

## Adaptive Preferences or Endowed Abilities? Biases in Thinking about the Impact of Disability on Well-Being

### Abstract

A number of philosophers and social scientists have argued that we can discount reports made by persons with disabilities who claim that their disabilities do not harm their well-being. These philosophers and social scientists claim that such reports are compromised by adaptive preferences or the status quo bias. Because these arguments do not address the question of how biased non-disabled persons might be in their belief that disability is harmful to well-being. Consequently, these arguments pose a major risk of testimonial injustice. After criticizing the idea that disability positive testimony is the product of either adaptive preferences or the status quo bias, I appeal to a number of well-known results from behavioral economics and social psychology, such as the endowment effect, intergroup bias, and biases in cultural transmission, to argue that non-disabled persons are likely biased in thinking about the effect of disability on well-being. Consequently, we have no reason to believe that persons with disabilities are particularly biased in thinking about the impact of disability on well-being; indeed, the opposite may be true. We currently have no reason to discount disability positive testimony when theorizing about the determinants of a life well-lived.

Keywords: Disability positive testimony, bias, adaptive preferences, status quo bias, prospect theory, intergroup bias, cultural transmission

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### 1. The Harm Presupposition, Disability Positive Testimony, and their Philosophical Import

This paper discusses the role of bias in how persons with and without disability understand the relationship between disability and well-being. Against the claims of a number of philosophers and social scientists,<sup>1</sup> I'll argue that we have no reason to believe that persons with disabilities are particularly biased in thinking about disability, and that non-disabled persons may turn out to be the ones who are particularly biased.

Many persons with disabilities provide what Elizabeth Barnes calls *disability positive testimony*: they report that their disabilities do not harm their well-being and that they lead lives that are as happy and as satisfying as anyone else's (Dunn, 2022). Moreover, many persons with disabilities express a preference for being disabled over not being disabled (Mattlin, 2022).

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<sup>1</sup> (McClimans et al., 2013; Nussbaum, 2000, 2001; Paúl et al., 2007; RRTC et al., 2007; Sen, 1980, 1985, 1993; Ubel, Loewenstein, et al., 2005; Wilson, 1999)

The existence of disability positive testimony and disability preference contrast with the *Harm Presupposition* that is widely shared by the non-disabled: the belief that disability is inherently harmful to one's well-being independently of the ways in which it can mark one out for discrimination and marginalization (Albrecht & Devlieger, 1999; Babik & Gardner, 2021; Boardman & Clark, 2022; Brillhart et al., 1990; Ubel et al., 2003; Wright, 1988).

By endorsing the Harm Presupposition, non-disabled persons adopt a *harm view* of disability by default. In contrast, the disability community tends to favor *diversity-based models* of disability (Mattlin, 2022; Zames Fleischer & Zames, 2011). Diversity-based models encompasses a wide range of more specific views, but the core idea is that the minds and bodies of persons with disabilities are simply further examples of normal human variation; there is nothing pathological about them (see Wasserman & Aas, 2023 for review). While disability can subject you to oppression and marginalization and may, in some cases, come with inherent harms or disadvantages, it does not in and of itself make you any worse off than any number of other modes of existence. By way of comparison, being a parent includes many challenges, some of which are inherent to being a (good) parent, such as significant demands on your time, patience, and energy, yet we do not discount parents' testimony when they claim that they find enrichment in their experiences of parenting and prefer to be parents. We do not selectively listen to those persons who may regret becoming a parent when thinking about the relationship between parenting and well-being. And we do not automatically dismiss a preference for parenting as the product of cognitive bias even though we have good reason to believe that parents are at least somewhat biased in thinking about the impact of having children on their lives.

The disparity in attitudes towards disability between disabled and non-disabled persons is widely referred to in the empirical literature as *the disability paradox*, but I'll refer to it as *The*

*Perspective Gap* instead. As we'll see, the *Perspective Gap* creates particularly acute problems for *capability accounts* of well-being, which were developed by Amartya Sen (1980, 1985, 1993) and Martha Nussbaum (2000, 2001) and have subsequently been employed in large numbers of projects in the philosophy of politics, economics, law, and ethics (see Robeyns & Byskov, 2023 for review).

Anyone who endorses the Harm Presupposition faces a question: if having a disability makes you worse off, why don't more persons with disabilities say so? In response, a number of philosophers and social scientists have argued that disability positive testimony is the product of *cognitive bias*, in particular, adaptive preferences and the status quo bias (McClimans et al., 2013; M. C. Nussbaum, 2000, 2001; Paúl et al., 2007; RRTC et al., 2007; Sen, 1980, 1985, 1993; Ubel, Loewenstein, et al., 2005; I. Wilson, 1999). I'll call this the *Bias Interpretation* of disability positive testimony and its advocates *disability bias theorists*. The *Bias Interpretation* is often used to motivate *discounting* disability positive testimony when thinking about the relationship between disability and objective well-being. Given the long history of marginalizing persons with disabilities and discounting disability positive testimony (Goering, 2008; Longmore & Umansky, 2001; Stiker, 2019), as well as the monumental stakes that are often involved, such as recent decisions over the allocation of scarce medical resources during the COVID-19 pandemic (Scully, 2020), arguments for discounting disability positive testimony should be evaluated with great care.

My goal in this paper is to establish at least:

*Parity*: we currently have no reason to believe that persons with disabilities are particularly biased in thinking about the effects of disability on well-being, and so we have no reason to discount disability positive testimony

if not the stronger claim:

*Reversal:* it is non-disabled persons who are particularly biased in thinking about the effects of disability on well-being, and so we have reason to discount the Harm Presupposition when theorizing about the nature of well-being.

After summarizing the survey literature on disability positive testimony, my argument will proceed in two parts. First, I shall review and criticize the arguments for the Bias Interpretation of disability positive testimony. Then I shall discuss a number of biases from behavioral economics and social psychology, such as the endowment effect and ingroup/outgroup biases,<sup>2</sup> to argue that non-disabled persons are likely biased in their endorsement of the Harm Presupposition. Consequently, we have no reason to believe that persons with disabilities are particularly biased, and it may be non-disabled persons who are the most biased in their thinking about disability's impact on well-being.

## 2. How widespread is disability positive testimony?

Numerous surveys of adults and children with both congenital and acquired disabilities have found that persons with disabilities report levels of happiness, life satisfaction, and perceived health that are close to, equal to, and, in some cases, higher than those reported by the non-disabled (Albrecht & Devlieger, 1999; Bach & Tilton, 1994; Boardman & Clark, 2022; Fellinghauer et al., 2012; Jörgensen et al., 2017; Post et al., 1998; Ubel et al., 2003).<sup>3</sup>

Findings are not always consistent, however, even when studies focus on a single condition and a single population. In surveys of children with Duchenne Muscular Dystrophy

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<sup>2</sup> See Amundson (2010) and Teschl and Comim (2005) for discussion of disability and hedonic psychology. For more on ingroup/outgroup cognition in disability see Babik & Gardner, 2021.

<sup>3</sup> For reviews and commentary see Amundson (2005, 2010), Barker & Wilson (2019), Campbell & Stramondo (2017), Schramme (2013), and Wasserman & Asch (2013).

(DMD), a progressive neuromuscular degenerative condition that typically results in respiratory failure by the end of adolescence, some studies find lower self-reported quality of life scores (Baiardini et al., 2011; Bendixen et al., 2012). Other studies find no effect (Kohler et al., 2005; Longo-Araujo de Melo & Moreno-Valdes, 2007). And still more find priming effects in which participants report lower quality of life scores when questionnaires focus on clinical aspects of managing DMD but not when questionnaires focus on a wider range of topics, such as leisure time or family life (Simon et al., 2011; see Uttley et al., 2018 for review).

More important than the question of *whether* persons with disabilities tend to report lower than average life satisfaction scores is the question of *what drives* lower scores when they do occur. Here the literature broadly corroborates longstanding arguments by disability scholars who claim that the primary disadvantages of disability stem from contingent social factors that limit access, inclusivity, and participation (Amundson 1992; Bickenbach 1993; Silvers et al. 1998; Wasserman 2001). For instance, using data collected from a nationally representative sample of 11,997 Canadian adolescents, 2193 of whom had a disability, Angela Daley and her colleagues found that Canadian school children with a disability reported lower life-satisfaction than their non-disabled peers. Children with disabilities were also more likely to experience bullying and social exclusion in school, and to feel like they did not belong. The negative correlation between disability and quality of life disappeared, however, in disabled children who experienced a sense of belonging even if they experienced discrimination at school (Daley et al., 2018). Likewise, in studies of adult populations that a negative correlation between disability and reported quality of life, the effect is largely driven by social factors such as loneliness and isolation (Tough et al., 2018) or feeling that they are not physically safe or accepted by others (Marinić & Brkljačić, 2008).

Even when studies do not find a negative correlation between disability and self-reported quality of life, social factors continue to play the largest role in explaining between-participant variation in life satisfaction scores (Albrecht & Devlieger, 1999; Burke et al., 2018; Dickinson et al., 2007; Fellinghauer et al., 2012; Jørgensen et al., 2017; Post et al., 1998). For instance, Boardman and Clark (2022) found that the majority of participants with spinal muscular atrophy, cystic fibrosis, fragile *x* conditions, haemophilia, and thalassaemia reported good perceived health and well-being. While age of onset had a large impact on reported quality of life, their social environment and the presence of close personal relationships had the largest effect on reported quality of life scores. In a seminal study, Albrecht and Devlieger (1999) found that access to transportation, barriers to employment, social isolation, later age of onset, experiencing pain, and feelings of low self-efficacy all contributed to lower quality of life scores (see also Burke et al., 2018; Dickinson et al., 2007; Jørgensen et al., 2017; Post et al., 1998). While some of these predictors are clearly social, others are not, such as pain and age of onset, and others still may be partly or entirely social only on closer examination. For instance, Aleksandra Rogowska and her colleagues (2020) found that persons with mobility impairments had lower life satisfaction scores than their non-disabled counterparts, but the effect was mediated entirely by their perceived self-efficacy, which is heavily dependent on access to employment as well as mobility devices, disability compatible vehicles, public transportation, and other means of transportation and interaction.

While the survey literature is at times contradictory, some themes are clear. First, disability has an inconsistent effect on self-reported quality of life, often having little to no effect. Second, the primary drivers of the lower scores that do occur are not the kind or degree of impairment; rather, they are factors that disability scholars have long cited as instances of

systematic oppression, such as isolation and barriers to employment, transportation, and participation in daily life.

### 3. Adaptive preferences and response shift bias

In this section, I shall introduce and criticize the use of adaptive preference theories to argue that disability positive testimony can be dismissed as the product of an irrational bias.

All theories of adaptive preferences (henceforth, ‘AP theories), concern how our preferences change as a result of real or perceived *reductions* in the range of viable opportunities that we have (Elster, 1983; Bovens, 1992). Some AP theories go further and address cases in which there are *restrictions* on our viable opportunities throughout our development, such as when women grow up in a deeply patriarchal society (Sen, 1985; Nussbaum, 2000).

AP theories focus specifically on what I’ll call *scarcity preferences*, which occur when we prefer one or more of the opportunities that seem viable to us over:

- those that no longer seem viable but once did,
- those that never seemed viable to begin with, or,
- those that we never even considered, either due to oversight or because we lacked the conceptual repertoire needed to comprehend them in the first place.

As the possibility of oversight and conceptual limitations suggests, subjects may not be able to fully articulate the range of opportunities that do or do not seem viable to them or why those opportunities do or do not seem viable.

Each AP theory aims to separate *rational* from *irrational* scarcity preferences, and they differ from one another in the *separating criteria* they put forward. While all scarcity preferences are adaptive in the sense that they keep us from chronically suffering from want for

what we cannot have, the term ‘adaptive preferences’ is used exclusively to refer to *irrational* scarcity preferences.

As a plausible example of a rational scarcity preference, Martha Nussbaum discusses her childhood dream of wanting to be a professional opera singer, but she did not have the talents for it. So, she became a philosopher instead, which she now prefers. While Nussbaum’s preference change was at least partly due to limitation options, there does not seem to be anything problematic with it. Learning to live with the talents that we have is a healthy part of growing up.

The stock example of an irrational scarcity preference is Stockholm syndrome, in which someone is taken captive and develops sympathy for their captors. Such an individual may come to prefer remaining in captivity. Here it is difficult to see how we could take such preference at face value when considering what is best for this individual’s well-being.

AP theories are partly evaluative or normative, rationality is an evaluative or normative notion, after all. Nevertheless, insofar AP theories purport to *explain* why a subject has the preferences that they do, AP theories are also psychological theories. Consequently, the claim that a given subject has an adaptive preference can be assessed both on normative grounds—we can or cannot justify classifying the preference as irrational—and on the basis of psychological plausibility—the preference is or is not a product of perceived scarcity. I’ll argue below that adaptive preference accounts of disability positive testimony are not psychologically plausible in many cases.

Contemporary research on adaptive preferences began with the work of John Elster (1983), who claims that the kind of autonomy associated with conscious decision-making



separates rational from irrational scarcity preferences. When a scarcity preference results from an unconscious desire to avoid suffering from privation, it is an irrational or adaptive preference; if we make a deliberate choice to change our preferences and succeed, then our resulting scarcity preference is the rational product of what Elster calls ‘character planning’.

Luc Bovens (1992) claims that coherence separates rational from irrational scarcity preferences. If our preferences change systematically in response to diminished options such that we end up with a coherent set, then our scarcity preferences are rational; if our preference changes are not systematic enough, and we end up with conflicting preferences, then our scarcity preferences are irrational.

While Elster’s and Bovens’s accounts have been influential, they provide us with no reason to think that disability-positive testimony *in general* will be the product of adaptive preferences.<sup>4</sup> A disabled person who currently would prefer not to be disabled could make a deliberate choice to cultivate a preference for being disabled, which would make their resulting preference rational on Elster’s account. And, unless we have reason to believe that it is psychologically *impossible* for someone to form a coherent set of preferences that includes being disabled, which is an exceptionally strong claim considering just how plastic human psychology can be, then we cannot presuppose from the armchair that everyone who prefers to be disabled has incoherent preferences. (Note that coherence is a separate issue from whether we think some of the individual’s preferences are bad preferences to have.) Moreover, to avoid using a double standard, we would need to test whether or not persons with disabilities are *more* inconsistent in their preferences than are persons without disabilities. Regardless, both Elster and Bovens make

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<sup>4</sup> Neither Elster nor Bovens discuss disability positive testimony directly. I mention their theories to show that the problems with adaptive preference accounts of disability positive testimony are not specific to the version put forward by Nussbaum and Sen, which do discuss disability directly.

substantive claims about the history (Elster) and the structure (Boven) of individuals' preferences that we cannot assume to be satisfied in every case; a systematic investigation of the psychology of persons with disabilities is required. Consequently, we currently have no reason to presuppose that disability positive testimony in general will be the product of adaptive preferences on Elster's or Bovens' accounts.

Nussbaum and Sen develop a third separation criterion by appealing to their capabilities account of well-being. According to capability accounts, there is an irreducible plurality of goods that are required for a life well-lived. These basic goods consist in a specific set of *central capabilities* understood as viable opportunities to pursue certain kinds of activities or achieve certain states of being, such as spending time with friends and family or becoming literate (see Robeyns & Byskov, 2023 for review).<sup>5</sup>

While there is room in logical space for capability accounts to reject the Harm Presupposition, the most prominent versions of the view claim that the list of central capabilities includes or else presupposes the sorts of sensory, physical, and cognitive capacities that are altered in many disabilities. Nussbaum and Sen both count mobility, bodily integrity, and health as central capabilities, and Nussbaum further includes the "senses, imagination, and thought" in her list (Sen 1990, 1993; Nussbaum, 2001).<sup>6</sup> Indeed, Sen takes it to be a *reductio ad absurdum* of any view of well-being if it rules that persons with disabilities can be objectively as well-off as non-disabled persons, *ceteris paribus* (Sen, 1980).<sup>7</sup> So, while capability accounts are not

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<sup>5</sup> Having a central capability does not require one to actually take advantage of it, only the means to pursue the opportunity without undue hardship. You don't have to vote to have a viable opportunity to do so.

<sup>6</sup> Sen never offers a canonical, exhaustive list of the central capabilities, unlike Nussbaum (2001).

<sup>7</sup> See also (Crocker, 1995)

logically required to do so, they generally affirm the Harm Presupposition and incorporate it into an overarching theory of what well-being consists in.

According to Sen and Nussbaum, a scarcity preference will be irrational or adaptive if it involves lacking one or more of the central capabilities. For instance, Nussbaum's current preference for doing philosophy over singing the opera is not irrational because it does not require her to miss out on any of the central capabilities. Her preference for doing philosophy is not, according to the capability account, a preference for *being worse off*. As examples of irrational scarcity preferences, Nussbaum and Sen discuss forming a preference for (or an indifference towards) being disabled, being in an abusive relationship, being denied the right to vote, and being malnourished (M. C. Nussbaum, 2000, 2001; Sen, 1980, 1985, 1993). These are cases of adaptive preferences, they claim, "in which habit, fear, low expectations, and unjust background conditions deform people's choices and even their wishes for their own lives" (M. C. Nussbaum, 2000, p. 114) such that they no longer prefer to have the full suite of central capabilities to which they are entitled.

It is not difficult to see how to apply Nussbaum's and Sen's theory of adaptive preferences to disability positive testimony. Disabled persons find themselves facing the prospect of a life in which they will lack one or more of the central capabilities. Without any opportunity to acquire those capabilities, their preferences adapt to their circumstances and so they become indifferent toward or even prefer being disabled. While persons who accept or prefer to be disabled may not experience suffering from their lacking some central capabilities, they are nevertheless made worse off for it. Accepting or preferring to be disabled is, on this view, a coping mechanism for adjusting to a diminished quality of life.

Elizabeth Barnes (2009; 2016) persuasively argues that Nussbaum and Sen’s adaptive preference interpretation of disability preference begs the question of whether disability is harmful to well-being. What I would like to add is that it is not even clear that disability preference is a scarcity preference to begin with. Allow me to elaborate.

Many (though by no means all) persons with disabilities report feeling ashamed of their disability before discovering the disability community and diversity-based models of disability later in life (Mattlin, 2022). Children with congenital disabilities are often born to parents who do not have a disability. And persons who acquire a disability may not know anyone else who is disabled. For these individuals, the primary sources of their understanding of their own disability will come from medical consultations and participation in a culture where the Harm Presupposition dominates. Consequently, it simply does not occur to these individuals that they can conceive of their disability as anything other than a burdensome, personal medical problem to be cured or endured. Once they discover diversity-based models of disability, however, things change. They can now conceive of their disability as a form of human diversity and recognize an opportunity that was previously obscured by their internalization of the Harm Presupposition, namely, that their disability can be an integral part of their flourishing and not an obstacle to it. This provides them with the opportunity to accept their disability and perhaps even take pride in it. They also acquire the opportunity, if they chose, to participate the disability community.<sup>8</sup> For instance, Mark Zupan, a quadriplegic rugby player, says: “My injury has led me to opportunities and experiences and friendships I would never have had before. And it has taught me about myself. In some ways, it’s the best thing that ever happened to me” (Ebert, 2005). Likewise, a

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<sup>8</sup> For discussion of the complex and varied attitudes that many individuals with disabilities adopt toward the relationship between their identity and disability, see (Watson, 2002)

woman known only as Angela says: “I look at myself as privileged to have had the experiences I had, the experiences they call pathology”(Farber, 1993, p. 95). And philosopher Elizabeth Barnes writes:

I’ve spent many years on a mission to cancel out my disability by frantically stacking up achievements, hoping that someday I would find that final, magic accomplishment which would absolve me of the sin of being disabled. Loneliness and longing for fulfillment have been the constant threads in my life, motivating many escape attempts...Then one day, on the bus, I met a fellow with a disability who was proud. He was comfortable with himself and his disability. Disability pride—wasn’t that an oxymoron? I had to find out, so I got involved in the independent living movement he told me about. Participating in the Center for Disability Leadership program brought me up to speed and launched me into the disability rights movement. My life and my thinking were liberated. (2016: 184)

Importantly, non-disabled persons do not have a viable opportunity to be proudly disabled or to participate in the disability community as anything other than an ally (unless, of course, they become disabled themselves). Consequently, the transition from shame to acceptance or even pride that many persons with disability experience suggests that disability positive testimony is not, at least not in many cases, the result of a perceived *restriction* on one’s viable opportunities. Indeed, persons with disabilities who conceive of their disability as a mere lack or as a deficit are more likely to despair than accept or take pride in their disability (Albrecht & Devlieger, 1999). Rather, disability pride and disability positive testimony often occur only after these individuals recognize the unique opportunities that are available to them as persons with disabilities. Adaptive preference theories simply do not offer a plausible psychological model of many instances of disability positive testimony.

#### 4. Behavioral Economics and the Ability Economy

Robert Sparrow (2015) has argued that the status quo bias can be used to undermine disability conservatism, the claim that we should not seek to eliminate disability through the use of gene therapy or other technological discoveries. While Nick Bostrom and Toby Ord (2006) do not discuss disability conservatism directly, they have argued that the status quo bias can be used to understand the widespread reservations that both philosophers and the general public have towards efforts aimed at human enhancement.

The status quo bias is rooted in prospect theory from behavioral economics (see §5). Since I'll also be appealing to prospect theory to argue that the Harm Intuition is likely influenced by the endowment effect (§7), Sparrow, Bostrom, Ord and I all need findings from behavioral economics to apply to how we think about the sorts of abilities that are affected in disability and transhumanist efforts at enhancement.

Sparrow, Bostrom, and Ord all take it for granted that we can apply prospect theory to human cognition about gaining or losing abilities. This is far from obvious, however. While prospect theory is extremely well-established, its foundational experiments often involve how willing people are to trade coffee cups and chocolate bars or how long people leave their houses on the market during a downturn (Dhami, 2016).

What I want to note is that *the ability economy*, as I'll call it, is ubiquitous in modern society. We routinely buy and sell a vast number of products and services that are designed to grant us novel abilities or else modify existing abilities.

In the case of intellectual abilities, the entirety of the education industry exists to improve our cognitive abilities. Moreover, a good deal of higher education consists in counteracting

patterns of thought that are natural but misleading, such as our intuitions about probability, and instill patterns of thought that do not come naturally but are extremely powerful, such as evolutionary thinking. Moreover, nearly all philosophy funding comes from the promise that our students will acquire transferable, cognitive skills that will improve their job prospects and their lives more generally. Outside of formal institutions, there are vast swaths of YouTube dedicated to breaking down complex topics and inference patterns into easily digestible chunks (some are better, some are worse, and some are dishonest by design). Pharmaceutical companies invest billions of dollars in identifying compounds that can be used to treat everything from ADHD to memory disorders. And the widespread sale of these medications as nootropics, often on the black market, speaks to our willingness to pay to modify our cognitive abilities.

In the case of our emotional and social abilities, we pay extraordinary sums of money to counselors and therapists to teach us how to better regulate our emotions and improve our social skills. We read books and articles that claim to help us make friends more easily, be better romantic partners, and improve our negotiating skills. Many individuals do not feel comfortable socializing without drugs or alcohol to help them lower their inhibitions. Some people take time out of their busy schedules to meditate with the aim of improving their emotional regulation. And we buy and sell medications and service animals that are intended to adjust our emotional profile.

In the case of sensory abilities, eyeglasses and hearing aides are available in countless commercial retailers in North America. We buy noise cancelling headphones and ear plugs to reduce our sensitivity to noise. We use blindfolds to sleep in daylight. Canes have long been used by the visually impaired to help them sense the spatial layout of the world around them. And millions of dollars have gone into the development of cochlear and retinal implants. We

pay for thermal cameras, welding goggles, endoscopes, magnifying lenses, mirrors, microphones, and acoustic amplifiers all with the aim of altering what we can see and hear. We train dogs to detect and follow scents that we cannot. We take music lessons with the hopes of, among other things, improving our ability to discriminate tone, timbre, and pitch. And wine connoisseurs devote time and money to heighten their sensitivity to nuanced flavors.

Finally, in the case of physical abilities, we pay for mobility assistive devices like wheelchairs, braces, canes, and walkers as well as bicycles, skis, snowshoes, ice skates, cleats, ladders, and motorized scooters. We hire personal trainers and physical therapists to teach us how to run, push, pull, jump, and perform other functional motions safely and effectively. And the increasing proliferation of tools over the course of human history have modified our strength, mobility, and dexterity in countless ways.

While the prevalence of the ability economy cannot on its own settle the question of whether behavioral economics can be used to understand how we think about our own abilities, it does show that we have no qualms about putting a price on modifying what we can and cannot think, do, and feel. Combined with the widespread applicability of behavioral economics in other domains of market activity, this strongly suggests that we should expect behavioral economics to apply to our thinking about our own abilities.<sup>9</sup>

## 5. Prospect theory

Our understanding of the status quo bias (§6) comes from prospect theory, which has four key elements (Kahneman, 2011). The first is that psychological values are assigned to gains and

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<sup>9</sup> Even if one is unpersuaded by these arguments:

- 1) My interlocutors face the same bind.
- 2) My appeals to the availability heuristic (§8), intergroup bias (§9), and cultural transmission (§10) do not depend on prospect theory applying to cognition about abilities.



losses and not to the outcomes that those gains or losses produce. You'll be a lot happier to have a net worth of a million dollars in five years if you start out with half a million dollars than if you start out with a million and gain nothing or, worse, start out with two million and lose half.

The second idea is that gains and losses are evaluated relative to a neutral reference point. Typically, the reference point will be whatever the status quo currently happens to be. But the reference point can also include outcomes that we feel entitled to or that we think are so likely to obtain that we take them for granted (Kahneman, 2011, p. 282).

The third idea will matter less for our purposes, but I list it for completeness. Gains and losses are subject to diminishing marginal utility and disutility. Each additional unit of some gain along a given dimension, such as a \$1k raise to our annual salary, will be less valuable to us than the last. *Mutatis mutandis* for our aversion to additional, incremental losses.

Finally, and perhaps most importantly, we are loss averse. We are much more apprehensive about losing what we already have (or, more carefully, what we include in our reference point), than we are excited about gaining what we don't already have. For goods that we can quantify or put prices on, we are typically about twice as averse to losses as we are attracted to gains.

## 6. The Status Quo Bias

With prospect theory in place, I now turn to the status quo bias: an irrational or inappropriate preference for the status quo over better alternatives (Sparrow, 2015; Bostrom & Ord, 2009). Since the status quo typically forms our reference point, we consider the alternative options in terms of what we stand to gain or lose if those options become the new norm. Since we are loss averse, the losses associated with abandoning the status quo receive additional

weight when compared to the potential gains associated with the alternatives. Because of diminishing marginal (dis)utility, the extra gains we stand to make over and above a comparable degree of loss will be further discounted. So, other things being equal, we will be averse to changing the status quo. This does not entail that we will never stray from the status quo, only that the potential gains must be clear and substantial.

It is not difficult to see how to apply the status quo bias to disability preference. For persons who are disabled, being disabled is in their reference point. Because human beings are loss averse, the potential gains of becoming non-disabled won't shine very brightly. And the potential losses of becoming non-disabled—such as having to alter your sense of identity or your relationship to the disability community—will loom large. So, *ceteris paribus*, we should expect that persons with disabilities will often prefer to remain disabled.

The problem with appealing to the status quo bias to justify discounting disability positive testimony is that it is *symmetrical*. If you are not disabled, then being non-disabled is your status quo. As a result, the potential losses of acquiring a disability will loom large. And the potential gains won't seem so great. *Ceteris paribus*, we should expect that non-disabled persons will prefer not to be disabled.

In order to justify testimonial discounting disability positive testimony without also discounting the Harm Presupposition had by the non-disabled, which would result in agnosticism, we need a way to show that being non-disabled is *better* than being disabled. Otherwise, someone who prefers to be disabled can't be said to inappropriately favor their status quo over a *better* alternative. If the status quo is just as good as the alternatives, then it's far from obvious that it's irrational to prefer the status quo. But it is unclear how we could establish that being non-disabled is better than being disabled without taking the Harm Presupposition for

granted or finding some other means, besides the status quo bias, to justify discounting disability positive testimony. As it stands, the status quo bias does nothing to move the debate.

## 7. The Endowment Effect and the Harm Presupposition

I now want to turn to possible biases that may lead non-disabled persons to favor the Harm Presupposition. I'll begin with the endowment effect.

Like the status quo bias, the endowment effect is a product of loss aversion and changes in our reference points. Before we acquire a good, we think of it as a potential gain. After we acquire it, having it is part of our reference point. Because we are loss averse, we will value it more after we acquire it than we did beforehand. We'll pay more out of pocket, forgo more gains, sacrifice more time, or work harder to keep the good than we would have been willing to in order to acquire it in the first place. To borrow one of Kahneman's examples, you may have only been willing to pay \$500 for a pair of concert tickets in the first place, but if someone offers to buy them from you, you'll take no less than \$3000.

Importantly, the endowment effect does not occur for goods that we hold onto for exchange, that is, as mere proxies for what we really want. We don't include them in our reference point because we never planned on hanging onto them to begin with. The endowment effect only occurs for goods that we plan on using; that we don't view as mere tools for getting what we really want. For instance, the endowment effect will take hold if you plan on going to the concert, but, if you are a ticket scalper, you'll take what you can get, even if you have to sell the tickets at a loss to keep from getting nothing for them.

The endowment effect is now extremely well documented.<sup>10</sup> In an experiment by John List (2003) at a stock trader convention, List randomly rewarded participants with either a chocolate bar or a coffee cup in exchange for filling out a questionnaire. The item was placed before them while they filled out the form. When they were done, they had an opportunity to exchange their randomly assigned reward for the other option. Given the random assignment of reward, we should expect 50% of individuals to exchange their reward if they are not subject to the endowment effect. Only 18% of novice traders chose to exchange whereas 48% of experienced traders did so. In an environment that primed traders to think in terms of market behaviors, expert traders thought of their reward as a possible bargaining chip, shedding the endowment effect, novice traders did not, resulting in loss aversion.

I have already argued that the prevalence of the ability economy gives us reason to believe that we can apply prospect theory to more than just chocolate bars and coffee cups. But the endowment effect raises an additional issue: is there a difference between abilities that we only acquire or maintain as mere proxies for what we really want and abilities that we acquire and maintain for personal use? I'll call these *abilities for exchange* and *abilities for use*. There seem to be clear examples of both.

As an example of an ability for exchange, consider learning how to file taxes in your home country. While there may be a handful of people who take pride in their skills at filing taxes, for most of us, we only learn how to do so in order to avoid paying fines and going to jail. Moreover, at least in the US and Canada, where filing is complex, many of us will pay in order

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<sup>10</sup> Indeed, it has even been documented for food items, which primates want to eat, but not non-food items, which primates don't know what to do with, in chimpanzees (Brosnan et al., 2007), gorillas (Drayton et al., 2013), capuchin monkeys (Lakshminaryanan et al., 2008), and orangutans (Flemming et al., 2012). Some authors take the research to suggest that the endowment effect has deep evolutionary origins in our psychology arising from the competitive nature of exchange, the often unknown fitness value of items, and loss aversion (Bruner et al., 2020).

to avoid having to acquire this ability in the first place, either by hiring an accountant or purchasing software. As another example of an ability for exchange, consider driving. While some people may take joy in driving when they first learn how, for many of us, being able to drive eventually becomes a simple means to an end of getting from A to B. Were alternative means of transportation to come along that were cheaper or easier, few of us would continue to practice driving to preserve our skills just for the thrill of it.

In contrast, consider abilities like learning to ride a bike or play *Magic: The Gathering*. Many people ride their bike not because (or not just because) it's the best way to get around, but because it's a nice way to get out of the house and see new things. We enjoy riding a bike and would be disappointed if we were to discover that we'd managed to forget how. Likewise, most people do not play *Magic: The Gathering*, which has an enormously complicated rule set, not because they want to make a career out of it, but because it is a good way to make friends, pass the time, and express one's intellect and creativity.

There are also abilities that can act more like abilities for exchange or abilities for use depending on your personality. These are *mixed case abilities*. For instance, you may only learn how to operate a backhoe to get a construction job. But it's just a way to make a buck. If something better comes along, you'll have no qualms about letting your skills wither from disuse. On the other hand, you may be the sort of person who takes great pride in your precision and skill, posting online videos of you knocking apples off of coffee cups. Here you treat your expertise as both a career and a personal interest. As another example, some philosophers view teaching a chore that has to be done. It's what allows them to do their research. Others find joy in teaching and take great pride in their skills. The later, but not the former, are more likely to

invest their time and energy into revising their classes and learning new teaching techniques before they become practically necessary.

The abilities that are altered in cases of disability are paradigm examples of either abilities for use or mixed case abilities. As one example, persons without visual impairments aren't interested in maintaining their vision simply because it's expedient for navigation or perhaps necessary for their current job. They enjoy being able to see and find the visual world interesting and beautiful. Of course, persons with visual impairments have no difficulty finding interesting or beautiful thing to experience. But persons without visual impairments can become attached to particular instances of interesting and beautiful things to look at—seeing their spouse's face, looking at sunsets, or photos from good experiences—and so losing the ability to return to those interesting and beautiful sights can seem like a great loss even though persons with visual impairments have numerous ways to finding beautiful and interesting things to experience (Thoma, 2013).

To further the point, ask yourself: how many of the visually unimpaired would be willing to trade their vision for thermal vision or high-quality echolocation abilities? In some respects, these other senses would be better than typical human visual capacities and would open up new avenues for art and exploration that cannot be had any other way. Yet they likely won't seem worth the trade to the sighted.

Moreover, if we think back on specific abilities that we did not always have, such as playing the clarinet, speaking Spanish, or knowing Judo, we likely experienced some degree of indifference toward acquiring that particular ability before we committed to it. You may not have cared about learning to play the clarinet over the base, learning to speak Spanish over German, or learning Judo over boxing. But you went with the clarinet because your aunt had

one to loan you, your school offered Spanish and not German, and the Judo studio was closer than the boxing studio. But now that those are the skills you have, you would be remis to give them up in exchange for their alternatives.

As an example besides vision, consider mobility. Persons without mobility impairments are not interested in maintaining their current ways of moving through the world and interacting with it simply because of expediency. And human beings have proven to be extremely resourceful in finding new ways to move through the world, whether that be through the use of wheelchairs, canes, and walkers, or bikes, skis, or surfboards. And we seem to find ways to enjoy the kinds of mobility that we have access to. For instance, in a now famous New York Times article, disability activist Harriet McBryde Johnson, who uses a motorized wheelchair, writes:

I used to try to explain that in fact I enjoy my life, that it's a great sensual pleasure to zoom by power chair on these deliciously muggy streets, that I have no more reason to kill myself than most people. But it gets tedious... [T]hey don't want to know.

For someone who can navigate deliciously muggy streets without the use of a motorized wheelchair, the thought of needing a motorized wheelchair to get around can seem like a tragic dependency without recognizing that their love of biking, skiing, or surfboarding also cannot be had without mechanical aids. And if you're a skier, the thought of having to move to a climate where you can only surf can seem like a great loss even though there's no obvious reason why preferring one is better than preferring the other.

Insofar as we become attached to our sensory, physical, intellectual, and social abilities as more than just means to an end, we treat them as abilities for use or mixed case abilities. We treat them as part of our endowment. Given the widespread prevalence of the endowment effect

in nearly every other domain of human cognition (Dhimi, 2016; Kahneman, 2011), we should suspect that the endowment effect leads us to value the particular suites of abilities that we happen to have more than we would if we did not have them already. In combination with the other cognitive biases that I'll discuss below, this gives us reason to think that non-disabled persons are likely overvaluing the abilities that they have, biasing them toward thinking that the Harm Presupposition is true.

## 8. Focusing illusions, Intuitive Probability, and the Availability Heuristic

In this brief section, I want to build on work by Peter Ubel and his collaborators (2001; 2005; 2005) on the role of *affective forecasting* and *focusing illusions* in thinking about disability.

Affective forecasting is an attempt to estimate the emotional impact of a future or merely possible difference in our circumstances. There is now a large literature showing that human beings routinely overestimate how happy or how miserable various life events will make us, at least in the long run (Pilin, 2021). Ubel et al. investigate the effects of a particular source of error in affective forecasting among non-disabled persons. What they found was that non-disabled participants were prone to *focusing illusions*, in which they tended to hyper-fixate on a small number of emotional salient features of what they imagined having a disability would be like, e.g., not being able to listen to music. When subjects were instructed to consider the effects of habituation over time and to adopt a more holistic perspective on what their lives would be like with disability, estimates of the negative impact of disability on subjective well-being improved (2001; 2005; 2005).

What I want to add is the role of *confirmation bias* and *the availability heuristic* in affective forecasting. The literature on the confirmation bias is vast, and I will not attempt to



describe it in any detail here (see Mercier, 2022 for review).<sup>11</sup> What this literature shows is that we tend to seek out, attend to, remember, and integrate information that conforms to our intuitive beliefs more than we do for conflicting information. This is, in part, because re-evaluating what one already believes in light of counterevidence is intellectually taxing and attention demanding, whereas continuing to believe what one already believes in the face of corroborating evidence is effortless and need not require attention. Given the overwhelming evidence that our default mode of cognition is to utilize intuition and a tendency to avoid intellectually effortful and attention demanding tasks (Kahneman, 2011), this suggests that the cognitive mechanisms needed to confirm our pre-existing intuitive beliefs are operative by default, whereas those needed to revise our intuitive beliefs will only operate if triggered.

Work on the availability heuristic shows that human beings often ask themselves how easy it is to think of examples of  $x$  when asked to think about how likely  $x$  is to occur or how common  $x$  is. If thinking of examples is fast and easy, and especially if the examples are concrete and emotionally vivid, we will tend to think that the event is extremely likely or extremely common (Reber, 2022).

Given the fact that non-disabled persons find harm views of disability intuitive to begin with, the confirmation bias suggests they will be more likely to seek out, attend to, remember, and integrate information that tends to corroborate their intuitive belief. When combined with research on the availability heuristic, this suggests that subjects will be more likely to substitute the question of whether disability is harmful to well-being with the question of how easy it is to

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<sup>11</sup> Mercier argues that there is no confirmation bias, understood as a predilection to confirm anything they consider or already believe; instead, he argues that there is a *myside* bias, a bias to think of reasons why our intuitions are correct. Insofar as the Harm Presupposition is an intuitive belief held by the non-disabled, the distinction won't matter for my purposes. So I use the more common terminology of 'confirmation bias'.

think of examples of ways in which disability could be harmful. So long as thinking of examples, especially concrete and emotionally salient examples—such as having to change careers, no longer being able to listen to music, or giving up jogging—are easy to think of, then non-disabled subjects will judge that disability will likely harm one’s quality of life.

What Ubel et al. found in their research was that subjects tended to hyper-fixate on concrete ways in which their lives would be worse off if they were to become disabled, just as the confirmation bias and availability heuristic would predict. By asking subjects to adopt a more holistic perspective and bear in mind that they could adapt to find new careers and hobbies, Ubel et al. were able to counteract the effects of confirmation bias and the availability heuristic, reducing subjects estimates of how harmful disability would be to their well-being.

## 9. Intergroup Bias

In this section, I want to discuss the role that intergroup bias and parochialism may play in biasing non-disabled individuals toward endorsing the Harm Presupposition and discounting disability positive testimony.

Numerous experiments show that, in flexible and context dependent ways, we generally exhibit favoritism towards ingroup members and hostility towards outgroup members (see Pisor & Ross, 2023 for review). Visual recognition of many social categories are fast (<500ms), require only a brief visual presentation (50ms), can occur outside foveal vision, are automatic, and can occur unconsciously (de Lissa et al., 2021; Kawakami et al., 2017). In addition to the research on intergroup bias in non-human primates (Brooks et al., 2021; Crockford et al., 2018), as well as minimal group studies (see below), this research suggests that intergroup bias is phylogenetically deep and psychologically pervasive.

One problem that researchers face is that subjects may not be willing to disclose their biases or even know that they are biased. The implicit association test (IAT) has been widely used to get around this difficulty (see Greenwald & Lai, 2020 for review).<sup>12</sup> In this paradigm, subjects are presented with an image of either an ingroup member or an outgroup member (same vs different race, gender, class, etc.) and a positively or negatively valenced word (‘delicious’ vs. ‘smelly’). Subjects are then told to follow a *pairing rule*, press the button whenever a specific pairing is presented, say, an ingroup image and a negative word. By measuring differences in response time for different pairing rules, we can measure the extent to which an implicit association must be overridden to follow the pairing rules (same race, negative term vs. other race, positive term). A recent metaanalysis of seventeen studies focusing on both physical and cognitive disabilities showed moderate to strong implicit negative attitudes towards persons with disabilities, corroborating longstanding claims of rampant ablism by the disability community (M. C. Wilson & Scior, 2014).

Intergroup bias emerges in infancy and shape subsequent learning (Bigler & Liben, 2007; Spelke, 2022). Children need not be explicitly taught social category boundaries. Differential treatment and arbitrary markers will suffice, such as the use of different pronouns, clothes, and bathrooms for different genders, or, in the case of disability, the existence of separate buses and classrooms for children with disabilities (Bigler & Liben, 2007). Though even in inclusive schools, prejudice against children with disabilities can be learned through other means (Marks, 1997).

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<sup>12</sup> For concerns over the validity of the IAT as a measure of individual differences in implicit attitudes see Schimmack (2021) and Kurdi et al. (2021) for reply. Since my interest is in evaluating how different *groups* of individuals tend to think about disability, concerns over IAT as a measure of individual differences will be orthogonal.

Categories need not be substantive to generate bias. Even arbitrary categorization, such as being randomly assigned to the ‘blue’ or the ‘yellow’ group, leads to intergroup bias in 6-9 - year-old children (Bigler et al., 1997). This trend continues in adulthood. A large body of research using the *minimal group paradigm* has shown that even when the only thing you have in common with your fellow group members is that you also overestimated the number of dots in an image, intergroup bias emerges (Taifel, 1982). Even these superficial similarities lead us to view ingroup members as cleaner, more moral, more honest, more generous, more attractive, more intelligent, and more distinctive as individuals than outgroup members. Minimal groupings also make us more cooperative, forgiving, trusting, and generous with ingroup members (Berreby, 2008). Consequently, even in the absence of easily perceived markers of disability, simply knowing that someone has a disability could lead to intergroup bias. Intergroup bias will need to be salient. But even in the case of invisible disability, hearing someone offer disability positive testimony should make being disability the salient category in that context.<sup>13</sup> When disabilities are visible, they trump both race and gender in terms of salience (Rohmer & Louvet, 2009).

Minimal groups notwithstanding, more substantial categories are learned faster and have stronger effects, especially if they can be interpreted as having a biological basis (Gibbons, 2014; Hirschfeld, 1998; Spelke, 2022). Moreover, we are disposed towards selective forms of essentialism to begin with (Gelman, 2003). We tend to regard negative traits as having a biological or inherent basis in outgroup members but as circumstantially driven in ingroup members; the opposite holds for positive characteristics (Berreby, 2008). Insofar as disability

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<sup>13</sup> That said, we are above chance at guessing political affiliation, religion, and sexual orientation from photographs of faces, suggesting that even extremely subtle cues could nudge us toward perceiving someone as having a disability (Rule & Sutherland, 2017).

can be seen as having a biological basis, it will be an easier category for non-disabled persons to learn. Moreover, given out essentialist proclivities for negative traits and outgroup members, non-disabled persons will be more likely to view any harms associated with having a disability as part of some immutable essence and not as arising from extrinsic circumstances, such as failures of access and accommodations, biasing non-disabled subjects towards the Harm Presupposition.<sup>14</sup>

Setting essentialism aside, we tend to view ingroup members as more honest, trustworthy, and intelligent than outgroup members (Leyens et al., 2000; Rodríguez-Pérez & Betancor, 2023). Ingroup credulity and outgroup skepticism begins early in life. Four-year-old toddlers witnessed an experimenter hiding a toy. Afterwards, another experimenter gave false testimony about the location of the toy. The false testimony came either from someone with the same race and accent as the child, or a different race and accent. The toddlers were skeptical of the outgroup testimony, but believed the ingroup testimony despite having seen the toy hidden elsewhere themselves (McDonald & Ma, 2016). A proclivity towards ingroup credulity and outgroup skepticism suggests that persons without disabilities will be more likely to agree when they hear other non-disabled persons affirm the Harm Presupposition and to regard disability positive testimony with suspicion.

Non-disabled persons may worry that persons with disabilities are only putting on a good face when offering disability positive testimony (Wasserman & Asch, 2013). Even if non-disabled persons believe disability positive testimony when they hear it, they will be predisposed to regard it as a fluke. This is because we are also prone to viewing outgroups as homogeneous

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<sup>14</sup> We should also suspect that non-disabled persons will be likely to view disability as a homogeneous category and not a hodgepodge collection of radically different impairments, thinking that tunnel vision, cerebral palsy, and autism are all, in some sense, ‘the same’.

(Leyens et al., 2000; Rodríguez-Pérez & Betancor, 2023). Consequently, if we meet someone who conflicts with operant stereotypes, we will have a tendency to dismiss them as the exception that proves the rule. For instance, McBryde Johnson writes of the dismissive responses she receives when trying to convince non-disabled persons that she leads a good life:

They think they know everything there is to know, just by looking at me. That's how stereotypes work. They don't know that they're confused, that they're really expressing the discombobulation that comes in my wake. (CITE)

The tendency to dismiss individuals who do not conform to the stereotype as aberrations partly results from a sometimes unconscious desire to justify the extant social hierarchy by privileged groups. Internalization of the status quo by subordinate groups contributes as well (Jost & Hunyady, 2005). Consequently, even if non-disabled persons are not skeptical of disability positive testimony, they will be disposed to dismiss it as a fluke.

Bias is not fate. While I have argued that intergroup bias will lead non-disabled persons to be inclined to discount disability positive testimony and favor the Harm Presupposition, biases can be overcome. By the same token, advocates of the Bias Interpretation never claimed that come what may persons with disabilities will be incapable of viewing disability as a harm. Nevertheless, they claimed, the alleged existence of optimistic biases had by persons with disabilities should make us question disability positive testimony. Conversely, the pessimistic and skeptical biases of persons without disabilities should make us question the Harm Presupposition and dismissals of disability positive testimony.

## 10. Competence cues and Cultural Transmission

Finally, let us consider the literature on stereotype content and cultural transmission.

Social groups are associated with stereotypes. Stereotype content varies along two dimensions (Fiske et al., 2002; Harris & Fiske, 2006, 2007). The first is warmth. The second is competence or agency. Each combination is also associated with characteristic emotions. We tend to regard persons with disability as low in both warmth and agency, leading to disgust (Antonopoulos et al., 2023). Oppressor groups and rivals tend to be viewed as low warmth and high agency, leading to envy. Ingroup members tend to be viewed as high in warmth and agency, giving way to pride. And we tend to think of children and the elderly as high in warmth and low in agency, resulting in pity. Low levels of perceived agency contribute both to classifying someone as an outgroup member and, as we will see momentarily, to a propensity to ignore them.

When we are born, we are each faced with the task of learning the operant norms and skills in our culture as well as what passes for ‘commonsense’. But not everyone is an equally good model from which to learn, and we make often unconscious decisions about who to emulate and who not to emulate. One way we make this decision is on the basis of perceived competence. Both adults and children are prone to view individuals who strike us as ‘incompetent’ in one domain (struggling with a task, failing at it, or exhibiting low confidence) as more likely to be ‘incompetent’ in other domains. As a result, we have a tendency to globally reduce our attention to them and discount their behavior and testimony when learning what to believe, what norms to follow, and what skills to acquire (Henrich & Broesch, 2011; Stenberg, 2009; Walden & Kim, 2005).

We are also selective in who we learn from on the basis of whether the individual belongs to one of the same social categories as we do. For instance, boys will tend to preferentially imitate the beliefs and behaviors of prestigious (but not stigmatized) men in their culture, and

girls will preferentially imitate the beliefs and behaviors of prestigious (but not stigmatized) women (CITE).<sup>15</sup> Consequently, when we take someone to belong to an outgroup, we will be that much less inclined to imitate their beliefs and behaviors.

Stereotype content and cultural transmission will tend to bias the non-disabled toward discounting disability positive testimony. For motor, intellectual, social, and sensory disabilities, the non-disabled population tends to significantly underestimate the extent to which persons with disabilities can form meaningful relationships, learn about the world, and achieve their goals. Each of these is a hallmark of high agency and is often interpreted as important to well-being (Campbell et al., 2021). In short, persons with disabilities are incorrectly assumed to have low levels of agency or competence.<sup>16</sup> This will both make non-disabled persons more likely to regard persons with disabilities as outgroup members, and less likely to imitate their beliefs and behaviors.

In addition, disability is a particularly salient social category, as we noted in the previous section. As disability scholars have long documented, there is a heavy stigma attached to disability as well (CITE). Since we preferentially learn from prestigious members of social categories that we identify with and tend ignore both outgroup members and stigmatized individuals, both the salience and the stigma of disability will contribute to a tendency by non-disabled persons not to imitate the beliefs and behaviors of persons with disabilities.

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<sup>15</sup> The increasing recognition of non-binary and gender fluid individuals, and their representation in mass media opens up new possibilities for who children can learn from if they don't identify strongly with either of the traditional genders.

<sup>16</sup> This feeds into the 'super-crip' trope discussed by disability scholars wherein persons with disabilities are seen as having to triumph over adversity and prove inspirational in doing so (Martin, 2017). Moreover, these misperceived low levels of agency will not be localized to specific activities but will tend to be assumed across domains. Wasserman and Aas (2023) offer the example of someone in a wheelchair being told that they are an 'inspiration' for providing correct change at the pharmacy.



## 11. Conclusion

I began by surveying the empirical literature on disability positive testimony. While complex, it broadly corroborates longstanding claims made by the disability community that disability itself has little if any impact on well-being; instead, contingent social factors surrounding access and inclusivity are the primary drivers of lower reported quality of life when it occurs.

In §3, I argued that adaptive preference accounts of disability positive testimony are not psychologically plausible, since disability positive testimony tends to originate when persons with disabilities recognize the unique opportunities that are available to them and not from a tendency to see their options as strictly diminished.

Since the status quo bias and the endowment effect are both rooted in prospect theory, both my interlocutors and I need the result of behavioral economics to apply to how we think about abilities. In §4, I argued that the prevalence of the ability economy gives us reason to believe that behavioral economics can be applied to how we think about abilities, though this is not the final word.

In §5, I introduced prospect theory and the status quo bias in §6. I argued that the status quo bias is symmetrical between persons with and without disabilities. So, without some independent means of arguing that disability makes one worse off, there is no way to say that it is persons with disabilities, and not non-disabled persons, who inappropriately value their status quo.

In §7, I introduced the endowment effect, which leads us to value goods more after we have them than before we have them. But the endowment effect only applies to goods that we

hold for use but not goods that we hold for exchange. I argued that there is a coherent distinction to be made between those abilities that we acquire and maintain for use, those that we acquire and maintain for exchange, and mixed case abilities that are both for use and exchange. The abilities involved in disability are clear examples of abilities for use and mixed case abilities. Given the prevalence of the endowment effect, we likely overvalue whatever particular suite of abilities we already happen to have.

In §8, I discussed focusing illusions, the confirmation bias, and the availability heuristic. We preferentially seek out, attend to, remember, and integrate information that conforms with our intuitive beliefs. And we tend to substitute asking how easy it is to think of examples of  $x$ , especially vivid and emotionally salient examples, for how likely  $x$  is. Since non-disabled subjects start out believing the Harm Presupposition, they will likely try to evaluate the impact of disability on well-being by seeing how easy it is to think of examples of ways in which disability could harm their well-being.

In §9, I discussed research on the psychology of parochialism. There we saw that disability trumps race and gender in terms of salience. And we saw that categorizing someone as an outgroup member makes us more skeptical of their testimony, [FINISH]

Finally, in §10, I argued that work on stereotype content and cultural transmission suggests that non-disabled persons will severely underestimate the competency or agency of persons with disabilities. Given our tendencies to preferentially imitate prestigious members of social groups we identify with, and ignore outgroup members and stigmatized members, the salience and stigma of disability will make non-disabled persons that much less likely to imitate the beliefs and behaviors of persons with disabilities, resulting in a bias against disability positive testimony.

While my discussion of each literature has necessarily been brief, I have introduced several well-established and widely researched bodies of empirical work that each give us reason to believe that non-disabled persons will be biased towards believing the Harm Presupposition and discounting disability positive testimony when they come across it. Consequently, we have good reason to believe:

*Parity:* we currently have no reason to believe that persons with disabilities are particularly biased in thinking about the effects of disability on well-being, and so we have no reason to discount disability positive testimony

if not the stronger claim:

*Reversal:* it is non-disabled persons who are particularly biased in thinking about the effects of disability on well-being, and so we have reason to discount the Harm Presupposition when theorizing about the nature of well-being.

Biases are not insurmountable. It is no part of my argument that non-disabled persons will inexorably be drawn to the Harm Presupposition like moths to a flame. Not that long ago, most people would have taken it to be ‘intuitively obvious’ that being gay is inherently harmful. That belief is fading in some parts of the world. And so too is the Harm Presupposition. Children who go to highly integrated schools as well as family members and caretakers of persons with disabilities tend to adopt more optimistic attitudes towards the impact of disability on quality of life. There is hope for improvement even if it will take a lot of work. In the interim, it’s time that the perspectives of persons with disabilities are given the weight that they deserve.

## Appendix: Measuring Bias?

I want to briefly address two issues before proceeding. First, both Parity and Reversal are consistent with the idea that persons with disabilities are at least somewhat biased in thinking about the effects of well-being on disability. By way of comparison, if someone were to argue that philosophers are particularly biased in thinking about the effects of philosophical training on well-being, and so we can discount their claims that philosophy does not ruin their lives, we would not need to show that philosophers are *entirely free* of bias. Rather, we would need to show that they are not sufficiently biased to justify discounting their testimony and perhaps that it is the critic of philosophically positive testimony who is significantly biased.

The second problem looms large for both myself and disability bias theorists. How do we measure the degree of bias exhibited by any given individual or population? To defend discounting disability positive testimony, disability bias theorists must show not only that disability positive testimony is compromised by bias, but they must also show (or else take it for granted) that the Harm Presupposition is significantly less biased; if it turns out that *everyone* is hopelessly biased, then the appropriate conclusion would be agnosticism. Likewise, to defend Parity, I must show that persons with disabilities are not *significantly more* biased than non-disabled persons are, which leaves open the question of *just how biased* non-disabled persons, a question that defending Reversal would require me to answer.

The problem, of course, is that it is far from clear how to quantitatively measure bias in thinking about disability in a rigorous way. (I make no claims about measuring bias in other forms of cognition). I have no solution to this problem, but neither do my interlocutors (who don't even broach the issue). Instead, I shall have to take it for granted that, through careful consideration of the empirical literature on bias, we can form trustworthy (though defeasible)

intuitions about whether or not persons with or without disabilities are *significantly* more biased than the other.

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