*w* well-being than it did as a theory of the entire grafted concept. Why is it little-*w* bad for me to stub my toe, or lose a bet, or miss out on a raise? It is worth taking seriously the answer that those things are little-*w* bad *because* they cause unpleasant mental states.

Note that some historically important objections to Benthamite hedonism work by drawing our attention to the big-*W* branch of the grafted concept of well-being. When Bentham's contemporaries objected that hedonism is a doctrine for swine, they were drawing attention to the fact that many of the correlates of a good *human* life—such as investment in projects and people—have nothing to do with reliable access to episodes of pleasure. Nozick's Experience Machine functions in a similar way. The experience machine offers us a *simulation* of the substantive correlates of a good life, with accompanying improvements to our experience of episodic pleasure. One way to understand this is as inviting the sacrifice of big-*W* well-being in exchange for little-*w* well-being—an invitation that is unattractive to most who hear it. But both of these objections are to hedonism as a theory of the big-*W* branch of the grafted concept of well-being. Neither objection challenges hedonism as a theory of the little-*w* branch.[20]

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[20] I'm not suggesting that Benthamite hedonism is the True Theory of little-*w* well-being. There are of course competitor theories of little-*w* well-being. Heathwood's Subjective Desire Satisfactionism strikes me as a likely leading candidate (2006).

Sumner's Life Satisfaction theory, meanwhile, looks more plausible as a theory of big-*W* Well-Being than it does as a theory of the entire grafted concept. Why is it big-*W* Good for people to have close relationships of mutual care? It is worth taking seriously the answer that it is because such relationships contribute to "a positive cognitive/affective response on the part of a subject to (some or all of) the conditions or circumstances of her life" (1996, 15).

Here again, important objections to life satisfaction theories of well-being tend to draw our attention to the little-*w* branch of the grafted concept of well-being. Those with satisfying lives, in the Sumnerian sense, still sometimes cry themselves to sleep at night (Haybron 2005), or even commit suicide. Were there such a thing as a unified concept of well-being, someone on suicide watch during an episode of cluster headaches surely lacks it, even if her cognitive/affective evaluation of the general circumstances of her life rings the bell at the top off the Satisfaction With Life Scale. It is entirely plausible, though, to classify such a person as doing big-*W* Well, while lacking little-*w* well-being. In this case, her current episode of pain is so severe that it is what is salient to her.[21]

4.4 Sub-conclusion

That there are two distinct sub-concepts of well-being means a single theory of well-being is impossible. Theorists of well-being will need, instead, to offer separate theories of the sub-concepts, and the relationship between them. This project is unlikely to be daunting, as existing theories of the grafted concept of well-being are likely to be significantly more attractive when re-purposed as a theory as one of the two sub-concepts.

5 Conclusion

Decades of work in disability studies and philosophy of disability has focused the question of the inherent consequences of disability for well-being squarely on a confusion in our pre-theoretic concept of well-being. To attend carefully to the inherent consequences of impairment on the lives of the impaired reveals that there are two ways to be worse off. We are little-*w* worse off than we would otherwise be when we face episodes of pointless frustration, annoyance, disappointment, and pain. We are Worse Off in a different way, big-*W* Worse Off, when we are unable to form relationships, unable to pursue projects that excite us, or otherwise unable to secure the substantive correlates of a good life. We can become little-*w* worse off without that affecting our big-*W* condition, and we can become big-*W* Worse Off without that affecting our little-*w* condition. In short,

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[21] Again, I'm not suggesting that Sumnerian Authentic Happiness is the True Theory of big-*W* Well-being. There are of course competitor theories of big-*W* Well-Being. Tiberius's Values Fulfillment theory strikes me as a likely leading candidate (Tiberius 2015).

the pre-theoretic concept of well-being is actually a *grafted* concept—one that appears to be a single, unified concept, but on closer inspection reveals itself to be a combination of two distinct sub-concepts.

To accept that well-being is a grafted concept opens up new and intuitively appealing ground in the mere-difference/bad-difference debate. Many disabilities, including the 'familiar' disabilities, tend to make a person little-*w*, but not big-*W* worse off.

To accept that well-being is a grafted concept also has fundamental implications for how philosophers should approach theorizing well-being. If well-being is not a unified concept, then work that begins from the assumption that well-being is a unified concept is probably setting off in the wrong direction out of the gate. Nevertheless, re-building theories of well-being as theories of one of the two sub-concepts of well-being holds significant promise for philosophical progress.

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