Perfectionism and Ableism

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Perfectionism is a theory of well-being which states that well-being is based on human nature: a person's well-being is correlated with the extent to which they develop their characteristically human features. One concern is that perfectionism is an ableist theory of well-being—that it automatically caps the well-being of certain individuals based on their (lack of) physical and mental capabilities. If this is true, it is a problem because this account of well-being does not match the experiences of people who are disabled.[1] For example, the American Deaf Community has a rich and vibrant culture. Many people who are deaf believe that their deafness enriches their lives, opt not to undergo procedures in order to hear, and choose to have deaf children. It seems that many such people would reject the idea that their well-being is lower than that of a similarly situated hearing person.

I argue that though at first it seems that perfectionism can be modified such that it is not inherently ableist, this modification does not succeed. I first motivate a

definition of perfectionism which holds that features are relevant to well-being proportionally to how different humans would be if they never had that feature. I then explain how well-being can be measured such that a disabled person's well-being is not automatically limited. Next, I argue that this version of perfectionism creates new problems that the theory cannot handle, and thus that perfectionism (as it can best be defended) is ableist. Finally, I show that perfectionism leads to troubling results when used in a consequentialist theory of right action, and thus we should not accept it as an account of well-being.

Whether or not perfectionism is indeed ableist depends on which features the theory identifies as relevantly characteristic of human nature. One feature that is not up for debate is rationality. Perfectionists generally hold that practical rationality, the capacity to design and carry out plans to accomplish goals, and theoretical rationality, the capacity to pursue academic knowledge, are characteristic human features.[2] In addition to rationality, many perfectionists also believe that embodiment, taking up physical space, is characteristic of human nature. I agree that embodiment is characteristically human, but I think we need to be more specific.

What does it mean to take up space in a characteristically human way? I argue that characteristic human

features are features that make humans different in some non-arbitrary way. We can identify them by imagining what humans might have been like if we never had certain features. For example, humans have opposable thumbs, allowing us to grasp and manipulate objects. Any individual human could lack this feature, but if humans had never had thumbs, we would be very different creatures. Unable to grasp objects, we would have invented very different tools, and with these different tools, we would have built different societies. Some scholars believe that the fine motor skills made possible by the thumb contributed to the development of the human brain.[3] Humanity would look very different if humans never had thumbs. Contrast this with a less relevant feature, like having eyebrows. If humans never had eyebrows, we may have gotten more sweat in our eyes, but this would not have influenced the basic facts of human life. We can use this test on all of our features: if humans never had some feature, (how) would we be different? The more different we would be, the more the feature is characteristic of human nature.[4] This test even accounts for rationality, the one undisputed characteristic feature of human nature, as well as human capacities for knowledge and friendship. The test also gets directly to the heart of what is intuitively appealing about perfectionism: if well-being is based on what it means to be human, then the factors that contribute to well-being ought to be those that *make* us human and

not some other creature. Perfectionism, then, claims that a person's well-being is correlated with the extent to which they develop the features without which humans would be meaningfully different.

Under this definition, perfectionism has two options in evaluating well-being. The first option is extrospective evaluation: comparing each person to some ideal human who has developed their human features as much as possible. Under this evaluation, well-being is a test with several categories, and having a disability gets you an automatic zero on the given category, lowering your final score. As a result, disabled people automatically have capped well-being. The second option is introspective evaluation: comparing each person to their own capabilities, the extent to which their own features are capable of development. With this evaluation, a disability means the relevant test section is thrown out and does not factor into your final score.

Let's consider how each of these options evaluates the example of Paulie, who lost both of his legs while serving as a marine in Afghanistan. Paulie experiences chronic pain, but he is also a decorated Paralympic wheelchair racer and considers himself to be flourishing. Using an extrospective evaluation, losing his legs likely decreased Paulie's well-being because legs are an essential human feature. It is possible that Paulie's

well-being has stayed constant or increased. If he is now developing his other characteristically human features more, this could outweigh the well-being he lost. However, having legs is extremely relevant to human nature—if humans had never had legs, we would be radically different—so it seems difficult to make up the lost well-being. In contrast, an introspective evaluation finds that Paulie's well-being has increased. Having lost his legs, leg-related features and achievements are removed from the well-being equation. As a Paralympic athlete, Paulie is now developing his capacities for competitiveness and achievement, so his well-being increased. This introspective evaluation is consistent with perfectionism, aligns Paulie's experience of his own well-being, and avoids inherent ableism.

Though it at first seems that perfectionism can use introspective evaluations to avoid ableism, these evaluations create other problems for the theory. Specifically, introspective evaluations fail to show that well-being decreases when we are ailing and even counterintuitively suggest that well-being increases with physical and cognitive decline.

One problem for introspective evaluations is their inability to show that an ailing person has lower well-being. Consider a person with serious depression. They may be severely incapacitated—only able focus on

a task for a few minutes at time or only able to bring themselves to shower once a week. But as long as they are doing everything they can, an introspective evaluation would say they are thriving.

A perfectionist could respond that the capabilities included in an introspective evaluation do not constantly update—a person's capabilities are determined at some point (presumably when they are healthy) and their well-being is assessed introspectively, but relative to their capabilities at this one point. While this response may at first look attractive, it results in a theory that is still ableist—just only for acquired (non-congenital) disabilities. This result can be defended by the notion that people born with a disability don't know what they're missing out on and that people who acquire a disability do, but this is not always the case. Perhaps a person becomes disabled as a young child, and eventually they do not remember life before the disability. Even for people who become disabled as adults, it seems that many have the capability to adapt and adjust to their new life, as happened in Paulie's example. If we accept this response from the perfectionist, Paulie's well-being would decrease after losing his legs, even though introspective evaluations were proposed specifically to avoid this result.

Not only do introspective evaluations fail to explain why

an ailing person's well-being *de*creases, they in fact suggest that an ailing or disabled person's well-being *in*creases—that it is better to lack a feature altogether than to fail to develop that feature. For example, introspective evaluations seem to suggest that, all else equal, a person has higher well-being if they are infertile than if they are capable of pregnancy and do not have children.[5] Bearing children is relevantly characteristic of humans; if humans never bore children, we would be very different creatures – we would not even exist. So, a person has higher well-being if they develop their capability to reproduce by having children and lower well-being if they leave this capability undeveloped. Take, for example, two women: Juna (who is infertile) and Jane (who is fertile). Assume that the facts of their lives are the same (aside from fertility) and that neither actually wants to have children. An introspective evaluation tells us that Juna has higher well-being than Jane in virtue of her being infertile because bearing children is completely removed from the calculation of her well-being while this factor remains in play (and unsatisfied) for Jane.

This result seems wrong for two reasons. First, even with no differences in their actual lives, the two women have different levels of well-being. We could even assume that neither Juna nor Jane knows the state of her (in)fertility (so there's no chance that Jane's well-being

is lowered by some sort of guilt for her decision not to have children). With this stipulation, we have two people who to their knowledge are exactly the same, but they have different levels of well-being. Next, it seems odd that a person should be attributed higher well-being *because* they lack a certain capability. If ableism is a problem for extrospective evaluations, dis-ableism (automatically *boosting* individuals' well-being based on their lack of physical or mental capabilities) is a problem for introspective evaluations. So, introspective evaluations are not a viable version of perfectionism. Perfectionists must, therefore, evaluate well-being extrospectively—that is, in an ableist fashion. Of course, the well-being of a disabled person does not depend solely on their disability. But all else held constant, an able-bodied person will have higher well-being than a disabled person.

Perhaps this should not be troubling. Maybe the intuitions of some disabled people, that their well-being is enhanced rather than diminished by their disability, are wrong. But even if perfectionism offers an accurate account of well-being, there are troubling results when it is plugged into a theory of right action. Take, for example, perfectionist consequentialism. Such a theory claims that an action is right if it produces the best consequences (the best consequences being the ones which produce the most well-being) and well-being is

calculated using perfectionism. This theory of right action would cause us to favor able-bodied people over disabled people. It would claim that because able-bodied people have the capacity for higher well-being, we should invest our efforts in raising their well-being and should neglect disabled people because even our best efforts to increase their well-being would not allow them to rival able-bodied people. While this may not be the obvious result in every circumstance, it is in one key example. If forced to choose between saving the life of an able-bodied person or saving the life of a disabled person, a perfectionist consequentialist would save the life of the able-bodied person because of their higher capacity for well-being. Perhaps perfectionist consequentialism would even encourage feticide or infanticide of a disabled baby in order to make room in a family for an additional able-bodied child instead. These results are disturbing because they contradict the notions that people are equally deserving of respect and dignity and that we should help people who are disadvantaged.

I have argued that the most viable form of perfectionism is an ableist one. While perfectionism can avoid ableism by using introspective evaluations, this version of the view is unable to show that well-being decreases when we are ailing and even suggests that well-being increases with physical and cognitive decline. The version of perfectionism that remains, one that uses extrospective evaluations, is ableist. This is a problem both because an ableist theory contradicts intuitions of well-being and because it produces troubling results when plugged into consequentialism. As a result, we should reject perfectionism.

Notes

1. I am aware that the term disabled has negative connotations, but I use it intentionally. The term "disabled" fits well with the social model of disability which holds that disability is not something in your mind/body that needs to be fixed, but is instead something which arises from encounters that a person has in/with a society that does not accommodate them. According to this model, a person is impaired, and this impairment becomes a disability when the world is set up such that it does not accommodate for the impairment. I use the term "disabled" with this model in mind.
2. Bradford 2016, 127.
3. Adler 2020
4. Presumably there is some threshold that determines whether or not lacking a certain feature would substantially change what it means to be human, but determining where these boundaries lie is not the goal of this paper.
5. While infertility may not be a prototypical disability, I consider it fair game because it is protected under the Americans with Disabilities Act.

Bibliography

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