

Acquired Disability as a Transformative Experience

In this paper, I argue that the best way to understand what it's like to acquire a disability is in terms of L.A.'s Paul's influential account of 'transformative experiences' [TE].¹ For Paul, TE's are transformative in two ways: (1) they're epistemically transformative, i.e., they're 'revelatory' insofar as they involve 1st-personal knowledge of novel kinds of experiences or "what it's like"; and (2) they're personally transformative, i.e., they involve a fundamental change of identity, related to our preferences, values, outlook, etc. Her main concern is to examine the challenges TE's pose for rational decision theory given that we can't base our decisions upon informed choices and that not only our preferences but our sense of self are fundamentally different pre- and post-TE.

The problem with Paul's account, however, is that it focuses primarily on *voluntary* TE's (e.g., becoming a parent, moving to a foreign country, etc.). As Carel and Kidd (2020) point out, this leaves out both *involuntary* (e.g., experiencing a horrific physical attack) and *nonvoluntary* (e.g., the loss of a loved one or experiencing an illness) TE's.² To coin some terminology, instead of Paul's main topic of *transformative choices* [TC], I'll instead focus on *transformative happenings* [TH] (e.g., losing a loved one, falling in love for the first time, etc.). For TC's, I'll use the example of choosing to become a parent. For TH's, I'll draw upon my own 1st-personal experience of acquiring a disability: viz., Meniere's Disease (MD) and vestibular migraines (VM).³ While TC's and TH's share many similarities, I want to explore here how they involve very different phenomenologies in at least six basic ways.

First, and most fundamentally, they involve **different self-conceptions**. For TC's, I primarily conceive of myself as an active agent who voluntarily adopts a new way of life. By contrast, for TH's, I'm a passive subject of experience, where TH's (e.g., acquiring MD/VM) are not only non-voluntary, but at least in my case, something I would have actively resisted if possible.

Second, there's a **temporal difference**. TC's are by their nature *prospective* (i.e., forward-looking). By contrast, TH's are *typically more holistic in nature, i.e., simultaneously retrospective (i.e., backwards-looking) and prospective*. For somebody who's acquired MD/VM, what's most salient are both retrospective reflections upon certain abilities they used to have but no longer possess and prospective thinking about what kind of future they might have in light of their new circumstances.

Third, there's a **different relationship to the experience of uncertainty**. For TC's, the *uncertainty typically comes before the TE*, and the revelation associated with TE serves to resolve such uncertainties. By contrast, for TH's, TE takes place first. But rather than resolving uncertainty, TE's primarily serves instead to generate a host of new uncertainties.

Fourth, there are **different fitting attitudes involved**. TC's are appropriate subjects of reactive attitudes, understood *a la* Strawson in terms of our responses to "the quality of one's wills", others' or our own with respect to our choices. By contrast, THs are *not* appropriate subjects of

reactive attitudes, but instead of more general moral sentiments such as sympathy, loss, surprise, etc.

Fifth, there are **different directions of fit**. For TC's, it's a "world-to-mind fit". That is, we seek to make the world "fit" our minds in terms of basic desires and intentions related to our TC. By contrast, for TH, the primary task involves a "mind-to-world fit", more akin to belief. That is, we need to make our present mindset "fit" with the new way the world is, now that this novel condition characterizes our life.

Sixth and lastly, there are **what I'll call different 'fundamental projects'**. TC mainly involves *undertaking a new life plan* – that is, adopting a new way of being-in-the-world with all its attendant joys and sorrows. By contrast, for TH, the project is primarily one of what I'll call *reconciliation*. That is, what's most salient is the need to reconcile oneself to this non-voluntaristic new way of being-in-the-world with its own attendant joys and sorrows. What makes acquiring a disability so striking is that, in addition to (1) the more inherently exploratory mode associated with both TC's and TH's – insofar as we're discovering a new way of life – TH's also, *unlike TC's*, (2) typically try to make sense of or reconcile our new life path with our past lives and plans we're forced to leave behind. That is, with TH's, it's often much harder to leave our former selves totally behind, in stark contrast to TC's as described by Paul.

¹ See, for example, L.A. Paul, *Transformative Experience* (Oxford: Oxford University Press, 2014); "Teaching Guide for Transformative Experience", <https://lapaul.org/papers/teaching-guide-for-transformative-experience.pdf>; "Transformative experience: Replies to Pettigrew, Barnes, and Campbell", *Philosophy and Phenomenological Research* 2015 91 (3): 794-813; and "What you can't expect when you're expecting", *Res Philosophica* 2015 92 (2): 149-170.

² See Havi Carel and Ian James Kidd, "Expanding transformative experience," *European Journal of Philosophy* 2022 (28): 199-213. In contrast to Carel and Kidd, whose approach is more taxonomic – i.e., identifying and offering a basic characterization of the many different varieties of transformative experiences – my focus here is instead on offering a more detailed analysis of the overall phenomenological differences between transformative choices and transformative happenings. (See also Havi Carel, Ian James Kidd, and Richard Pettigrew, "Illness as a transformative experience," *www.thelancet.com* Vol 388 September 17, 2016, which offers a largely sympathetic application of the many ways in which Paul's account of transformative experiences can make sense of illness. By contrast, I want to explore here ways in which Paul's account of voluntary TC's *cannot* fully accommodate what takes place in the case of involuntary and non-voluntary TH's.) Additionally, note that I slightly depart from Carel and Kidd's terminology. I'll use 'involuntary' to refer primarily to cases where the subject is in some way coerced or constrained by an external agent, whereas I'll use 'non-voluntary' for cases where an event merely happens in a more impersonal way, independently of the subject's willing.

³ MD and VM are relatively rare vestibular conditions that happen to people often during middle age. Symptoms can include severe hearing loss, debilitating vertigo attacks, general imbalance (i.e., a "rocking boat" sensation), photosensitivity, hyperacusis, nystagmus, and, in certain extreme cases, drop attacks.