

ARTICLE

Against Intuitive Horribleness

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Abstract

Testimony by disabled people concerning the relationship between their experiences and overall well-being has long been an object of social scientific and humanistic study. Often discussed in terms of “the disability paradox,” these studies contrast the intuitive horribleness of certain impaired states against the testimonial evidence suggesting that people in such states do not in fact experience their lives as horrible. Explanations for why such testimonial evidence is suspect range from claims about adaptive preferences to issues of qualitative research methodology. In this paper, I argue that the problem lies not with the evidence, but the intuitions in question. Using the disability paradox as a case study, I further argue against the use of the concept of intuitive horribleness in social epistemology. I contend that testimonial and hermeneutical injustices are baked into most deployments of the concept, and even if one were to justify its use in select cases, it should be accompanied with *prima facie* suspicion. In conclusion, I discuss the implications of this analysis for the literature on transformative experience and also for the stakes of multi-cultural, historically informed philosophical analyses more generally.

Keywords: Disability; epistemic injustice; transformative experience; subjective value; intuition

1. Disability and human experience

Disability is a fact of human life. One will invariably experience various impaired states over the course of any given life, and one will become significantly impaired as a product of aging, if nothing else, should one live a long life. Testimony by disabled people concerning the relationship between their experiences and overall well-being has long been an object of social scientific and humanistic study. Yet, the ubiquity of disability experience, combined with the widespread assumption that disabilities are characterized simply by lack, has led some to treat testimony concerning the relationship between disability and lived experience to be subject to common sense. Often discussed in terms of “the disability paradox,” a contrast is typically set up between the *intuitive horribleness* of certain impaired states and the *testimonial evidence* suggesting that people in such states do not in fact experience their lives as horrible. Explanations for why that testimonial evidence is suspect range from claims about adaptive preferences to issues of qualitative research methodology (cf. Barnes 2009).

In this paper, I argue that the problem lies not with the evidence, but the intuition in question. Using the disability paradox as a case study, I further argue against the use of

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the concept of intuitive horribleness in social epistemology. I contend that testimonial and hermeneutical injustice are baked into most deployments of the concept, and even if one were to convincingly justify its use in select cases, it should be accompanied with *prima facie* suspicion. In conclusion, I discuss the implications of this analysis for the literature on transformative experience, an account on which intuitively horrible experiences are taken to present serious problems, and also for the stakes of multi-cultural, historically informed philosophical analyses more generally.

2. The disability paradox

The “disability paradox” was first formulated in 1999 and has since then taken on a life of its own in the humanities, social sciences, and various clinical domains (e.g., see Fellinghauer *et al.* 2012; Honeybul *et al.* 2016).

The common understanding of a good quality of life implies being in good health and experiencing subjective well-being and life satisfaction [Goode, 1994]. Conversely, one can argue that if people have disabilities, they cannot be considered to be in good health nor possess a high level of life satisfaction. People with disabilities are assumed to be limited in function and role performance and quite possibly stigmatized and underprivileged [Brown *et al.*, 1994]. Kottke [1982, 80], a distinguished expert in rehabilitation medicine, expresses this view when he states that ‘the disabled patient has a greater problem in achieving a satisfactory quality of life. He has lost, or possibly never had, the physical capacity for the necessary responses to establish and maintain the relationships, interactions, and participation that healthy persons have.’ Research evidence, however, presents a more complex picture. In practice, the anomaly is that patients’ perceptions of personal health, well-being, and life satisfaction are often discordant with their objective health status and disability [Albrecht and Higgins, 1977; Albrecht, 1994]. (Albrecht and Devlieger 1999)

The disability paradox is fundamentally animated by assumptions concerning that which is intuitively horrible.¹ Furthermore, the framework of the paradox involves two major assumptions: (i) disability experiences are both knowable and accessible to able-bodied people and (ii) judgments concerning intuitively horrible experiences are not subjective, but objective. Note that Albrecht and Devlieger begin with a reference to “common understanding,” and this concept appears to function in a roughly similar way to that of “intuition.” One might counter that although they refer to and rely upon “common understanding,” the ultimate authority concerning the relationship between well-being and disability is placed in medical expertise – in this case, a “distinguished expert in rehabilitation medicine.” Yet, that would mistake a superficial rhetorical move (put less charitably, an *argumentum ad verecundiam*) for the underlying argumentative force. Albrecht and Devlieger assume that readers already agree with “the common understanding of a good quality of life” as defined by “being in good health and

¹To be clear, Albrecht and Devlieger are, in the end, *critical* of the disability paradox despite their use of it as a framing device for research concerning disability. Near the end of their study, they write, “the sociological evidence suggests, then, that low quality of life for persons with disabilities is based on difficult-to-manage impairments, lack of knowledge and resources, and disabling environments. Theoretical efforts to understand quality of life among persons with disabilities and intervention efforts designed to enable and empower these individuals will build on both the organic base of impairments and the social model of disability” (1999: 986).

experiencing subjective well-being and life satisfaction.”² They then immediately imply that disability, whatever else it is, involves lacking good health and a high level of life satisfaction, so the invocation of a medical expert buttresses what they take their readers to already assume to be true. The “research evidence” surprises the reader as well as the experts by suggesting that they are both wrong – or at least they seem to be so relative to the testimony of those who in fact have had the experiences in question.

In summary, the claims of disabled people concerning their wellbeing appear paradoxical just insofar as intuitions by non-disabled people concerning the (objective) horribleness of their experience hold. This is significant, for charges of intuitive horribleness often play a decisive role in social epistemology debates. I argue below that these intuitions are wrong in a way that not only runs afoul of social scientific research but also concerns of epistemic injustice. First, however, and to better appreciate the power of the claim of “intuitive horribleness,” I turn to consider its function in debates over transformative experience, focusing upon what has recently been termed “the shark problem.” The intuitive horribleness asserted relative to this problem is in fact a species of the disability paradox and one that specifically conflates the value of an epistemically transformative experience with that of a personally transformative experience.

3. Intuition and horribleness

L.A. Paul writes, “in cases like [being eaten by] sharks, we don’t need to perform an assessment of the outcome by cognitively modelling what it would be like, because we know what the results would be: we know every outcome is bad, whatever it is like” (Paul 2014: 128; cf. 27).

Campbell and Mosquera generalize from this quote to develop what they call:

The Shark Claim: One can evaluate and compare certain intuitively horrible outcomes (e.g., being eaten alive by sharks) as bad, and worse than certain other outcomes even if one cannot grasp what these intuitively horrible outcomes are like [cf. Paul 2014: 127; cf. 27]. (Campbell and Mosquera 2020: 3551)

Campbell and Mosquera continue by noting, “Paul discusses other examples such as being hit by a bus and having your legs amputated without anesthesia [Paul 2014: 28, 127; 2015: 802–3].”³ They contrast the shark problem with what they call the Prior Experience Claim, which is at the core of Paul’s theory of transformative experience:

The Prior Experience Claim: One cannot evaluate and compare different experiential outcomes unless one can grasp what these outcomes are like, which one can do only if one has previously experienced outcomes of that kind [cf. Paul 2014: 2, 71–94]. (Campbell and Mosquera 2020: 3551)

“Evaluation” and “comparison” are here construed as functions of cognitive modelling. By virtue of having experiences of X kind, it is assumed that one can cognitively model

²This is a notoriously controversial claim, but it is beside the point to engage it here. Cf. Kukla (2015).

³Turning back to their core example, they add, “nobody, we hope, would deny that one can know that an experience of being eaten alive by sharks, for example, is bad even if one is not familiar with the precise phenomenology of that experience” (Campbell and Mosquera 2020: 3551). As I argue below, this appeal to common sense isn’t convincing in the way they intend because of how the shark problem and its core cases are constructed.

outcomes pertaining to X in such a manner that one can judge – evaluate and compare – their subjective value. “Subjective value” just means, following Paul, the value(s) attached to undergoing X kind(s) of experience(s). As she details at length, the prior experience claim is especially pertinent to experiences the undergoing of which transform one as a knower. The following problem immediately arises: what distinguishes transformative experiences, to which the prior experience claim applies, from sharky experiences, to which the Prior Experience claim does not apply *despite one not ever having undergone* such experiences?

Campbell and Mosquera attempt to solve this problem in two ways.⁴ They first adopt an approach that assumes a precise boundary between the two sorts of experience. This, expectedly, runs into the sorites paradox, and so they dismiss that solution. They then turn to a vagueness approach. After exploring supervaluationist, epistemicist, and ontic vagueness accounts, they argue that none solve the problem. This is because whether one focuses upon linguistic indecision, ineliminable uncertainty, or vagueness “out there” in the world, the problem of drawing a non-question-begging distinction between ‘normal’ and ‘sharky’ cases of the evaluability of outcomes remains.⁵ On this basis, they conclude that the shark problem is indeed a threat to Paul’s account of transformative experience. But this conclusion is wrong for two reasons: (A) the experiential kinds under discussion fail to characterize the core issue of *personally* transformative experience. (B) the real “shark problem” has been misidentified as a merely epistemological concern without taking into account its larger normative dimensions. I first address (A).

Paul herself distinguishes between experiences that are *epistemically transformative*, which provide novel phenomenological content and can’t be cognitively modelled, and experiences that are *personally transformative*, which provide novel phenomenological content, can’t be cognitively modelled, *and* also alter one’s sense of self, priorities, preferences, and the like (2014: 155–56; cf. Barnes 2015).⁶ Paradigmatic cases of personally transformative experience include: “becoming a vampire,” “being a parent,” “becoming religious,” and “being in love.” By contrast, “eating a durian,” “seeing the aurora borealis,” and “flying in a plane” are cases of epistemically transformative experience. These two types are regularly run together by Campbell and Mosquera (see, e.g., 2020: 3550), but they are distinguished by Paul:

⁴Their account relies upon what they call the Richness Assumption: the number of types of experience is sufficiently large to fill in S, where S represents a spectrum of possible experiential outcomes for some experience, E. In this paper, I take the Richness Assumption as a given and will not comment on it further.

⁵I am unconvinced that their treatment of ontic vagueness is sufficient. Taking into account Fara’s work on interest-relative theories of vagueness, it seems to me perfectly reasonable that what picks out the sort of vagueness at play between transformative and sharky problems is a question of *boundlessness*. As Fara (2000: 49) argues, “we may have purposes and desires with achievement or satisfaction conditions that seem to us tolerant in the requisite sense, and hence boundaryless”. But my aim here is not to defend a view of experiential type categorization that turns on debates concerning vagueness or broader debates in semantics or metaphysics. On the contrary, my aim is to defend a view that turns on contestation over norms, specifically those concerning the relationship between embodiment, well-being, and testimony as it pertains to socially marginalized groups.

⁶Running epistemically and personally transformative experiences together is strangely common in the literature responding to L.A. Paul. For example, Fraser argues, without any distinctions, that transformative choices include “having a child, seeing red for the first time, tasting durian, gaining a new sensory ability and undergoing major surgery” (Fraser 2018: 37 fn. 4). Yet, Paul is clear that, e.g., “tasting durian” isn’t a paradigmatic case of personally transformative experience. As she puts it, “they [things like tasting durian for the first time] aren’t the sorts of things that fundamentally change what you care about or what kind of person you take yourself to be” (Paul 2014: 16).

If we had individual-level data that could tell us how likely a particular outcome was for us and how we'd respond to it, then we could argue that big life choices should be made in the same way that we choose not to step in front of a bus or to be eaten by sharks. In cases like the bus or the sharks, we don't need to perform an assessment of the outcome by cognitively modeling what it would be like, because we know what the results would be: we know every outcome is bad, whatever it is like ... But for the sorts of big life choices I've been focusing on, *we don't have sufficiently detailed data to do this*, and it's not clear we ever will. (Paul 2014: 127, my italics)

When Paul refers to "big life choices," this is a shorthand for experiences which are personally transformative, not merely epistemically transformative. Note that the same event or process can be both epistemically and personally transformative, which, tellingly, is the sort of case of chief interest with regard to decision theory and transformative choice.

In what follows, I contrast Paul's central case of transformative experience, being a parent, with the three most discussed cases of the shark problem: being eaten alive by sharks, being hit by a bus, and having one's legs amputated without anesthesia.

Experience	Having a child	Shark Accident	Bus Accident	Amputation (w/o anesthesia)
<i>Experiential Type</i> ⁷	Transformative	Sharky	Sharky	Sharky
<i>Horribleness</i>	Pain of childbirth, etc.	Being eaten alive	Injury	Limb amputation & the trauma of torture
<i>Outcome</i>	Being a parent	Death	?	Impairment
<i>Social Meaning</i>	Parenthood	N/A	?	Disability

Note first that horrible experiences pertaining to having a child can be treated as distinct from its overall outcome and its larger personal and social meaning, even if they turn out to be both necessary and genuinely horrible experiences along the way for a given person.⁸ This is very different than the case of "being eaten alive by sharks" since it is formulated in such a manner that death is the outcome. Claims about the intuitive horribleness of death present unique problems, for we cannot experience our own death, only our own dying. I will instead assume that as a result one is injured in some ways but has not died from the attack.⁹ In the case of a bus accident, it is hard

⁷I am categorizing these types according to how L.A. Paul as well as Campbell and Mosquera explain them.

⁸One can of course be a parent without going through childbirth. My point is only that there are aspects of parenthood that would quite naturally count as "intuitively horrible" (going through childbirth is just one; one's child being extremely violent and hating one is another; one's child dying is another) which can be treated distinctly from the *total* or *overall* experience of parenthood which Paul deploys as her core example of a personally transformative experience.

⁹To be clear, even though "being *eaten alive* by sharks" is Campbell and Mosquera's prime example, modifying it to avoid death strikes me as a charitable interpretation of their animating concern. Getting into debates about distinctions between the experience of the process of dying vs. the experience of death lead into very different directions than those raised by their essay. Relative to the context of a project like Paul's, I don't see how the claim that it is intuitively horrible to die adds anything to the discussion, for

to know what to make of the example. Without any information about what happens after the accident, one could imagine outcomes ranging from a mere scratch and scare to living in a coma for years to immediate death. Because it is constructed in such a vague manner, I'll largely ignore this example going forward.

With respect to the third example, an amputation does not necessarily result in death, and I take both Paul and also Campbell and Mosquera to assume it does not. The fact that there is no anesthesia involved is curious and sets up a strange contrast between the three cases. Unless one is in total shock, the experience of being chewed upon by a shark will be exceptionally painful. Being hit by a bus may also result in exceptional pain or instead in one feeling (and perhaps also remembering) nothing at all, especially if the accident involves a traumatic brain injury. Leg amputation without anesthesia, also unless one is in total shock, will be exceptionally painful, but in a manner that is additive. One would presumably be aware of the fact that it would not be painful or would at least be less painful if anesthesia were administered, and knowledge that pain is being inflicted on purpose or needlessly can itself intensify pain experience (Linton and Shaw 2011). It seems as though the "no anesthesia" qualification is meant to focus one's attention on the discrete event of the amputation and the intuitive horribleness of *that event*.

Insofar as a leg amputation results not only in an epistemic transformation (one the *mere* content of which is likely not itself worth the pain), but in a personal transformation (one the content of which I cannot know without being changed as a person), then focusing on the intuitive horribleness of the amputation goes only partway. Whatever purchase the claims of intuitive horribleness may have for epistemically transformative experiences, they do not necessarily transfer to personally transformative experiences. Since I take Paul's work to ultimately focus upon the latter, not the former, the pertinent question is instead about the intuitive horribleness of post-amputation life. It is about how one is transformed upon becoming, for example, a wheelchair or prosthetic user. I return to this point below.

Further note that in the distinction between epistemic and personal transformation, a temporal dimension is at play. The real-life cases L.A. Paul focuses upon – things like becoming a parent – are complex processes that span months, if not many years.¹⁰ At what point upon becoming a guardian of a child one is "a parent" is left unspecified by Paul's account and, it seems to me, for good reason. It is not clear that parents with an eight-month-old child in utero are in the exact same epistemic or personal-existential position as parents with a toddler or parents with an angst adolescent, etc. This is not a problem for Paul's account because her argument doesn't depend on whether the "day of birth" parent or the "three-year-old" parent or the "angst-ridden teen" parent are in the same relevant situation; the point is that each are sufficiently different, not identically different, from the non-parent with respect to being changed as a knower *and* with respect to how the meaningfulness of being a parent (not merely the

the discussion is ultimately about the relationship between epistemology and various forms of lived experience, not epistemology and non-experience (or events right before it). If one considers situations where people choose to die, e.g., religious self-immolation, my claim here might seem too fast. Whatever arguments can be made about such situations, they strike me as distinct enough from the argumentative sphere of Paul's claims such that they mark genuine exceptions (or, depending upon one's views of the afterlife and further arguments about religious revelation, perhaps defenses), not threats to her theory.

¹⁰Paul's discussion of revelation, which is sometimes described as a discrete event that changes everything, complicates this picture. I would argue that revelations are also temporally distended – and (highly) socially conditioned – in various ways, but that claim is not central to the argument at hand.

innumerable, various discrete acts involved in parenting) changes them as a person (shifts in values, preferences, etc.).¹¹

Discrete events and extended affairs, projects, and ways of being are different sorts of things – the contrast is as strong as that which changes a very minor, nearly meaningless aspect of one’s experiential landscape (eating a Durian for the first time, learning *what it is like* to taste Durian, and, thereby, coming to like or dislike Durian) vs. that which changes one as a person (becoming a parent, being a parent, and, thereby, coming to be the sort of person who *is* a parent). Furthermore, while the latter is likely to have a significant set of social and political ramifications, the former does not. There are distinctly temporal, existential, and socio-political considerations at play when we consider the distinction between epistemic and personal transformation.¹² And, as I discuss at length in sections 4 and 5 below, there are also normative considerations.

Let us return to the sharky case of leg amputation and its relationship to intuitive horribleness. What does leg (lower, upper, or what have you) amputation *necessarily* result in? Disability. It means one will no longer be able to walk solely using the means of one’s biological body (assuming one was ambulatory before). On a social model of disability, amputation necessarily results in *impairment* in the sense that one’s body shifts from a phenotypical to an aphenotypical form (in this case: in shape, overall function, and mode of movement) (Cross 2016; cf. Silvers 1998). It also necessarily results in *disability* in the sense that one will now encounter a world not designed for one – one will instead encounter a world by and large designed for ambulatory people. That is to say, one must now live in a world in which wheelchair users (or prosthetics users, etc.) are often stigmatized and in which one must deal with the many, complex effects of ableism, whether with respect to social life, employment, healthcare, political representation, or what have you (Toombs 1995; Kafer 2013).

Social scientific research concerning people with lower leg amputation offers evidence regarding its horribleness. It turns out that the “intuitive horribleness” with respect to becoming paraplegic through a traumatic event gets one aspect of such experience correct: it is a difficult ability transition. It can throw people into depressive and suicidal states, especially during the first one or more years (Kennedy and Rogers 2000). But that research also shows that afterwards many people come to find new normal, new modes of flourishing, and come to enjoy their new paraplegic life (Kennedy and Rogers 2000).¹³

Does being paraplegic *in and of itself* mean one’s life will necessarily go worse? No. There is a significant body of work showing such a claim to be false (e.g., Barnes 2016; Begon 2020). This research demonstrates that the relationship between various impaired/disabled states and well-being is instead extremely complicated (Campbell and Stramondo 2017). That relationship is a product of a host of contextual factors,

¹¹As Barnes (2015) argues, the idea that “being a parent” is personally transformative in the *same way* across cases is implausible. Transformative experiences come in degrees and are impacted by social context. “Whether a 17-year-old living in a multi-generational agrarian community in the 1800s would, for example, experience parenthood as transformative in the same way, or the same degree [as an upper middle-class person living in the global North today, e.g.] seems doubtful” (Barnes 2015: 176).

¹²As a reviewer helpfully pointed out, the multiple difficulties of prospective assessment of intuitively horrible events is well-documented in the psychological literature on affective forecasting (Wilson and Gilbert 2003) and the literature discussing how we are easily misguided by our “gut intuitions” (Kahneman *et al.* 1982).

¹³The recent film *The Sound of Metal* offers an insightful depiction of such a transition with respect to the case of total hearing loss and how an ability transition like that turns heavily on questions of community and of adjusting, or failing to adjust, one’s expectations.

not factors merely pertaining to one's form of embodiment (cf. the exchange between Barnes 2018; Francis 2018; Howard and Aas 2018).¹⁴

In short, and as Elizabeth Barnes has argued in the greatest detail, disability is not bad *simpliciter*. However one ultimately judges this literature, to focus merely on the moments of becoming-impaired (and especially if that transition involves painful, even tortuous experiences), misses the point about not simply *what it is like* to be disabled in this or that manner in a narrow sense, but what lived experiences of disability amount to in any given case. To focus on the moments of a shark attack or the moments of amputation, anesthetized or not, fails to appreciate the import of the thesis of personally transformative experience and instead functions as a red herring by focusing upon discrete, highly painful experiences and/or ability transitions that ignore or distort a wide range of evidence concerning the lived experiences of disability.

Being non-ambulatory will result in one experiencing a world designed for ambulatory and otherwise able-bodied people. That world is often frustrating to navigate and frustrating in many other respects due to the exclusions of the built world, a world which does not, on the whole, practice universal design, but instead able-bodied design (Hamraie 2017). Still if one listens to the testimony of people who in fact use wheelchairs for mobility, that doesn't thereby make such a life horrible (Mairs 1996; Kafer 2013).

Let us assume that, at minimum, you must use a wheelchair of some sort to get around after either of these events. What does research say about the well-being of wheelchair users with respect to their use of wheelchairs? It suggests that most experience the use of a wheelchair as freedom, as a tool that affords them self-determination to do a host of activities (Wolbring 2003). Depending upon context, certain electronic wheelchairs allow greater, faster, and – for some – even more enjoyable freedom of movement than using one's own two legs would (just consider the amount of people who purposely and joyfully use scooters, electric bikes, or any number of other powered devices to get from point A to B as opposed to simply walking).¹⁵ In sum, the mere fact that one uses a wheelchair does not entail that one's life will be horrible, and intuitions that it will be horrible fly in the face of evidence concerning the lived experience of those who actually use wheelchairs (Galli *et al.* 2015).¹⁶

¹⁴To argue in this way assumes that the shark attack or amputation doesn't result in neuropathic pain, which in fact could make one's life go *necessarily* worse (Nadelhoffer *Forthcoming*). But, tellingly, specifics like this – ones which draw on nuanced debates in the large literatures spanning philosophy of disability and disability studies – aren't part of the analysis. This is worrisome, for paraplegia and neuropathic pain are both candidate cases for personally transformative experience and the particularity of those experiences aren't sufficiently captured by whatever cause leads to them. I discuss this in more detail in sections 4.1 and 5 below.

¹⁵For some, of course, it would not be more enjoyable. Barnes (2015) offers an illuminating discussion of how personal psychological features in concert with various social facts can alter the extent to which a given experience is personally transformative, and she is, I think, correct on this point. The alteration can also shift the valence of the "same" personally transformative experience. For example, if you live somewhere without any disability community and where disability rights are largely absent, it will make it *harder* for the transition to living with an impairment with paraplegia to be personally transformative in a positive respect.

¹⁶It is telling, but perhaps unsurprising that object of the "intuitive horribleness" claim concerning becoming paraplegic is indefensibly fixated upon the initial state of transition – not the overall life and potential personal transformations that follow. There are many reasons for this sort of mistake. Humans exhibit durability bias, the tendency to overpredict the duration of affective reactions, however grounded, to future events, and this is due in part to focalism, the tendency to focus too much on an event in one's immediate attentional field and not consequences of other future events (Wilson *et al.* 2000). In short, we predictably misremember, misrepresent, and mispredict both past and future states of happiness and sadness, pleasure and pain, in relation to singular events, not to mention complex sets of events that impact the

Consider the following argument: while L.A. Paul is right to claim that while we cannot judge what it means to be a parent because becoming a parent transforms us a knower, we can nevertheless judge the pain of childbirth¹⁷ to be horrible or the raising of a child who is consistently violent towards and abhors one as horrible or the early death of one's child as horrible. While the intuitive horribleness of each of these may be related to any given case of parenthood, none – even in combination – exhaust the meaning or overall lived experience of parenthood as a whole. Those events do not capture *the meaning of being a parent*. They are claims about intuitive horribleness that treat the experientially discrete as a synecdoche for the experientially continuous. They mistake gaining novel phenomenological content through a bad experience for being transformed as a person as a result of those gains *in combination with* a range of other factors in the context of the meaning-making forms of life.

But this is not all – they also overgeneralize the character of the discrete, supposedly intuitively horrible, events in question. For example, a not insignificant number of women go out of their way to have an unmedicated birth, and, in effect, actively seek out experiencing its pain more fully (Ossola *et al.* 2019). Complicating the matter further, a large number of births are, on the contrary, medicated and hence not especially painful (Butwick *et al.* 2018). Even *if* for a given individual, or group, the pain of childbirth were traumatizing, even *if*, to consider a possibility that is very distinct, one's child were to turn out consistently violent and hateful or dies at an early age, none of these hypotheticals will definitively decide the debate over the way in which becoming a parent shifts the parameters of one's judgment, evaluations, preferences – i.e., one's standing as a knower – concerning parenthood. Note that whatever happens over the course of hours, days, weeks, months, or even years is not necessarily definitive of a form of life, a determinate way of being in the world. In this experiential and reflective span lies the theoretical rub. The thesis of personally transformative experience is ultimately about existential ventures and undertakings, not isolated events and activities.

To take another of Paul's central examples, consider how strange it would be to claim that Paul's opening discussion of becoming a vampire fails to demonstrate the problem of transformative experience merely because being violently bitten in the neck is intuitively horrible (I am happy to admit that I judge being so bitten, i.e., non-consensually, as intuitively horrible). In the same way, to infer from the presumed intuitive horribleness of childbirth – or fill-in-the-blank with respect to what can happen over the course of parenting – to the intuitive horribleness of being a parent is patently misguided. And yet the shark problem, assuming it doesn't end in death as I qualify the problem above, makes precisely that argumentative move. This is a mistake.¹⁸

course of one's life. Focalism also contributes to pain catastrophizing, the fact that we regularly overestimate the intensity and duration of pain (Crombez *et al.* 1998). This further suggests that we can significantly mischaracterize, mispredict, and generally misestimate the meaning of any phenomenon we assume to cause pain. This includes the vast range of phenomena we categorize as "disabilities" insofar as many often fallaciously associate or equate disability with pain and suffering (Reynolds 2022).

¹⁷It is typically described by pain specialists as one of the more painful experiences a human can undergo. Cf. Wall *et al.* (2006). However, I highly qualify (and in some ways undermine) this way of characterizing the relationship between pain and childbirth below, especially in relation to how one would "intuitively" judge its experiential character (and keeping in mind that some making/assessing such intuitive judgments do not have bodies such that they could in fact undergo that experience).

¹⁸One might counter that Paul does talk about discrete events and the transformative effects they have. It is upon being bitten by a vampire that one becomes a vampire. But it seems to me a very strange reading of Paul's scholarship on this issue to attach the "transformative" aspect of "transformative experience" to discrete events in such a manner. I don't see how someone could read her work and think that her claims reduce in such a manner. As an analogy, it would be equally strange to reduce research on the

3.1. The real sharky problem

I claimed above that the implications of the “shark problem” are wrong for two reasons: (A) the experiential kinds under discussion are indefensibly diverse and fail to characterize the core issue of *personally* transformative experience, and (B) the real “shark problem” has been misidentified as a merely epistemological concern without taking into account its normative dimensions. Having addressed (A), I now turn to (B).

The problem of distinguishing between sharky and non-sharky problems turns on *how we typologize experiences* and *how we judge others’ experiences in relation to a given typology*. Call the results of typologizing experience *experiential kinds*. While assessing experiential kinds will perforce involve definitions and various criteria, such assessments will also invariably involve norms. These will include norms about how we *judge* experiences far from our own but in connection with the same experiential kind. To get a sense of this way of framing things, consider those who have a dog and thereby assert that they are in a solid epistemic position to make claims about human parenting or those who are secular, yet intrigued by and in principle open to the idea of the divine, and thereby assert that they are in a solid epistemic position to make claims about living a religious life. One might respond (as I would): “being a dog person” is one sort of experiential kind; “being a parent” is another. “Being open to the divine” is one sort of experiential kind; “being actively religious” is another. Whether or not we take ourselves to have purchase on a given experiential kind is important. The more pressing issue – at least relative to the concerns at hand – is how we take up and integrate testimony from others concerning experiential kinds that *we intuitively consider to be close or even identical* to our own.

There is a large anthropological literature focused upon analyzing practices that one society/culture judges as intuitively horrible and that another society/culture judges as not merely reasonable, but even required (rituals of maturity, acts to create and solidify in-group bonding, practices to accomplish certain gender norms, etc.). An obvious and hotly contested example is female circumcision, also referred to as female genital cutting (Abusharaf 2013). I will not here take a stand on that debate, and my argument does not require doing so. I bring it up simply to note the large body of work that suggests a defining part of what is at stake in claims of *intuitive horribleness* to be not simply a question of extrapolation from one’s experience to different degrees of that experience, but instead a question of *how various values inform* one’s judgment about what counts as horrible or not horrible in the first place and the way in which one takes up or denies the testimony of others, including groups of others and including the traditions, histories, cultures, etc., in and by which they anchor their testimony.

I take this to be part of the insight of Paul’s work on personally transformative experience: it is the *unique* and *social* quality of certain transformative experiences that result (or fail to result) in personal transformation (cf. Barnes 2015). The convert to Jainism does not, without further analysis, undergo the exact same experience as the convert to Buddhism or Christianity or Islam – nor do all parents undergo the same experience of parenthood.¹⁹ All of these might, on Paul’s account, qualify as personally transformative experiences, but the extent to which they are similar requires one to take up the testimony of others and to look to other forms of evidence as well – most notably

phenomenology of living with X diagnosis to research on the moment of receiving the diagnosis of X. Cf. fn. 9 above.

¹⁹Though my argument here is ultimately anchored in philosophy of religion, even a cursory knowledge of these religious traditions would suggest that what such a conversion means at the level of lived experience will be quite different. These religions, to put things crudely, organize and make meaning of the world in importantly distinct ways.

qualitative social scientific evidence concerning the particularity of those religious traditions and the ways in which a given person does or does not take up aspects of a specific tradition relative to their sociocultural, historical, and political context. The qualitative differences between transformative experiences that we treat of an experiential kind are a crucial part of how we analyze and argue about the meaning of not only the transformative experiences in question, but transformative experience more generally.

Even if there were a person who, across some period of time, converts to Jainism, then Buddhism, then Islam, and then Shinto, it would be strange to find them an expert on the conversion between each to each or even of “conversion” itself. On the contrary, we would rightly wonder whether or not the many shifts instead indicate something about the relative *depth* of the transformative nature of these conversions if the shifts in religious affiliation change in such a way. This is not to say that this person would necessarily be inauthentic; it is instead to say that whatever they experienced would be *prima facie* different from one who converts and then holds to that conversion dearly for the rest of their life.²⁰ Therein lies the rub: philosophical investigation into lived experience involves dimensions that go far beyond both testimony and intuition.

Consider how common it is for able-bodied people to think they know something about disability insofar as they can “imagine” what it is to be without an ability they have, often assuming that “disability” simply means the lack of some given ability.²¹ An able-bodied academic person might think, for example, “Surely I know what it is like to use a wheelchair. I sit in a chair most of the day with wheels. It takes little to extrapolate from that to using a chair to get around for all my tasks.” The sighted person might think that by closing their eyes and/or walking around with a “blindfold” for a bit they have a sense of what it means to be blind. A wide range of humanistic, social scientific, and scientific evidence spanning decades points in the opposite direction (Magee and Milligan 1996; Hull 1997; Glenney 2013).

If this seems strange, and without getting lost in the minutiae of neuroscientific debates, there is a profound difference between simply using a device and incorporating it into one’s body schema (Titchkosky *et al.* 2019). For an ambulatory person to assess the testimony of a paraplegic or for a sighted person to assess the testimony of someone who is blind is not primarily an exercise in cognitive modeling. You can’t model yourself into a different body schema. The neurological differences between one who is ambulatory vs. one who is non-ambulatory or one who is sighted vs. one who is blind are not made experientially available via projections or modeling, for it is *both neurobiological and phenomenological differences* at play.²² Accordingly, assessing such testimony is always, in part, an exercise in trust. But that trust is not limited to taking another’s testimony seriously, *i.e.*, to how one judges testimonial evidence alone. There is also evidence in the sciences, social sciences, and humanities that can provide insights into not simply how those claims about lived experience ought to be judged, but also about the conditions under which and context through which those experiences bear out. The latter are considerations which help one not merely assess

²⁰This is yet another reason why I am largely in agreement with Elizabeth Barnes’ arguments concerning the contingency and context-dependence of transformative experiences. See Barnes (2015) and footnote 12 below.

²¹For an extended analysis of that error, see Reynolds (2022).

²²Just to focus on the neurobiological considerations for a moment, the brain depends in important ways on subjects’ primary sense modalities. Blind individuals process and represent auditory and other inputs differently from sighted individuals, which is one reason amongst many why, for the sighted, simply donning a blindfold is deeply misguided.

truth or falsity, but also come to understand the *meaningfulness* of the lived experience in question and the extent to which it pertains to a distinct experiential kind.

In short, the reasons we give for how and why we experience a given phenomenon as we do turn not merely on our ability to cognitively model things but also on how other people offer testimony concerning their own *related* experiences as well as the vast array of information available to understand the meaning of such claims.²³ To vary an example given above, experiencing the pain of a broken arm or the pain of a botched tonsillectomy does not entail knowing or understanding the meaning of living in chronic pain; nor does the reverse. Living in chronic pain does not entail knowing or understanding the pain of torture; nor does the reverse (cf. Klein 2007). The fact that we use the word ‘pain’ for all the latter experiences is certainly part of the problem in this specific example, for the linguistic elasticity of certain concepts can easily mislead careful analysis, as Socrates (not just Wittgenstein) long ago lamented. But the limitations of various languages or particular concepts is not the primary problem at hand – the problem is how we treat the testimony of others concerning experiential kinds.

In sum, the reasons I might give for judging a shark attack as intuitively horrible are less valuable than the testimony of *what it is like* by someone who has been attacked by sharks and whose account of that attack further involves its *relationship to their life* afterwards. And just as I should not take one’s claims concerning the intuitive horrible-ness of a shark attack due to mere extrapolation from non-shark-related pain, I should not take the testimony of a shark attack survivor as the final or total word on its experiential character, import, and impact. Evidence from other sources, including any number of humanistic, social scientific, and scientific approaches, is also requisite.

4. The disability paradox and epistemic injustice

All of this being said, the problem of skepticism remains. A paraplegic, as a result of a tragic accident, who reports it being the best thing that ever happened to them – or a good thing or even just something “not so bad” – might be/likely will be met with skepticism.²⁴ But to prima facie judge such an account as irrational or suspect begs the question yet again. Recall that the whole point of the thesis of personally transformative experience is that intuitions about such things are vacuous insofar as they track an experience that one has not only *not undergone*, but also through which one has *not been transformed* as a knower and, moreover, as a person. Intuitions are products not simply of epistemology, but also lived experience and one’s life as a whole as shaped by social, cultural, historical, and political factors, and to take such vacuous intuitions seriously has not just epistemological, but also socio-political ramifications. How we treat the rules/norms by which we judge intuitions to have or not have purchase matters.

There are many reasons to fight against these tendencies, not least of which includes their contribution to various forms of epistemic injustice. There is a mountain of research on various experiences of paraplegia. If you are ambulatory and upon walking to the grocery store tomorrow, you are hit by a car and become paraplegic, you do not in

²³The idea that knowledge of experiential kinds transfers across more general categories (e.g., the idea that “I am white,” “I am able to walk,” or “I have experienced pain,” offer knowledge of, say, “I am Black,” “I am paraplegic,” or “I am a chronic pain sufferer”) is epistemically and politically fraught. Experiencing the meaning of whiteness does not automatically entail gaining experience or knowledge concerning the meaning of being Asian or the meaning of being Black. Experiencing the meaning of being able to walk does not entail knowing the many ways – and complex situations that result – in which people get around without walking. Etc.

²⁴Just as parents who have experienced the death of a child who still report becoming a parent as their greatest joy might be/likely will be met with skepticism.

that moment or the next day (or even in the next few months) become an expert on living with paraplegia.²⁵ To claim – for example, two weeks or even six months into one’s experience – that being hit by that car is the worst thing ever²⁶ and that that life is not worth living is a claim that should be assessed in light of the resources from people who have been paraplegic for years, including those with congenital forms of paraplegia. To downgrade the credibility of those who are paraplegic in light of one’s fleeting intuition or all-too-narrow experience is a form of testimonial injustice and to further not engage the large body of existing knowledge concerning paraplegia is a form of hermeneutical injustice.

In light of my arguments here, the disability paradox raises the claim of “intuitive horribleness” from a run-of-the-mill philosophical charge to a question of testimonial and hermeneutical injustice. It is not just that different sets of epistemic resources are at play; it is also that available resources are *willfully* being ignored. By willfully ignoring them, one actively contributes to epistemic injustices against those for whom those epistemic resources are important. Imagine a convert to a new religion who judged that shift without spending any time talking with those of the same religion, without digging into relevant texts, including its core sacred text(s) and its tenets, and without participating in its core rituals.²⁷ If such a person espoused a view about that religion a number of months into their conversion – whether negative, positive, or somewhere in between – one would rightly question their epistemic standing because they not only failed to do the epistemic work necessary for their claims to meaningfully track the lived experiences and form of life, the experiential kinds, about which they are making a claim, but they *ignored* the hermeneutic resources at their disposal. Among its many issues, the shark problem relies upon the same moves as that misguided person.

One might object that a result of my account is that none of us can engage in any meaningful risk reasoning or decision-making about the future. The uptake of my argument, such a critic might argue, is that it is irrational to even try to avoid or pursue any event that will change your life. If becoming paraplegic doesn’t qualify as a sharky problem, then what norms are at play to avoid accidents? Why do we even need things like crosswalks? This objection draws conclusions that I do not defend and which do not follow from the arguments presented here. I argued that Paul’s claims concerning transformative experience turn upon the impact and quality of forms of life, not the *what-it-is-like* of various discrete events, whether unanesthetized amputation or what have you. I do think that one should in general avoid amputation, being hit by a bus, or being attacked by sharks. That is not the point. To think it is the point is to fall into the very cognitive trap against which I am arguing: a failure to appreciate the differences and nuances between the

²⁵If one takes qualitative social scientific research into account, there are good reasons to think that one will give particularly unreliable testimony about paraplegia as such in those timeframes because the transition from ambulation to paraplegia is notoriously difficult in ways that suggest the difficulty of the transition will *overdetermine* the meaning of whatever various end-states one experiences.

²⁶To be sure, those who become wheelchair-users after an accident that leads to a form of paraplegia are not simply dealing with a shift in their relationship to their body but a shift in their relationship to others – including society at large. They are forced to shift not just how they, but about how others think about their body. But, to repeat, shifts in ability such as this are not analogizable from the ambulatory person who simply imagines or otherwise attempts to cognitively model paraplegia.

²⁷Here, as above, I use examples from religious practice as a way to gain insights about claims of intuitive horribleness, specifically claims that track disability experiences. I do not, however, think that religious experiences and disability experiences are *straightforwardly* analogous. The meaning and implications of “analogy” are beyond the scope of this paper but suffice it to say that I find the *ana-logos* in question appropriate for the aims at hand.

experientially discrete and the continuous, between the epistemically and personally transformative, and between the constituent and the constitutive.²⁸

To summarize, if one accepts the thesis of transformative experience, this implies a normative commitment; namely, that (a) one refrain from making categorical judgments about experiences that, for one, would be personally transformative – even if one takes various aspects of one’s own experience to judge their onset, transition to, or various discrete, involved experiences to be horrible, and (b) one defers to, and learns from, those who have actually had such experiences and research that critically and seriously analyzes such experiences in order to assess judgments about them. Given the literature on epistemic injustice, this is especially important when the judgments concerning lived experience track that of a marginalized group (Sherman and Goguen 2019).

5. Conclusion

I have argued that testimonial and hermeneutical injustice are baked into most deployments of the concept of intuitive horribleness, and that, even if one were to justify its use in select cases, it should be accompanied with *prima facie* suspicion. To go beyond the trappings of intuition requires work. Philosophically, socially, politically, legally, and so forth, there are high stakes with respect to whether or not we consider the events of “being attacked by sharks” and “undergoing an amputation” as instances of a unified experiential kind or, what’s more, as cases that inform us about personally transformative experiences like becoming disabled. As I have argued, whatever said events have in common is beside the point of debates over transformative experience. Neither refers to forms of life; neither refers to that which would constitute a personally transformative experience. On the contrary, both fail to address the most relevant aspects of experience in which each result: becoming impaired and thereby experiencing disability. Becoming impaired and disabled in these ways relates to the experiences of *actually existing people and communities* – as well as a massive body of research spanning the social sciences and humanities in the interdisciplinary field of disability studies.

Testimony concerning experiences like amputation are not merely a question of the relationship between general experiences (like pain) or extrapolations thereof, but of how real, existing people *undergo* these specific experiences and how they *take up them up* as shaping their life and life projects.²⁹ The challenge of what Campbell and Mosquera (2020) call the shark problem for transformative experience fails to appreciate the distinction between epistemically and personally transformative experiences, fails to take the role of temporality seriously, and fails to appreciate normative considerations involved in claims of intuitive horribleness.³⁰ Insofar as disability experiences are what L.A. Paul calls *personally transformative experiences*, experiences which one cannot evaluate and compare without having undergone oneself, then the shark

²⁸One who would raise this objection is likely also concerned that my account somehow implies that *causing* impairment/disability in the various ways under discussion (through a shark attack, bus accident, or what have you) is acceptable. The idea that such an inference follows from arguments like mine – namely, one rooted in the complexity of lived experiences of (and lack of automatic badness of) disability – has been roundly debunked by Barnes (2016).

²⁹As a reviewer pointed out to me, in addition to claims about adaptive preferences or flawed methods, some also suggest that disabled people’s testimony concerning their own well-being reflects cognitive dissonance. As I hope is clear at this point in the argument, the cognitive dissonance explanation is merely another case of able-bodied people engaging in epistemic injustice against people with disabilities, a case, like the others, that gains steam through charges of “intuitive horribleness.”

³⁰This holds whether one defends a mere-difference, justice-based, or other sort of empirically informed theory of disability (Barnes 2016; Begon 2020).

problem and the disability paradox are less a problem and a paradox and, instead, simply more reasons to question doxastic attitudes and credences that relate to experiences one has never undergone.³¹

References

- Abusharaf R.M.** (2013). *Female Circumcision: Multicultural Perspectives*. Pennsylvania Studies in Human Rights. Philadelphia, PA: University of Pennsylvania Press. <https://doi.org/10.9783/9780812201024>.
- Albrecht G.L. and Devlieger P.J.** (1999). 'The Disability Paradox: High Quality of Life Against All Odds.' *Social Science & Medicine* 48(8), 977–88. <https://doi.org/10/bbs2d>.
- Barnes E.** (2009). 'Disability and Adaptive Preference.' *Philosophical Perspectives* 23, 1–22. <https://doi.org/10/ctvcdc>.
- Barnes E.** (2015). 'Social Identities and Transformative Experience.' *Res Philosophica*. <https://doi.org/10.11612/resphil.2015.92.2.3>.
- Barnes E.** (2016). *The Minority Body*. New York, NY: Oxford University Press.
- Barnes E.** (2018). 'Against Impairment: Replies to Aas, Howard, and Francis.' *Philosophical Studies* 175(5). <https://doi.org/10/gf9gdj>.
- Begon J.** (2020). 'Disability: A Justice-Based Account.' *Philosophical Studies*. <https://doi.org/10.1007/s11098-020-01466-3>.
- Butwick A.J., Bentley J., Wong C.A., Snowden J.M., Sun E. and Guo N.** (2018). 'United States State-Level Variation in the Use of Neuraxial Analgesia During Labor for Pregnant Women.' *JAMA Network Open* 1(8), e186567. <https://doi.org/10/ghq43s>.
- Campbell S.M. and Stramondo J.A.** (2017). 'The Complicated Relationship of Disability and Well-Being.' *Kennedy Institute of Ethics Journal* 27(2), 151–84. <https://doi.org/10/gf96rz>.
- Campbell T. and Mosquera J.** (2020). 'Transformative Experience and the Shark Problem.' *Philosophical Studies*. <https://doi.org/10/ghq43g>.
- Crombez, G., Eccleston, C., Baeyens F. and Eelen P.** (1998). 'When Somatic Information Threatens, Catastrophic Thinking Enhances Attentional Interference.' *Pain* 75, 187–98. <https://doi.org/10/c752gk>.
- Cross R.** (2016). 'Impairment, Normalcy, and a Social Theory of Disability.' *Res Philosophica*. <https://doi.org/10.11612/resphil.1452>.
- Fara D.G.** (2000). 'Shifting Sands: An Interest-Relative Theory of Vagueness.' *Philosophical Topics* 28(1), 45–81. <https://doi.org/10.5840/philtopics20002816>.
- Fellinghauer B., Reinhardt J.D., Stucki G. and Bickenbach J.** (2012). 'Explaining the Disability Paradox: A Cross-Sectional Analysis of the Swiss General Population.' *BMC Public Health* 12(1), 655. <https://doi.org/10/gbcbs3>.
- Francis L.** (2018). 'Understanding Disability Civil Rights Non-Categorically: The Minority Body and the Americans with Disabilities Act.' *Philosophical Studies* 175(5), 1135–49. <https://doi.org/10/gf96rd>.
- Fraser R.E.** (2018). 'Stakes Sensitivity and Transformative Experience.' *Analysis (Oxford)* 78(1), 34–39. <https://doi.org/10/ghq43m>.
- Galli G., Noel J.P., Canzoneri E., Blanke O. and Serino A.** (2015). 'The Wheelchair as a Full-Body Tool Extending the Peripersonal Space.' *Frontiers in Psychology* 6, 639. <https://doi.org/10/f7fnpg>.
- Glenney B.R.** (2013). 'Philosophical Problems, Cluster Concepts, and the Many Lives of Molyneux's Question.' *Biology and Philosophy* 28(3), 541–58. <https://doi.org/10/ghmg9t>.
- Hamraie A.** (2017). *Building Access: Universal Design and the Politics of Disability*. Minneapolis, MN: University of Minnesota Press.
- Honeybul S., Gillett G.R., Ho K.M., Janzen C. and Kruger K.** (2016). 'Is Life Worth Living? Decompressive Craniectomy and the Disability Paradox.' *Journal of Neurosurgery* 125(3), 775–78. <https://doi.org/10/ghr9xw>.
- Howard D. and Aas S.** (2018). 'On Valuing Impairment.' *Philosophical Studies* 175. <https://doi.org/10/ggi487>.

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- Hull J. (1997). *On Sight And Insight: A Journey Into The World Of Blindness*. London: Oneworld.
- Kafer A. (2013). *Feminist, Queer, Crip*. Bloomington, IN: Indiana University Press.
- Kahneman D., Slovic P. and Tversky A., eds. (1982). *Judgment under Uncertainty: Heuristics and Biases*. Cambridge: Cambridge University Press. <https://doi.org/10.1017/CBO9780511809477>.
- Kennedy P. and Rogers B.A. (2000). 'Anxiety and Depression after Spinal Cord Injury: A Longitudinal Analysis.' *Archives of Physical Medicine and Rehabilitation* 81(7), 932–7. <https://doi.org/10/fjhq5q>.
- Klein C. (2007). 'An Imperative Theory of Pain.' *Journal of Philosophy* 104(10), 517–32. <https://doi.org/10.2307/20620051>.
- Kukla R. (2015). 'Medicalization, 'Normal Function', and the Definition of Health.' In J.D. Arras, E. Fenton and R. Kukla (eds), *The Routledge Companion to Bioethics*, pp. 515–30. New York, NY: Routledge.
- Linton S.J. and Shaw W.S. (2011). 'Impact of Psychological Factors in the Experience of Pain.' *Physical Therapy* 91(5), 700–11. <https://doi.org/10/chpmmj>.
- Magee B. and Milligan M. (1996). *On Blindness: Letters Between Bryan Magee and Martin Milligan*. Oxford: Oxford University Press.
- Mairs N. (1996). *Waist-High In The World: A Life Among The Nondisabled*. Boston, MA: Beacon Press.
- Nadelhoffer T. (Forthcoming). 'Chronic Pain, Bad-Differences, and Disability Variantism.' *Journal of Philosophy of Disability*.
- Ossola P., Ampollini P., Gerra M.L., Tonna M., Viviani D. and Marchesi C. (2019). 'Anxiety, Depression, and Birth Outcomes in a Cohort of Unmedicated Women.' *Journal of Maternal-Fetal & Neonatal Medicine*. <https://doi.org/10/ghq43q>.
- Paul L.A. (2014). *Transformative Experience*. 1st edition. Oxford: Oxford University Press.
- Reynolds J.M. (2022). *The Life Worth Living: Disability, Pain, and Morality*. Minneapolis, MN: University of Minnesota Press.
- Sherman B.R. and Goguen S. (2019). *Overcoming Epistemic Injustice: Social and Psychological Perspectives*. Collective Studies in Knowledge and Society. London: Rowman and Littlefield.
- Silvers A. (1998). 'Fatal Attraction To Normalizing: Treating Disabilities as Deviations From 'Species-Typical' Functioning.' In E. Parens (ed.), *Enhancing Human Traits: Ethical and Social Implications*, pp. 95–122. Washington, DC: Georgetown University Press.
- Titchkosky T., Healey D. and Michalko R. (2019). 'Blindness Simulation and the Culture of Sight.' *Journal of Literary & Cultural Disability Studies* 13(2), 123–39. <https://doi.org/10.3828/jlcds.2018.47>.
- Toombs S.K. (1995). 'The Lived Experience of Disability.' *Human Studies* 18, 9–23. <https://doi.org/10/fc7d7w>.
- Wall P.D., Melzack R., McMahon S.B. and Koltzenburg M. (2006). *Wall and Melzack's Textbook of Pain*. 5th edition. Philadelphia, PA: Elsevier/Churchill Livingstone.
- Wilson T.D. and Gilbert D.T. (2003). 'Affective Forecasting.' *Advances in Experimental Social Psychology* 35, 345–411. [https://doi.org/10.1016/S0065-2601\(03\)01006-2](https://doi.org/10.1016/S0065-2601(03)01006-2).
- Wilson T.D., Wheatley T., Meyers J.M., Gilbert D.T. and Axson D. (2000). 'Focalism: A Source of Durability Bias in Affective Forecasting.' *Journal of Personality and Social Psychology* 78(5), 821–36. <https://doi.org/10/cjgtsk>.
- Wolbring G. (2003). 'Confined To Your Legs.' In A.P. Lightman, D.R. Sarewitz and C. Desser (eds), *Living with the Genie: Essays on Technology and the Quest for Human Mastery*, pp. 139–56. Washington, DC: Island Press.

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