**A Painful End for Perfectionism?[[1]](#footnote-2)**

Guy Fletcher

1. Introduction

Perhaps *some* pains are not bad for welfare subjects, such as those associated with certain kinds of athletic or sexual endeavors.[[2]](#footnote-3) But if *anything* is a Moorean fact within the evaluative domain, it is that some pains are intrinsically bad for welfare subjects.[[3]](#footnote-4) (I use ‘intrinsic’ as synonymous with ‘non-instrumental’, making no further assumptions about the nature of intrinsic value.)

 Pain, like pleasure, is an important focal point for theorising about well-being for two reasons. Firstly, it provides one of the few fixed points for theorizing. If a theory of well-being is to be minimally plausible, it simply has to hold that some pains are intrinsically bad for welfare subjects (and the equivalent claim about pleasure).[[4]](#footnote-5) Being able to take this claim for granted allows us to focus exclusively on the question of *why* pain holds prudential disvalue for us, in a way that we cannot quite do with many other putative goods because, in their case, the possibility of plausibly denying their *intrinsic* prudential value remains open. Pain is also central to theorizing about well-being because explaining the badness of pain partitions the theories of well-being in an interesting way, between the explanatorily unambitious and ambitious, respectively.

 On one side of the divide are theories, such as hedonism and objective list theories that are able to treat the badness of pain as basic: pain is bad simply because of how it feels (or pains are bad because of how they feel, for those who think of pains as heterogenous).[[5]](#footnote-6) On the other side we have theories of well-being that require there to be some further, substantive, explanation of all instances of prudential badness, including the badness of pain. On such views, pain is bad because it has some bad-making-feature beyond how it feels (its being the frustration of a desire, for example).

 In this paper I examine, and seek to reject, *perfectionist* attempts to explain the badness of pain. This is partly due to a resurgence of interest in perfectionism, which counts as a contender for being the correct theory of well-being.[[6]](#footnote-7) It is also due to the relationship between perfectionism and my own preferred view: the objective list theory.[[7]](#footnote-8) The dividing line between objective list theories and perfectionism, as general theories, is not on the question of which things have prudential value and disvalue. Each can agree on any specific list of prudential goods and bads. They differ, rather, on whether there is some general, substantive, explanatory account of why the things that are intrinsically good and bad for us are so (beyond their simply being tokens of their types). A plausible thought in the debate between the objective list theory and perfectionism is that the perfectionist enjoys a distinctive advantage in offering a unified explanatory story. As Gwen Bradford puts it:

Perfectionism captures the intuitive pull of the objective list and provides a unifying justification: the entries on the list share in common a special relationship to human nature.[[8]](#footnote-9)

My hope, therefore, is that showing that perfectionism cannot in fact plausibly explain the badness of pain will deal a significant blow to the perfectionists’ prospects.

 I will start with the simplest kind of perfectionism and its explanation of the badness of pain. Starting there is helpful because the failures of simple forms of perfectionism give us a blueprint for what a perfectionist explanation of the badness of pain needs to be like. I will then, in the main part of the paper, consider the most sophisticated defense of prudential perfectionism, Gwen Bradford’s *tripartite perfectionism*. Bradford explicitly claims for the view that it ‘yields a comprehensive account of ill-being…a distinction [that] further strengthens perfectionism’s unifying power.’[[9]](#footnote-10) My aim is to show that tripartite perfectionism cannot plausibly explain the badness of pain, thereby generating a license for pessimism about perfectionism in general.

Before moving to the main business of the paper, note that the perfectionist cannot hold that the goodness of pleasure and the badness of pain are basic or explained in some non-perfectionist way. Holding this view would simply constitute the abandonment of perfectionism towards some other type of theory (the prospects for which I will ignore here). I return to this issue towards the end of the paper (section 7).

1. Simple Perfectionism

A general recipe for devising forms of perfectionism is to complete the following schemas for prudential goods and bads:

Prudential Good, G, is non-instrumentally good for welfare subject S (or welfare subjects of type T) because it involves the \_\_\_\_\_\_\_ of capacities C.

Prudential Bad, B, is is non-instrumentally bad for welfare subject S (or welfare subjects of type T) because it involves the \_\_\_\_\_\_\_ of capacities C.

Forms of perfectionism differ depending on how they fill in the blank and what they take the set of capacities C to be. The simplest form of perfectionism claims that prudential goods are good for humans because they involve the *exercise and development* of human capacities. In the case of pleasure, such theories hold that pleasure is good because it involves the exercise and development of the human capacity *to feel pleasure*. So far so plausible and a *pro tanto* improvement over any theory which takes the goodness of pleasure as simply basic, like objective list theories do.

 A problem arises, however, when we try to give the corresponding simple perfectionist account of the badness of pain. There are two parts of the problem. First, the natural opposites of exercise and development — non-exercise (frustration?) and deterioration, or something like that — do not seem plausible in the case of pains. In feeling pain, our sensory capacities are exercised and this does not plausibly involve their deterioration.**[[10]](#footnote-11)** Or, more concessively, although *some* pains are associated with or involve the deterioration of our sensory capacities, this is not plausible for the full set of prudentially bad pains. Many prudentially bad pains have zero detrimental effects upon our sensory capacities.

 The second part of the problem for giving a simple perfectionist treatment of pleasure and pain is that the (plausible) explanation just proffered of why pleasure is good for us — that it involves the exercise and development of human capacities — would seem to give *exactly* the wrong verdict about pains: that they are *good* for us. After all, pains are symmetrical with pleasures, in respect of exercising human capacities. My sensory capacities are exercised by toothache to no less an extent than they are exercised by a pleasant massage. Yet only one of these is good for me. How can a perfectionist reply to this?

 In the course of defending his developmentalist form of perfectionism, Richard Kraut makes the following suggestion for how to account for the badness of pain:

 When we feel bad in these various ways, the powers of these various organs are being used to ill effect. What we feel is not pleasure – something positive – but, rather, various forms of distress or unpleasantness – something negative. We are not merely in neutral territory as sensory beings. In that sense, the sensory system we have been given by nature is disordered and not functioning as it should, from the point of view of our well-being; rather it is made to go in the opposite direction.[[11]](#footnote-12)

Kraut actually makes two suggestions here that are worth distinguishing. The first is the claim that when we feel pain our sensory system is *disordered*. The second is that good (i.e. ordered) functioning of our sensory system is to be explained in terms of well-being.

*2a. Pain as sensory disorder*

The idea that some pains are bad for us because, in experiencing them, our capacities manifest disorder certainly fits very well with *some* cases of pain. In phantom limb syndrome, and other kinds of nerve pain, such as central sensitisation, the person experiences pain that is a manifestation of a disordered nervous system. So that seems promising.

 The trouble, though, is that it is not plausible that the set of pains that are bad for us and the set of pains that involve disorder in our capacities (sensory or otherwise) are identical. Even sticking with physical pains,[[12]](#footnote-13) a toothache is very different from each of phantom limb pain and central sensitisation pain, respectively, with respect to involving disorder. Yet it is not different in respect of whether it is prudentially bad.

 To take another case, if I experience a phantom limb leg pain of a given duration, intensity and felt quality and you experience a leg pain of the same duration, intensity and felt quality that reflects actual damage it does not matter to the intrinsic badness of these two pains that one of them involves nerve disorder and the other involves nerves functioning properly. These pains are both (equally) bad for us. Thus the sensory disorder explanation that Kraut offers seems capable of explaining only a subset of the pains that are prudentially bad. Moreover, given how often pain reflects our sensory capacities working correctly, it would seem to explain only a rather small subset.[[13]](#footnote-14)

*2b. Sensory disorder as reduced well-being*

A perfectionist might note that the previous argument relies upon a particular (kind of) understanding of disorder, where phantom leg pain and regular leg pain are, respectively, cases of disordered and well-functioning sensory capacities. One might *instead* treat cases of ordered and disordered functioning as being determined by the effects of the capacity upon well-being. This would be to take the other suggestion we saw from Kraut in the passage above. On such a view, my nervous system, in generating phantom limb pain, is disordered whereas your nervous system, when it generates normal limb pain in response to damage, is also *disordered*, because these systems are made to bring about states that are good for us, unlike pain.

 The idea of our sensory capacities being designed in order to enhance our well-being seems a bit odd, on the face of it, as compared with the alternative hypothesis of their serving the function of minimizing damage and promoting survival. But even if we ignore this initial worry, this explanation still does not help the perfectionist explain the badness of pain, for two reasons.

 The first is that it conflicts with the *explanatory* ambitions of perfectionism, its specific selling point over an objective list theory and one of its good qualities in general. If we want to explain why things are bad for us in terms of the function and dysfunction of our capacities, we cannot use facts about whether things are good or bad for us as determinative of whether our capacities are ordered or disordered. To do so would be to abandon the goal of trying to *explain* the prudential badness of e.g. pain in terms of our capacities.[[14]](#footnote-15) We would, instead, be treating the badness of pain as basic and using that, in turn, to explain order and disorder in capacities.

 The second problem is that, returning to the cases of phantom limb pain and regular limb pain, it is plausible that these are *different* with respect to serving the function of promoting well-being. Normal limb pain promotes well-being, by alerting us to damage, and will tend to result in better well-being outcomes overall. So, if promoting well-being is the function of our sensory capacities then this kind of pain manifests *good* sensory capacity function. By contrast, phantom limb pain serves no such function. It does not promote well-being *at all*. But now it would seem that the kind of perfectionism under examination currently is forced to say that only one of these pains — the phantom limb one — is bad for us, given that normal limb pain promotes well-being. But that does not seem the right. The two pains would seem able to differ in instrumental value (I assume that normal limb pain is instrumentally good more often than phantom limb pain) but they are both intrinsically bad.

 The discussion so far has given us two desiderata for a plausible perfectionist treatment of the badness of pain. Thinking about cases such as pleasant massages, toothaches, leg pains, and phantom limb pains, the perfectionist account:

* 1. must *not* say that pleasant massages and toothaches are both good for us on the grounds that our sensory capacities are working as they should when we experience them.
	2. must *not* say that phantom limb pains and regular leg pains *differ* in their intrinsic badness because only phantom limb pain involves disorder in our sensory capacities.

With these desiderata in mind we can see the challenge facing the simple perfectionist more clearly. It looks impossible on the face of it for them to explain the badness of pain because whether a pain is the output of a well-functioning capacity or not is orthogonal to whether it is prudentially bad. And this, their objective list (or hedonist) opponent will argue, is exactly what we should expect given that (on their view) it is the intrinsic nature of pain, *how it feels*, and nothing more, that explains why it is bad for us. So: is perfectionism doomed by pain?

1. Bradford’s tripartite perfectionism introduced

Not so fast. In a recent paper, Gwen Bradford supplies a novel account of perfectionist bads which she dubs ‘the tripartite scheme’.[[15]](#footnote-16) This is the most sophisticated perfectionist treatment of ill-being to date and, as she notes, it provides not only a way of explaining the badness of pain but of all contributors to ill-being. But what is the view? Using the schema introduced earlier:

Prudential Bad, B, is is non-instrumentally bad for welfare subject S (or welfare subjects of type T) because it involves the \_\_\_\_\_\_\_ of capacities C.

the first crucial contribution of Bradford’s view is to treat the relevant capacities C as the capacity for *practical* *rationality* rather than the sensory capacities to feel pleasure and pain. The second key idea is to contrast the fulfilment of our capacity with its “malfillment”. A malfillment is not the failure of the capacity to operate at all but, rather, its operating but producing the wrong outcome.

 According to Bradford’s view, pain is bad for us (when it is) because it constitutes the malfillment of the capacity for practical rationality. This follows from the putative fact that we have a general, near-universal, end of feeling good rather than bad, which we are thereby failing to attain. And the converse holds for pleasure. When we feel pleasure we *succeed* in our end of feeling good, the *fulfilment* of our capacity for practical rationality. This end of feeling good, Bradford suggests, is *near* universal precisely in order to accommodate the cases where we seem to seek out pain, or not feeling good at least, for its own sake.

 We can represent Bradford’s view and its explanation of the badness of pain (and goodness of pleasure) thus:

Goodness of pleasure explained

Agent feels pleasure *therefore* Agent succeeds in their end of feeling good *therefore* Agent fulfils their capacity for practical rationality (by adopting an end and succeeding in obtaining it).

Badness of pain explained

Agent feels pain *therefore* Agent fails in their end of feeling good *therefore* Agent malfills their capacity for practical rationality (by adopting an end and failing to obtain it).

Bradford’s view is a *major* advance over the simple perfectionism we saw in the previous section precisely because it avoids tying pain’s badness to the function of the *sensory* capacities. This enables the view to offer the right verdicts about the cases we have examined so far. Pleasant massages turn out to be good for us, on Bradford’s view, because in experiencing these pleasures we are attaining our end of feeling good, and so *fulfilling* our capacity for rationality. Conversely, Bradford’s view implies that toothaches are bad for us because we are failing to attain our end of feeling good and so *malfilling* our capacity for rationality. Furthermore, Bradford’s view does not generate an implausible distinction between phantom limb pain and normal limb pain; both are bad for us and, crucially, bad for the same reason. Finally, Bradford’s distinction between fulfilment and malfillment of our capacity for practical reason is plausible and independent of facts about well-being, ensuring that tripartite perfectionism retains the explanatory ambitions that are key to perfectionism.

 So far so much better than previous perfectionist attempts. Moreover, it seems right that pains are sometimes bad for us *in part* for the reasons that are postulated by tripartite perfectionism, that in experiencing them we have failed to bring about what we were aiming at.[[16]](#footnote-17)

 One question for this tripartite view is what to say about pleasures and pains in those who are unusual, in *not* having the end of feeling good. For example, take an ascetic who desires not to feel good but rather to feel bad, believing that this is fitting for some reason. Bradford’s view delivers the verdict that, for such people, their pleasures are bad for them and the pains they experience are good for them (bracketing instrumental effects). These kinds of cases become even weirder once we take in the full picture of what it would be like for such a person to feel pleasure or pain. Suppose that our ascetic feels some spontaneous pleasure. Presumably, given their asceticism, they will feel extremely guilty about it during and afterwards. This means, on the tripartite view, that the pleasure they felt was bad for them but their corresponding guilt etc was good for them (given the end they had of feeling bad). There are questions here about how to balance these things, to determine whether a situation like this is intrinsically good *overall* but, even recognising these difficulties, it still seems a bit odd to think that desiring to feel bad can entirely prevent pleasure from being good for you (again, bracketing instrumental effects, of which there will, of course, be many) and can make pain good for you.[[17]](#footnote-18)

 I do not wish to put *much* weight on the case of ascetics because this seems like a contestable kind of case and a bullet that might be worth biting, for those attracted to perfectionism. Moreover, it seems like a case where the tripartite perfectionist has a plausible reply — namely that our sense that the verdicts it reaches in the case are wrong just reflects an overgeneralisation on our part, or an inability to properly imagine what it would be like to be such an ascetic. Put another way, the case of an ascetic is not a clear enough data point to reject tripartite perfectionism on the basis of it. We need to think about purer kinds of cases, if possible.

 This leads us to *another* challenge to the tripartite proposal, one that is both more powerful than the ascetic and which goes unaddressed in Bradford’s discussion. In the next section I lay out this challenge and explore various ways that a perfectionist can respond, noting the costs of each. The lesson of the discussion is not merely that Bradford’s view faces an objection. It is more general and more interesting than that. Once we see the difficulties for Bradford’s view we come to see why it is unlikely that *any* perfectionist view will be able to satisfactorily explain the badness of pain. Or so I will argue.

1. A challenge to Bradford’s perfectionism and one kind of reply

It is extremely plausible that, aside from ascetics, adult humans have a general end of feeling good and that we fail to attain that end when we are in pain. Thus the tripartite account fits well with paradigm instances of pain felt by adult humans. So far so good.

 We saw above that cases of ascetics (who have an end of feeling bad) are too messy to contribute much to our evaluation of tripartite perfectionism. This was because they had the *opposite* end from that which most of us have, of feeling good. What would be a bigger problem for the tripartite view would be creatures who felt pleasure and pain but simply lacked the relevant end of feeling good. Even the *possibility* of such creatures might be a problem for tripartite perfectionism, to the extent we are willing to rely upon recherché cases. But actually there is a class of such beings who are not just possible but plausibly actual.

 These cases arise from thinking about welfare subjects beyond normal adult humans. As Bradford herself notes in her discussion of the badness of pain: “babies and non-human animals also have unpleasant experiences that are intuitively bad for them”.[[18]](#footnote-19) I will focus on pain in very young human infants, though I think the problem and the weakness of potential solutions generalise to at least some non-human welfare subjects. The challenge for tripartite perfectionism, then, is that there is at least one general fact about well-being which it seemingly cannot accommodate:

 *Infant Pain*: pains felt by very young infants are bad for them.

Tripartite perfectionism cannot explain the badness of infant pain. Why? Because it is implausible that infants have a general end of feeling good, which they use practical reason to try to attain, and which being in pain frustrates, as per tripartite perfectionism. Yet, it is true that pain is bad for infants. Thus there is at least one kind of prudentially bad pain which tripartite perfectionism does not satisfactorily explain.[[19]](#footnote-20)

 I will consider three kinds of responses to this objection on behalf of tripartite perfectionism, explaining the problems with each. The first type of response is to deny *Infant Pain* as a datum in some way. The second type of response accepts *Infant Pain* as a datum and seeks to make it consistent with tripartite perfectionism. The third type of reply accepts *Infant Pain* as a datum, accepts that tripartite perfectionism cannot explain it as it stands, but argues that we can bring in auxiliary commitments to enable us to hold onto both.

1. First type of response: deny infant pain as a datum

To deny *infant pain* one must deny either that infants feel pain or that the pain they feel is bad for them.

 Can we deny that infants feel pain? This seems implausible, given the strength of the evidence that they do. First, infants’ responses to stimuli that are painful to adults — facial expressions, crying, body movements — look just like responses to pain. Infants also undergo physiological changes, in common with adults in pain, such as alterations in heart rate, breathing rate, colour etc. The second tranche of evidence that infants feel pain comes from fMRI studies. Studies of extremely young infants — even those less than a week old (Goksan et al 2015) — reveals a high degree of overlap between the brain activity of adults exposed to pain-inducing stimuli and infants exposed to the same stimuli, making it very likely that infants feel pain that is sufficiently like adult pain.[[20]](#footnote-21) Given these factors, I will assume that denying infant pain, by denying that they feel pain, is a non-starter.

 The second way to deny the *Infant Pain* datum is to accept that infants feel pain but deny that it is bad for them. Tripartite Perfectionism offers a straightforward explanation of how this could be true; pain will not be bad for infants just in case it does not involve the malfillment of the capacity for practical rationality. So, if infants feel pain but lack this capacity then their pain will not be bad for them.[[21]](#footnote-22)

 This seems like quite a big bullet to bite, though. It is tempting, *very* tempting, to insist that the perfectionist story is to be rejected here because our sense that pain is bad for infants is much more secure than the tripartite perfectionist’s claim that pain’s badness depends on failures of practical rationality. What, though, is the best we can do on behalf of this strategy, rather than just rejecting it out of hand?

 Presumably the way to argue that infant pains fail to be bad for them is to seek to explain away our confidence that such pains *are* bad for infants. Here is one such argument: erroneously treating infant pain as bad for them is an evolutionarily useful overgeneralisation from the case of adults.[[22]](#footnote-23) It is evolutionarily beneficial for us to be disposed to regard infant pains as bad for them, in order to maximally protect them from bodily damage, and thereby ensure survival, whether or not it actually is. Moreover, recognising this does not have dubious practical implications. There are abundant moral reasons for us to seek to alleviate such pains — even if they are not actually prudentially bad — in order to prevent bodily damage.

 Whilst I am not persuaded by this move, I cannot see any argument against it that would not be open to the charge of begging the question. I thus leave it here as a path-not-taken which those sympathetic to tripartite perfectionism might wish to further explore.

 Having explored the first way of replying to infant pain fact — by seeking to deny it — let us now move to the more conciliatory strategy of trying to explain it consistently with tripartite perfectionism.

1. A different kind of reply: *explain* infant pain fact

The second way of responding to the challenge from *Infant Pain* is to try and explain it consistently with tripartite perfectionism. What we would need here, then, is a reason to think that extremely young infants have some end which is frustrated by being in pain. The main candidate, and the one that is the heart of Bradford’s proposal, is the end of *feeling good*. Do newborns have the end of feeling good which, in feeling pain, they have therefore been frustrated in?

 This seems doubtful to me for two reasons. Having something as one’s end requires being able to think about that object, at least under some description. Infants are capable of experiencing pain from birth but it seems extremely unlikely that they are born pre-equipped to think about *feeling good* or anything relevantly similar, and to adopt it as an end, which is a relatively sophisticated state of mind. One reason why it is so unlikely is because it would be so inefficient, in evolutionary terms, for infants to be born with this capacity. After all, given their total lack of motor skills and the like, infant humans are *utterly* unable to pursue ends themselves. Expending resources to give infants the degree of cognitive sophistication to be able to form ends would thus be a dead loss, evolutionarily speaking. By contrast, it is evolutionarily important for infants to be able to alert others to bodily damage via pain behaviours, so it makes perfect sense for human development to expend the resources ensuring that the capacity to feel pain is present in early infancy.

 We find some confirmatory evidence for this in the degree of brain development in newborn infants. The ability to plan and to execute intentions is the domain of the frontal lobe and prefrontal cortex (as evidenced by the impairments in these capacities when those areas are damaged). These areas are highly underdeveloped in newborns — which makes sense given the efficiency point previously made and the helplessness of infants. For these reasons it does not seem plausible to think that the explanation Bradford provides for the badness of pain in adults can simply be extended to explain the badness of infant pain. It is not plausible that they have an end of feeling good.[[23]](#footnote-24)

 It might be suggested that the argument above relies upon a fairly demanding conception of having an end, in terms of the degree of cognitive sophistication involved and that something less cognitively demanding would suffice for the tripartite perfectionist explanation to work. Let us examine this proposal.

 I take the idea to be that whereas adults have quite cognitively rich ends which feed into practical reasoning (and the subsequent explanation of the badness of pain) we might think that infants have something similarly desire-like, in terms of the direction of fit metaphor,[[24]](#footnote-25) yet cognitively simple(r), where this simple state is capable of fitting within a tripartite perfectionist explanation of the badness of pain.

 This is an understandable move but I think it fails in a number of ways. We can see the first way by trying to spell it out in more detail. Start with the tripartite perfectionist explanation of pain (now restricted to adults):

Badness of [adult] pain explained

Agent feels pain *therefore* Agent fails in their end of feeling good *therefore* Agent malfills their capacity for practical rationality (by adopting an end and failing to obtain it).

On the constructive suggestion under consideration, we would attribute to infants a general desire to feel good or to not feel bad (a difference I ignore for simplicity). But how then do we fill out the explanation:

Badness of [infant] pain explained

Agent feels pain *therefore* Agent’s desire is frustrated *therefore* Agent malfills their capacity for \_\_\_\_\_\_\_.

The blank here stems from the lack of an answer. When I set myself an *end* then, given the kind of state it is, we can say that, if it fails to obtain, then I have *failed* and so my practical rationality has been thereby malfilled. The trouble is that there is no plausible equivalent when it comes to *desire*, or preference, or anything ‘thin’ like this. My desiderative capacities are not impugned by the mere frustration of my desires. In desiring, each season, that Tottenham Hotspur win the premier league, I do not show myself to be a flawed desirer or anything like that; I do not fail in anything (our attitude towards adaptive preferences and desires would be rather different if this *were* a failing). Likewise, if I were held prisoner by some terrible person who inflicts pain upon me on random days, I would not be *failing* in any of my capacities on the days that I desire to not have pain inflicted and this desire is frustrated. Infants are in a broadly similar situation. Even if we can attribute to them a general standing desire not to be in pain, their being in pain does not constitute a *failure* in any capacity of theirs. For these reasons, the tripartite perfectionist view cannot use the less demanding condition of desire-frustration, in place of end-frustration and malfilled practical rationality, to explain the badness of infant pain.

 We have just seen the difficulty of trying to give differing explanations of the badness of adult and infant pain whilst retaining the tripartite perfectionist framework in general. This might inspire a more radical kind of response on behalf of tripartite perfectionism: giving *fundamentally* different treatments of the prudential badness of infant and adult pain.

1. A Third Way? Variabilism

So far, I have examined and rejected two ways of trying to reconcile tripartite perfectionism with *Infant Pain*. Let us consider now a third way of responding to the challenge. This would be to accept that Tripartite Perfectionism, as stated, *cannot* explain Infant Pain but hold that this does not show Tripartite Perfectionism to be false.

 The way to make this response would be to argue that we should restrict the scope of Tripartite Perfectionism, taking it to apply to a limited range of welfare subjects, rather than all of them. Such a move would therefore seek to rescue tripartite perfectionism by combining it with the following thesis, which Eden Lin calls ‘variabilism’:[[25]](#footnote-26)

 Variabilism: it is not the case that the same theory of well-being is true of every welfare subject.

By combining the view with variabilism, the perfectionist would seek to hold both of the following claims:

(a) tripartite perfectionism applies to adults and explains the badness of pain for them.

(b) another theory of well-being applies to infants and explains the badness of pain for them.

This would be a response to the infant pain datum by simply denying that it must be explained consistently with tripartite perfectionism.

 Let us bracket for the moment the *general* theoretical costs of embracing variabilism (such as the loss of simplicity, the difficulty of borderline cases) and just grant it for the sake of argument.[[26]](#footnote-27) Even with such a concession, this ‘going variabilist’ strategy will not be enough to rescue tripartite perfectionism from the problem of infant pain.

 Granting variabilism, we ask the perfectionist turned variabilist: *why* is pain bad for infants? It seems like the only plausible explanation is that pain is bad for infants because of *how it feels*. Yet, according to tripartite perfectionism, things are wholly different when it comes to adults. For adults, pain is prudentially bad *only* because it is the malfillment of the capacity for practical rationality, through failing to attain one’s end of feeling good. The ‘only’ is important here because the perfectionist cannot, on pain of giving up their view, allow that some *non*-perfectionist quality explains the badness of pain in adults.

 There are some plausible claims in the vicinity here that it is important not to be distracted by. It *might* be plausible that a pain of an equal size is worse (prudentially, and other things equal) for adults than for infants, *and* that this is because they have failed to exercise practical rationality. But that is orthogonal to the main point, which is simply whether it is plausible that how pain feels is wholly irrelevant to the explanation of its badness for adults. Put another way, if how pain feels *suffices* to explain the badness of pain in infants, how could that very same phenomenological quality be *irrelevant* to the explanation of why it is bad for adults? Such a view seems implausible and lacking in motivation beyond rescuing tripartite perfectionism. As Bradford herself notes, in discussing the badness of pain:

 it would be peculiar if the explanation of the badness of unpleasant experiences for these welfare subjects [babies and non-human animals] were different; hence a second desideratum for an account of the badness of the unpleasant is that it be univocal across welfare subjects.[[27]](#footnote-28)

We can see the problem in a different way by thinking about the cases that best support ‘going variabilist’. Whether or not it is true, variabilism has *most* plausibility when we think about radically different types of welfare subject (humans and dolphins, for example) or different stages of the same welfare subject, cases where it seems plausible that they have access to fundamentally different prudential goods. But the appeal that variabilism holds in those cases does not extend to the kind of case we are interested in. In the case of adults and infants we have the same thing — pain — which is experienced by both. And the appeal of variabilism in the other cases does not seem to extend to thinking that pain can be bad for infants because of how it feels but that exact same phenomenology does not make pain bad for adults. Put rhetorically, *why* would the feeling of pain stop contributing to its badness for humans as we age and mature? As mentioned above, we can, and should, accept that pain can be bad for additional reasons, and so made *worse*, in creatures that can have the end of avoiding it. But by itself that does nothing to ameliorate the difficulty for tripartite perfectionism in holding that pain’s phenomenology somehow ceases to be relevant to its prudential badness in adults, for whom the end-frustration explanation applies.

 Going variabilist is not, then, a promising route for the perfectionist to take with the problem of infant pain. It simply trades one problem — of explaining why pain is bad for infants — for two other problems, the general problems that come from being committed to variabilism combined with the specific problem of explaining how it could be true that pain is bad for infants (only) in virtue of phenomenology that is common to infants and adults alike.

1. Generalizing the problem

In the previous sections we have explored the possible ways that a tripartite perfectionist can respond to the infant pain datum, and found them wanting in various ways. This is important because a theory of well-being just *has* to say plausible things about pain. Further, given the assumption — that I find plausible — that the tripartite perfectionist explanation is the best that could be offered, its failure here hopefully spells doom for perfectionism.

 I will now summarize the choice points for any perfectionist theory which we have seen enumerated through the discussion in this paper, to corroborate this negative prognosis. Note, I will assume that infant pains are bad for infants, though I noted above that a tripartite perfectionist *could* try to pursue the strategy of denying this.

 First, any perfectionist theory needs to identify the relevant capacities, C, to fill out this schema:

Pain is non-instrumentally bad for welfare subject S because it involves the \_\_\_\_\_\_\_ of capacities C.

It also needs to identify the relation between the capacities and the prudential good and bad (where *exercising* the capacities is one, historically popular, option but where the tripartite perfectionist chooses malfillment — which does seem the most plausible option).

 If capacities C are *sensory* capacities, we cannot properly distinguish pleasure and pain; vast swathes of pleasures and pains are entirely on a par with respect to the operation, exercise, development (etc) of our sensory capacities. Thus we must appeal to some other set of capacities.

 Now, though, we face a different problem in identifying the capacities; there may not *be* other capacities that all pain-experiencers have, beyond the capacity to feel pain, that would make plausible candidates for a perfectionist theory. But switching from possible to actual problem cases, Bradford’s practical rationality proposal, though a nice fit for cases of *adult* pains, fails to apply to the full set of prudentially bad pains, by excluding infant pains. When we looked for capacities that infants might have, we saw that the capacity for desire cannot play the role tripartite perfectionism needs. Why? Because desiring to not be in pain, and being in pain, is not the malfillment of the capacity for desire (in a way that it would be the malfillment of the capacity for practical rationality in adults). And switching from tripartite perfectionism to perfectionism more generally for a moment, it looks like moving from malfillment of a capacity to something else, such as exercise of a capacity, will not help here. That is because *being in an undesired state of pain* is no less the *exercise* of the capacity of desire than *being in a desired state of pleasure*.

 What the tripartite perfectionist must do is to identify a different capacity (other than the capacity to feel pain), for which it is plausible, first, that all pain experiencers have it and, second, that being in pain constitutes its malfillment.[[28]](#footnote-29) In this paper, I hope to have generated pessimism that this can be done. And if tripartite perfectionism fails to explain the badness of pain then, I wager, we have good grounds for thinking that perfectionism more generally cannot succeed in the task.

 At the outset of the paper, I noted that perfectionism is often thought, with some plausibility, to enjoy an advantage over an objective list theory precisely in virtue of offering greater explanatory depth. Where the objective list theory offers a list of goods and bads the perfectionist offers something *further*: a substantive, explanatory, account of why they are good and bad for us. Thinking about the perfectionists’ efforts to explain the badness of pain brings this putative advantage into question, however. For, as we have seen, it is plausible that pleasure and pain are just prudentially good and bad simply in virtue of their feel (and nothing more). Thus the commitment to further explanation, usually a badge of honor for the perfectionist, arguably transforms into a liability, once we have the case of pleasure and pain in view. In rejecting the idea that pain is because of how it feels, the perfectionist reveals a commitment to one level of explanation too many.[[29]](#footnote-30)

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1. Acknowledgements: With great pleasure, I thank Gwen Bradford, Daniel Groll, Mike Ridge, Debbie Roberts, for helpful discussion and for comments on earlier versions of this paper. [↑](#footnote-ref-2)
2. For more on the prudential badness of pains, and what to say about the cases where pain might not be prudentially bad, see Gwen Bradford, ‘The badness of pain,’ *Utilitas* 32 (2020), pp. 236-252. [↑](#footnote-ref-3)
3. This is ironic, of course, given Moore’s temporary, professed, inability to understand talk of ‘one’s own good’ in *Principia Ethica*. [↑](#footnote-ref-4)
4. In the paper I focus on the badness of pain but the issues and arguments arise no less for the goodness of pleasure. For discussion of perfectionism and ‘cheap thrills’ see Richard J. Arneson, (1999). Human Flourishing Versus Desire Satisfaction. Social Philosophy and Policy 16 (1):113-142, p. 120). [↑](#footnote-ref-5)
5. I will put my points in the singular for the remainder of the paper, just for simplicity. Nothing substantive hangs on it. [↑](#footnote-ref-6)
6. For recent defences, see: Gwen Bradford (2017) ‘Problems for Perfectionism’, *Utilitas* 29 (3): pp. 344-364; Gwen Bradford (2021) ‘Perfectionist Bads’, *Philosophical Quarterly* 71 (3): pp. 586-604; Antti Kauppinen (2008) ‘Working Hard and Kicking Back: The Case for Diachronic Perfectionism’, *Journal of Ethics and Social Philosophy* (1): pp. 1-10; Richard Kraut (2007). *What is Good and Why: The Ethics of Well-Being*. Harvard University Press; Michael Prinzing (2020) ‘Explanatory perfectionism: A fresh take on an ancient theory’, *Analysis* (4): pp. 704-712. [↑](#footnote-ref-7)
7. For an overview of the objective list theory see my (forthcoming) ‘Objective List Theory’ in Copp, D., Rosati, C., Rulli, T. (eds.) *The* *Oxford Handbook of Normative Ethics* (Oxford University Press). [↑](#footnote-ref-8)
8. Gwen Bradford (2015), ‘Perfectionism’, in Guy Fletcher (ed.), *The Routledge Handbook of Philosophy of Well-Being*., p.124. [↑](#footnote-ref-9)
9. Bradford, *Perfectionist Bads*, p. 603. [↑](#footnote-ref-10)
10. In typical cases we have the deterioration of or simply damage to e.g. *bodily tissue* but that is different from the deterioration and damage to our capacities. [↑](#footnote-ref-11)
11. Kraut, *What is Good and Why*, p. 150. Kraut’s considered theory in this work is not a pure form of perfectionism but the reasons for this do not matter here. [↑](#footnote-ref-12)
12. The point is even easier to see with states like grief, which might be thought of as either within a subset of pain, (so called ‘social pain’) or as non-painful yet unpleasant states. On the relation between grief and pain see, for example, Jennifer Corns (2015) The Social Pain Posit, *Australasian Journal of Philosophy*, 93:3, 561-582; Michael Cholbi (2022) *Grief: A Philosophical Guide*. Princeton University Press. [↑](#footnote-ref-13)
13. For more on this point see my ‘Richard Kraut, What is Good And Why: The Ethics of Well-Being,’ *Analysis Reviews* 69 (2009): 576-578, and David Sobel, ‘The Limits of the Explanatory Power of Developmentalism,’ *Journal of Moral Philosophy* 7 (2010): 517-527 and Bradford, *Perfectionist Bads*. [↑](#footnote-ref-14)
14. Some of Kraut’s claims in *What is Good and Why* suggest a willingness to embrace this consequence (in that work). Kauppinen also suggests at least some sympathy for this move in his (2008) Working Hard and Kicking Back: The Case for Diachronic Perfectionism. Journal of Ethics and Social Philosophy (1):1-10. For discussion of this kind of position and its explanatory ambitions, see Sobel *Explanatory Power*. [↑](#footnote-ref-15)
15. Bradford, *Perfectionist Bads*. [↑](#footnote-ref-16)
16. I take this to be compatible with an objective list theory that has, say, achievement on the list. [↑](#footnote-ref-17)
17. But for discussion see Bradford, *Badness of* *Pain*. [↑](#footnote-ref-18)
18. Bradford, *Badness of Pain*, p. 238. [↑](#footnote-ref-19)
19. Note that my argument does not rely upon the assumption of a specific theory of the nature of pain. [↑](#footnote-ref-20)
20. There are some differences. For discussion see Goksan et al ‘fMRI reveals neural activity overlap between adult and infant pain,’ *eLife* 4 (2015). [↑](#footnote-ref-21)
21. One possibility I am ignoring here, simply on grounds of implausibility, is that infants possess the capacity of practical reason but happen not to adopt the end of feeling good. [↑](#footnote-ref-22)
22. Thanks to Mike Ridge for discussion here. [↑](#footnote-ref-23)
23. There is, of course, an echo here with an objection to *desire* theories of well-being. For discussion see, for example, Guy Fletcher (2016) *The Philosophy of Well-Being: An Introduction*. Routledge, p.68; Eden Lin (2017) ‘Against Welfare Subjectivism’. Noûs 51 (2):354-377. [↑](#footnote-ref-24)
24. For an overview, see Lloyd I. Humberstone (1992). Direction of fit. Mind 101 (401):59-83. [↑](#footnote-ref-25)
25. Eden Lin, ‘Welfare Invariabilism’ *Ethics* 128 (2) (2018):320-345. This wording is slightly adapted from Lin’s only because Lin’s paper gives a positive characterization of Invariabilism and then defines Variabilism as the view that Invariabilism is false. [↑](#footnote-ref-26)
26. See Lin, *Invariabilism* for detailed discussion of the costs of variabilism. [↑](#footnote-ref-27)
27. Bradford, *Badness of Pain*, p.238. Bradford has in mind a broader category of states and so puts her point using ‘unpleasant’. This difference does not matter here. [↑](#footnote-ref-28)
28. In the interests of fairness note that Bradford, *Perfectionist Bads*, p. 599, is commendably explicit about this weakness of perfectionism: “Ideally an account of the badness of pain would ground the explanation in the quality of its feel, or hedonic tone. Pain is bad, goes the natural thought, because *it hurts*. But perfectionism must let go of any aspiration to capture this thought.” [↑](#footnote-ref-29)
29. Many thanks to Daniel Groll for discussion of this. [↑](#footnote-ref-30)