

*Moral Reality*, by Paul Bloomfield (Oxford University Press, 2001)

Reviewed by Richard Joyce, *Mind* 112 (2003)

[penultimate draft]

Paul Bloomfield's book presents a clear, elegant, and enjoyable argument in favor of moral realism. Anybody with a serious interest in metaethics should read it, if only to familiarize themselves with a strain of realist argument that is likely to be influential in future debates. It is a 'partners-in-innocence' type of argument (a well-trodden route, perhaps), but more interesting and promising than many.

The centerpiece of the book is an analogy between morality and physical health: '[T]he moral realist faces the ontological riddle. It asks us what kind of thing moral properties could be such that they are invisible to observation and may not be required for causal explanations. The answer is that moral properties have the same ontological status as healthiness or other biological properties [e.g., having life, metabolism, or an immune system]' (p.28). 'Another similarity between goodness and health ... is that we can be in denial or can be incapable of being made to see (or just plain in deluded error) about how unhealthy we are, just as we can be in denial about our moral problems' (p.38).

Bloomfield does an impressive job at making much more of this analogy than one might have anticipated. He claims that the epistemology of both goodness and health should be modeled on skills (such as medicine and navigation)—such that one may be unable to articulate how one has the knowledge. He observes that just as we should be *relativists* about health (as Aristotle noted regarding the athlete Milo's nutritional needs) but also *realists* about health (in that it is an objective fact that Milo needs more protein than you or I), so too we should be relativistic realists about morality. As to the question of whether health and moral goodness reduce to more fundamental property levels (those of chemistry and physics, in the case of health), Bloomfield remains officially agnostic as far as his central thesis goes, but in a sixteen-page appendix argues (somewhat tentatively) for their non-reducibility. Attention is even drawn to unexpected parallels in the language of the two subjects: just as we use 'healthy' in reference to what causes basic health ('Broccoli is healthy') and the signs of health ('a healthy glow'), so too we use 'good' to describe what brings about goodness ('She is good for him') and the signs of goodness ('a good action')—the primary application of the predicate 'good' being to 'people (or perhaps lives)' (p.115).

The crucial question, however, is whether the properties of healthiness and moral goodness have *enough* similarities for the analogy to do the work asked of it. Imagine an argument taking place in the Middle Ages over the existence of unicorns. The 'unicorn realist' deploys a partners-in-innocence argument, claiming that the existence of unicorns is no more troublesome than the existence of rhinoceroses (and then promptly produces a live rhinoceros to prove that there's no philosophical problem about *them*). Should the 'unicorn skeptic' be moved? The answer depends on what was, exactly, prompting doubt about unicorns. If it was just that the idea of a creature having a horn in the center of its head seemed outlandish, then the producing of a rhinoceros should indeed dispel doubts. But if the worry was, rather, over the unicorn's alleged supernatural abilities—say, their proficiency at recognizing

virgins—then all the rhinoceroses in the world won't make a difference. The effectiveness of a partners-in-innocence argument always depends on both parties first reaching agreement over what are the crucial (and problematic) features of the 'guilty' subject matter. Only if Bloomfield and his morally skeptical opponent can first agree on what we want from the property of moral goodness, on what features it must have if it's to do the work to which our ordinary moral discourse puts it, can headway be made by pointing to an 'innocent' property that clearly has these characteristics (as even the moral skeptic must grudgingly admit). An important worry about Bloomfield's book is that he doesn't attempt first to find the common ground with the skeptic, and thus the partners-in-innocence argument remains unconvincing.

For example, the moral skeptic is often impressed by the thought that a central desideratum of any account of moral goodness must be the capturing a certain kind of *practical authority*. Moral goodness isn't an 'inert' property, like *being Norwegian*, or *being an arachnid*—its link with our practical deliberation is special. Moral goodness, we might say, always provides one with a practical consideration, or a reason for action. This isn't to say that one always *does* pursue the morally good when one finds it, nor even that one is always motivated to do so (as Bloomfield himself recognizes), but it is surely a truism that one always *should* pursue the morally good. Moreover, we might note that it seems a platitude that one always should pursue the morally good *irrespective of one's desires*. Even if the Nazi will satisfy his fully-informed and reflected-upon desires by shooting innocent people, our moral judgment is still that he ought not do so. Or to put it somewhat differently: even if the property of moral goodness is something that we might fail to value (even when we acknowledge its presence), it is certainly something that we *ought* to value, it is something that *demand*s a certain evaluative response from us irrespective of our interests. By contrast, whether something's being Norwegian ought to be something that we value depends on what we care about.

If these thoughts are along the right lines, then Bloomfield's task is to convince us that the property of *health* also brings this kind of practical authority. What makes his chosen analogy most interesting, in my opinion, is the glimmer of a possibility that health just might exhibit a special kind of authority. Nevertheless, his focus is for the most part on other matters, and so what seems to me the crucial issue is never engaged with. The fourth and final chapter ('Moral Practicality'), which I anticipated would contain the discussion of this issue, ends up devoting its energies to combating a kind of 'internalism' according to which moral judgments automatically motivate. But, as mentioned, the moral skeptic may consider this a red herring. The putative 'authority' of moral goodness is not that it will cause us to become motivated, but that it demands that we be so. (Incidentally, in chapter four Bloomfield misreads Mackie's queerness argument on this point. I refer readers to Richard Garner's cogent 'On the Genuine Queerness of Moral Properties and Facts,' *Australasian Journal of Philosophy* 68 [1990] pp.137-46.)

My main misgivings about Bloomfield's argument revolve around an obscurity concerning the nature of the 'normativity' being attributed to the property of health, and I will devote the remaining space to this matter. Let us start by imagining that what is bothering the moral skeptic (e.g., Mackie) is this special kind of 'authority'

with which moral claims are typically imbued—the mysterious ‘desire-independent demand.’ (Of course, the moral skeptic may be bothered by something else entirely.) Here’s a dilemma for Bloomfield: either he thinks (1) that the property of health yields desire-independent prescriptions, or he thinks (2) that it does not. It is worth noting, first, that one is left guessing (at least as far as I can see) which of these he endorses.

Suppose, first, that Bloomfield holds (1). Then he needs to make explicit in virtue of what health enjoys such practical authority, for there is certainly room for doubting that it does. We can accept that it is as much an objective fact that *this* organism is healthy and *that* organism is unhealthy as it is that one organism is a quadruped and the other has fins. And we can also accept that the following might be an objective truth: ‘If organism *O* is to be healthy, then *O* needs to eat green vegetables.’ Instead of ‘needs to’ we might have used the more explicitly normative ‘ought to’ or ‘should.’ But none of this implies the existence of ‘objective values,’ any more than the fact that the English language permits us to say ‘It ought to rain tomorrow’ implies that the rain (or the mysterious ‘it’) has values. Bloomfield actually eschews the term ‘values,’ being interested in the (more modest?) task of establishing the existence of moral goodness. But, given the platitudes of ‘practical authority’ surrounding our moral concepts, it is difficult to imagine what this property of ‘moral goodness’ would amount to if it were not a property that demands a certain evaluative response from us. (In what sense would that be ‘moral goodness’ at all?) If I am correct about this—that being a moral realist means being a realist about practical demands (which might also be referred to as ‘values’)—then the partners-in-innocence strategy requires that realism about ‘health values’ can be established. But although Bloomfield convinces us that certainly we should all be realists about *health* (was there any ever doubt on the matter?), there is very little in his book to convince the reader that realism about *health values* is the correct stance (or, if you prefer the wording: that the property of health yields desire-independent practical demands).

Consider a person who, with full information and after undistracted reflection, decides that optimizing his health is not an important value to him. Perhaps he has decided to devote his life to serving the poor and needy (Mother Teresa style), and the prospect of undertaking the dietetic regimen and exercise that would be necessary for achieving his own robust health strikes him as selfishly self-indulgent. This person accepts, let’s say, that his optimal health would require daily yoga. He accepts the following normative-looking claim: ‘If I cared about my health, then I ought to practise daily yoga.’ However, he asserts ‘But I *don’t* care that much about my health—I fully accept that I’m not as healthy as I could be—and, given this, it is not the case that I ought to practise daily yoga.’ It would seem that Bloomfield’s argument requires that there’s something wrong with this answer—that our imaginary humanitarian is ignoring and denying a practical demand that, whether he likes it or not, is upon him: ‘a certain goal given by nature’ (p.42). But the idea that humans have goals that transcend their (well-informed and reflected-upon) desires is highly problematic. It may be that our tendency to think of health as a natural human goal derives from the fact that pretty much all of us do (with full information and reflection) happen to desire it—perhaps we’re even disposed by natural selection to desire it. It is not at all obvious that the goal remains for the unusual or imaginary

human who sincerely doesn't desire it. After all, our attempt to advise a person wallowing in physically unhealthy habits doesn't conclude with '... because that will make you healthy'—for the response is likely to be 'So what?' Rather, we push on to point out that physical health is also likely to result in emotional and psychological well-being: things that (we assume) the unhealthy person *cares about*.

It must be admitted, though, that the matter is far from straightforward. If we consider instead a person who sincerely doesn't care about her health *at all*—who freely chooses not merely to fail to optimize it, but to *destroy* it—then intuitions may shift. Consider a fully-informed person who, after plenty of reflection, decides that she will smoke three packets of cigarettes a day. She admits that this is hampering her health and risking her life, but she doesn't care—her chosen values involve 'living fast and dying young.' Many people faced with such a case will side with Bloomfield in insisting that such a person is misguided—that her health really is a value to her, that she really ought to stop smoking, irrespective of her desires. But where would such desire-transcending reasons come from? We must hazard a guess, since Bloomfield is quiet on the subject, offering only the hint that the property of health 'entails that there are behaviors that one ought to engage in and others that one ought to avoid in order to obtain a certain goal given by nature' (p.42). Apparently he thinks that health gains its practical authority from its place in a natural *teleological* scheme (though it must be noted that, as far as I can see, the word 'teleology' doesn't appear in his book). But this observation undermines his strategy, since if it is to be shown that the property of *goodness* may also have same kind of desire-independent reason-giving force, it must be shown that goodness also fits into the same kind of teleological scheme. Although of course there is the long-standing tradition of seeing moral failing as a species of teleological malfunctioning, that tradition has as many detractors as supporters, and there are good reasons for worrying that it ultimately fails. In any case, Bloomfield has little if anything to say in support of the tradition, and so if the reader lacks prior sympathies with an ethics founded on a teleological conception of human life, then he or she will remain unconvinced that the analogy between health and goodness allows that the kind of normativity (putatively) deriving from the former can also be squeezed from the latter.

If it is not teleology that is supposed to give the property of health its prescriptive oomph, then Bloomfield certainly owes us a discussion of whence it does derive (assuming, for the moment, that he thinks that it does have some special practical authority). It is not enough to declare that we often *do* ordinarily think of health as placing desire-independent demands upon us (as in the smoking example above), for the moral skeptic is (almost by definition) unimpressed by what is ordinarily assumed. Nor is it enough to 'pass the buck' by claiming that explaining natural teleology (and its accompanying normative language) is a problem not for metaethicists but for evolutionary biologists and philosophers of biology. (In such a way the deployer of a partners-in-innocence argument may hope to prove that moral properties pose no 'special' philosophical problems.) Moral normativity is of a very different type than that which (apparently) derives from evolutionary teleology. The heart may have the goal of pumping the blood, and this may allow us to say that the heart ought to pump blood, or even that a good heart pumps blood well, but it *does not* follow that the heart thereby has a reason to pump blood (which is not to be confused with the claim

that there is a reason that it does so), nor that there is a practical demand upon the heart to keep pumping blood irrespective of its desires. Putting it bluntly, philosophers of biology may one day complete their work, fully vindicating the notion of evolutionary teleology and its accompanying normative language, without this shedding any light on the mysterious *and very different* kind of normativity found in moral discourse.

Suppose, instead, that Bloomfield holds (2)—that is, he denies that the property of health makes desire-independent demands upon us. To this I would object that desire-independent prescriptions are central to moral discourse, and so the favored analogy breaks down: health may be innocent, but moral goodness remains guiltily puzzling. One may, of course, deny that this feature I have been calling ‘desire-independent practical authority’ is really a desideratum of any account of moral goodness, and on this we might have an argument. My point is that Bloomfield’s winning that argument is a *prerequisite* to his analogy convincing an opponent (though, of course, it won’t be sufficient, for the skeptic might be bothered by quite different things about moral goodness, which also appear to be disanalogies with health). Moreover, if it is (2) that Bloomfield wants to endorse then one is left wondering why his chosen analogy is with the property of *health*, which at least stands a chance of fitting the bill in this respect—why not instead try to establish moral realism via analogy with an ‘innocent’ property that clearly makes no desire-independent demands upon us—say, *being Norwegian*?

Certainly thinking carefully about the property of healthiness is a useful exercise for anyone giving their attention to the problems of metaethics—and for that we must be grateful for Bloomfield’s lively and stimulating contribution—but it remains doubtful that the outcome of the exercise is a decisive conclusion in favor of moral realism. In the end (to push a metaphor), I felt like someone interested in, and doubtful of, the existence of unicorns who had just been shown a live rhinoceros and been told ‘You don’t question the objective existence of *that*, so why do you persist with this doubt about unicorns?’