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Is Health Philosophically Distinctive?

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Abstract

This commentary critically examines Barnes' ameliorative skepticism about health, which is a distinctive form of skepticism. While we agree with Barnes that health is indeed messy, involving biological, normative, societal, and phenomenological factors in a complex manner that defies simplistic explanation, we do not think that health is messy in a distinctive way. We argue that health is in fact remarkably similar to another messy phenomenon that is familiar to philosophers (i.e. truth), and that an existing philosophical account of another messy phenomenon (i.e. pluralism about truth) can be applied to health.

Key Words

health; mental health; pluralism; functionalism; truth

1. Overview

Barnes' book (2023) starts with critical examinations of existing theories of health and disorder in the philosophical literature (Chapter 1), including function-based theories, normative theories, phenomenological theories, social constructionist theories, and hybrid theories. None of these theories give a fully satisfactory account of health, according to Barnes, which motivates a skeptical view of health.

Barnes goes on to argue that health is distinctively weird and messy¹ (Chapter 5 and 6) such that it cannot be fully accounted for by deflationary or skeptical theories that are already available in the philosophical literature, including error theory (which simply denies the existence of health), non-reductive realism (which explains health in a non-reductive manner in terms of the things in the world we are tracking when we think, speak, and care about health), vagueness or inconsistency accounts (which regard health as a vague or inconsistent object), pragmatic pluralism (which

¹ Strictly speaking, it is not Barnes' view that health is *uniquely* weird and messy. According to Barnes, not only health but also many other phenomena in the social world are messy: "This book is about health specifically, but you can also read it as a kind of illustrative example case of a more general strategy for how we might approach the philosophy of a messy, fragmented, amorphous social world" (Barnes 2023, 8).

allows for different theoretical approaches capturing different aspects of health). Accounting for health needs a distinctive skeptical position, which Barnes calls “ameliorative skepticism”. Ameliorative skepticism consists in two key claims: the metaphysical claim and the explanatory claim. The metaphysical claim is that, when we talk about health, we are tracking a range of factors, including biological, normative, societal, and phenomenological factors, which are real and interdependent. The explanatory claim is that, although these biological, normative, societal, and phenomenological factors are certainly relevant to health, there is no precise, coherent, non-messy way of characterizing how they are related to health.

This commentary does not challenge Barnes’ ameliorative skepticism in a direct manner; for instance, we do not raise objections or counterexamples to ameliorative skepticism. Rather, we challenge Barnes’ view in an indirect manner; in particular, we challenge her claim that accounting for health needs a distinctive form of skepticism.

Our focus is on Barnes’ claim that health is distinctively weird and messy such that it demands a distinctive skeptical account. We agree with Barnes that health is messy in the sense that health involves biological, normative, societal, or phenomenological factors in a complex way that defies a simplistic story of how these factors contribute to health². But we are not convinced that health is *distinctively* messy. We argue that health is in fact remarkably similar to another messy phenomenon that is familiar to philosophers (i.e. truth), and that an existing philosophical account of another messy phenomenon (i.e. pluralism about truth) can be applied to health.

We presuppose a general methodological assumption that, other things being equal, a distinctive explanation of health (which gives a distinctive account of health that is peculiar to health) is less desirable than a unified explanation of health (which gives a unified account of health as well as some analogous phenomena). This assumption is derived from an independently plausible idea about explanation in general that, other things being equal, a less unified explanation of a phenomenon is less desirable than a more unified explanation of the phenomenon as well as analogous phenomena. Other things being equal, for instance, the Newtonian explanation of physics, which provides a unified explanation of the movement of an apple on a tree as well as the movement of a planet in the solar system, is more desirable than the medieval explanation of physics, where the movement of the apple and the movement of the planet are explained in different ways.

² One of us appealed to Wakefield’s harmful dysfunction analysis of disorder as an account of delusions as malfunctioning beliefs before ([redacted]), and is not fully convinced by Barnes’ objection to Wakefield’s theory (Chapter 1). For the purpose of this paper, however, we grant for the sake of argument that Barnes’ objections to existing theories of health and disorder, including Wakefield’s theory, are convincing.

However, other things are *not* equal, for example, if it turns out that there is an independent reason to think that health is a distinctive phenomenon that is deeply disanalogous with other phenomena that are familiar in the philosophical literature (let us call this the “disanalogy condition”), or if it turns out that existing explanations of analogous phenomena are not applicable to health (the “inapplicability condition”). These two conditions have different subject matters; they are about different things. The disanalogy condition is about health itself (and other phenomena themselves), while the inapplicability condition is about theories of health (and other phenomena). But they are closely related to each other. If health is deeply disanalogous with other phenomena, then it is expected that (existing) explanations of the other phenomena are not applicable to health. Again, if (existing) explanations of other phenomena are not applicable to health, then it gives us good reason to think that health is deeply disanalogous to the other phenomena.

The crucial question, then, is whether at least one of these conditions is satisfied. Barnes seems to think that the disanalogy condition is satisfied because “health is philosophically distinctive” (Barnes 2023, 2). Also, she seems to think that the inapplicability condition is satisfied because existing theories, including error theory, non-reductive realism, etc., fail to give a satisfactory account of health.

We argue in this commentary that neither the disanalogy condition nor the inapplicability conditions are satisfied. We challenge the disanalogy condition by showing that there are some remarkable similarities between (the messiness of) health and (the messiness of) truth, which motivates a unified account of both health and truth (**Section 2: “Against The Disanalogy Condition”**). And we challenge the inapplicability condition by showing that pluralism about truth (or, more precisely, pluralist *theories* of truth: e.g. Wright 1992, Lynch 2009) can also be applied to health (**Section 3: “Against The Inapplicability Condition”**).

2. Against The Disanalogy Condition

We now argue that truth and health are analogous in relevant ways, which motivates a unified account of both. We challenge Barnes’ claim that health is philosophically distinctive by showing that her key claims about the messiness of health are in fact applicable to truth as well.

Metaphysical Claim: The metaphysical claim of ameliorative skepticism is that, when we are talking about health, we are tracking a range of factors, including biological, normative, societal, and phenomenological factors, which are real and interrelated. In her own words;

In thinking and talking about health we’re tracking things that are real – biological

function, pain and suffering, the way the functioning of our bodies and minds shapes our social lives and social capacities. And in talking about these things as a unified whole – interconnected and strongly correlated – we’re doing important work that we couldn’t easily replace by talking about something else. (Barnes 2023, 206)

The metaphysical claim can be divided into two sub-claims. First, in talking about health, we are tracking the things that *are real*. For instance, we are tracking biological function, pain, suffering, etc. that are all real. Second, those real things we are tracking *are interrelated*. For instance, biological and psychological health are interrelated such that “stress” compromises both of them.

Similar claims can be made about truth. First, we may say that, in talking about truth, we are tracking the things that *are real*. For instance, we are tracking correspondence, coherence, pragmatic utility, etc. that are all real (whatever Barnes means by “real”³). Second, we may also say that those things we are tracking *are interrelated*. For instance, correspondence and coherence are interrelated such that contradiction compromises truth as correspondence (i.e. it cannot be the case that both “P” and “not P” correspond to reality) as well as truth as coherence (i.e. “P” and “not P” are not coherent).

Explanatory Claim: The explanatory claim of ameliorative skepticism is that, although these biological, normative, societal, and phenomenological factors are relevant to health, there is no precise, coherent, non-messy way of characterizing how they contribute to health. In her own words:

Nothing can play all the roles that we ask health to play. It’s not just that the roles are too different; it’s that they’re actively in tension with one another. We cannot fully allow for the subjective distinctness of health while still maintaining its status as biologically and scientifically interesting. Nor can we maintain a close link between health and functional capacity while still maintaining that major aspects of health are subjective, and will be experienced differently from person to person. And so on. There is no healthy case that we can both have and eat. (Barnes 2023, 203)

On the one hand, for instance, biological functions and subjective wellbeing are both relevant to

³ It is not clear what Barnes actually means by “real”, but she suggested that witches are not real in the sense that “witch” does not refer to anything. When, after a thorough investigation, we couldn’t find people who fit what we initially expected about witches, we should conclude that “witch” refers to nothing (rather than that “witch” refers to something that is very different from what we initially expected). Truth properties such as correspondence, coherence, pragmatic utility are real in this sense. There are different views about what coherence actually is, for example, but they all agree that “coherence” refers to something; in other words, the issue is about the nature of coherence, not about the existence of coherence.

health (e.g. health in the context of cardiology is more about biological functions, while health in the context of mental health is more about subjective wellbeing), on the other hand, it is difficult to see how they can actually be constitutive of health in a precise, coherent, non-messy manner. If we adopt the view that health consists in biological functions, then it is difficult to see how subjective wellbeing can also be constitutive of health. Again, if we adopt the view that health consists in subjective wellbeing, then it is difficult to see how biological functions can also be constitutive of health⁴.

An analogous claim can be made about truth. On the one hand, for instance, correspondence and coherence are both relevant to truth (e.g. the truth of a proposition about physics is more about correspondence, while the truth of a proposition about comedy is more about coherence), on the other hand, it is difficult to see how both of them can be constitutive of truth in a precise, coherent, non-messy manner. If we adopt the view that truth consists in correspondence to reality, then it is difficult to see how coherence can also be constitutive of truth. Again, if we adopt the view that truth consists in coherence, then it is difficult to see how correspondence can also be constitutive of truth.

Instability Thesis: Barnes claims (in Chapter 5) that health is unstable in a distinctive way. Intuitively, health is something broader than simple physiological functions (because, for instance, a chronically depressed person can lead an unhealthy life without having any physiological malfunctioning) but narrower than overall wellbeing (because, for instance, a person with overall high wellbeing can have an innate immune disorder nonetheless). However, as a matter of fact, there is no stable ground in the middle between physiological functions and overall wellbeing. Let us call this the “instability thesis”.

When talking about health, we seem to be aiming at something broader than simple physiological function (as in health for plants or penguins) but narrower than the overall flourishing of the person (as in wellbeing). And this, I contend, is the essential instability of our understanding of health. There’s no stable ground for us to capture that is broader than basic physical function but narrower than overall wellbeing. There is no clear ‘medium place’ that is more expansive physiology but less expansive than quality of life. (Barnes 2023, 196-197)

An analogous claim can also be made about truth. Intuitively, truth is something broader than

⁴ But Barnes’ claim seems to be deeper than this. The issue here is not merely that to make sense of how different things, like biological functions and subjective wellbeing, can all be constitutive of health, rather it is to make sense of how these things, which are not only different but also actively in tension with one another can all be relevant to health. We will come back to this issue later.

mere coherence (because, for instance, a proposition about physics that is coherent with other relevant propositions in a failed system of physics can be false), but it is narrower than correspondence (because, for instance, a proposition about morality can be true even if it turns out that there is no mind-independent fact to which the proposition corresponds to). However, as a matter of fact, there is no stable ground in the middle between coherence and correspondence.

According to Barnes, the instability thesis motivates a distinctive form of skepticism. On the one hand, health is something broader than physiological functions but narrower than overall wellbeing. On the other hand, as a matter of fact there is no stable ground in the middle between physiological functions and overall wellbeing. These observations motivate a distinctive form of skepticism, i.e. ameliorative skepticism.

However, this line of reasoning is questionable. To see why, let us think of a parallel argument concerning truth. On the one hand, truth is something broader than coherence but narrower than correspondence but, on the other hand, as a matter of fact there is no stable ground in the middle between coherence and correspondence, which motivates a distinctive skepticism about truth, i.e. ameliorative skepticism about truth. This reasoning is not compelling because, when it comes to truth, there is no need to identify the “stable middle ground” between coherence and correspondence in the first place. Instead we can simply adopt pluralism about truth according to which there are some domains (such as the domain of physics) in which truth consists in correspondence and some other domains (such as the domain of comedy) in which truth consists in coherence. And, if this argument for a distinctive form of skepticism does not work in the case of truth, then perhaps it does not work in the case of health either for the same reason. There is no need to identify the “stable middle ground” between physiological functions and overall wellbeing. Instead we can simply adopt pluralism about health (see the next section for more details) according to which there are some “domains” (such as the domain of cardiology) in which health consists in physiological functions and some other “domains” (such as the domain of mental health) in which health consists in overall wellbeing.

3. Against The Inapplicability Condition

We now argue that, against the inapplicability condition, pluralism about truth (Wright 1992, Lynch 2009) can also be applied to health. Here are a couple of preliminary remarks. In this short commentary, we are not able to give all the theoretical details of pluralism about health, nor answer all possible challenges to the view. Our aim here is rather modest; only to give a brief sketch of what pluralism about health can look like, and to show that it is at least a promising account of health worthy of serious consideration.

Pluralism is not the only available theories of truth; other theories include correspondence theory, coherence theory, pragmatism, deflationism, etc. Pluralism is particularly relevant to the present context because it is consistent with the three claims about health (and truth) above; i.e. Metaphysical Claim, Explanatory Claim, and Instability Thesis. In contrast, for example, correspondence theory (or at least traditional correspondence theory; see Sher 2023 for a pluralist form of correspondence theory) and coherence theory give a non-messy characterization of truth as correspondence or coherence, which is not coherent with Explanatory claim (about truth). Deflationism denies a substantive truth property, which might not be coherent with Metaphysical Claim (about truth).

In general, pluralism about truth allows propositions in different domains of discourse to be true in different ways. For example, (true) propositions in the domain of physics are true by corresponding to facts, while (true) propositions in the domain of comedy are true by being coherent, etc. Typically, pluralists characterize truth-predicate or truth-concept by the “platitudes”, which summarize obvious and uncontroversial statements about truth; e.g. to assert a proposition is to present it as true, the proposition that P is true if and only if P, a proposition may be true but not justified, or *vice versa*, etc. Truth-concept picks out different properties, such as correspondence or coherence, in different domains of discourse. For instance, truth-concept picks out the property of correspondence in the domain of physics, the property of coherence in the domain of comedy, etc. Pluralism about truth can be developed as a form of functionalism (Lynch 2001, 2004); truth itself can be understood as a second-order functional property of having some first-order property (e.g. correspondence, coherence, etc.) that plays the role that is specified by the platitudes.

This pluralist approach can be applied to health. Health-concept is characterized by the platitudes, which summarize obvious and uncontroversial statements about health. Perhaps one of those platitudes is what Barnes describes as the meaning of “health” in its broadest usage; “by saying each is healthy we’re saying, roughly, that each is a flourishing instance of its kind” (Barnes 2023, 193). Health-concept picks out different properties, such as biological functioning or subjective wellbeing, in different “domains” of health. For instance, health-concept picks out the property of biological functioning in the domain of cardiology, the property of subjective wellbeing in the domain of mental health, etc. Pluralism about health can also be developed as a form of functionalism; health can be understood as a second-order functional property of having some first-order property (e.g. biological functioning, subjective wellbeing, etc.) that plays the role that is specified by the platitudes.

Pluralism about truth, however, faces some recalcitrant challenges, which can also pose problems

for pluralism about health. One problem is that it is not easy to fix the platitudes. Platitudes about truth are supposed to be obvious and uncontroversial statements about truth but, as a matter of fact, theorists disagree about what platitudes about truth actually are, and many of the candidates are controversial. Pluralism about health faces a similar issue; fixing platitudes about health can be as difficult as, or possibly more difficult than, fixing platitudes about truth. Another problem is that it is difficult to give a plausible and informative individuation of domains of discourse, such as the domain of physics or the domain of comedy. Does the proposition that causing pain is bad belong to the domain of morality (because the “bad” part of it is about morality), or to the domain of physics (because the “causing pain” part of it is about a physical event) (Sher 2005)? A similar issue can arise about health; individuating domains of health (e.g. the domain of cardiology, the domain of mental health, etc.) can be as difficult as, and possibly more difficult than, individuating domains of truth. Do statements about a person’s stress belong to the domain of mental health, or to the domain of physical health?

These are certainly important challenges that need to be addressed. Here, we only make a general point; these challenges concern not only pluralism about health, but also pluralism about truth. This fact is indeed coherent with our claim about the similarities between health and truth, while it is incoherent with Barnes’ claim that health is distinctively weird and messy.

To be fair, Barnes is aware of pluralistic or functionalist approach⁵. She raises several problems for pluralism and functionalism (in Chapter 5). Among these problems for pluralism and functionalism, we focus on two, which we call the “problem of interdependence” and the “problem of overall health” respectively.

Problem of Interdependence: In the context of criticizing functionalism, Barnes argues that health properties (such as biological functioning or subjective wellbeing) are interconnected and interdependent with each other.

We cannot, for example, fully understand the basic biological components of health without assessing the ways that highly subjective, difficult-to-quantify experiences like ‘stress’ impact our physical functioning [...] We also can’t understand the biological components of health without addressing the ways in which they are affected by the ‘social determinants of health’ [...] And the connection here is more than simple causal interaction – it’s, in many cases, close to constitutive dependence. Your experience of pain, for example, is a part of your overall biological functioning, but it’s partly determined and constituted by your

⁵ But “pluralism” and “functionalism” that are discussed in Barnes’ book seem to be slightly different from what we have in mind here.

emotional reactions and the meaning you assign to it. (Barnes 2023, 208)

If Barnes is correct, there is a notable asymmetry between truth and health, which poses a problem for the idea of giving an unified account to both. On the one hand, truth properties (such as correspondence, coherence, pragmatic utility, etc.) are distinct and independent from each other. For instance, there is no constitutive interdependence between correspondence and coherence. On the other hand, health properties (such as biological functioning or subjective wellbeing) are constitutively interdependent on each other. For instance, biological functioning constitutively depends on subjective experience of pain.

It is not obvious, however, that the alleged dependence among health properties is genuinely constitutive. (In fact, Barnes herself carefully says that it is “close to constitutive dependence”.) First, the alleged dependence among health properties might just be causal or correlational rather than constitutive; e.g. that subjective pain has some negative causal impact on biological functioning, that subjective wellbeing tends to be correlated with biological functioning, etc. Second, even if there is some constitutive dependence between pain and biological functioning, it might turn out that, strictly speaking, what is constitutively linked to biological functioning is the physiological basis of pain (e.g. c-fibers firing), rather than the subjective experience of pain.

If the dependence among health properties is not constitutive but rather causal or correlational, there is no crucial asymmetry between truth and health. It is certainly plausible that the truth properties are not constitutively dependent upon each other, but they can be related with each other causally or correlationally nonetheless. For instance, one might think that there is a correlational interdependence between correspondence and coherence such that a proposition that corresponds to a fact tends to be coherent with other propositions in the web of belief, or that there is a causal interdependence between correspondence and pragmatic utility such that a proposition’s corresponding to a fact causes the proposition to be pragmatically useful. These correlational or causal interdependence among truth properties do not pose a problem for pluralism about truth; for the same reason correlational or causal interdependence between health properties do not pose a problem for pluralism about health.

Problem of Overall Health: Barnes discusses the following cases in Chapter 6:

Mika is an academic (with stable employment and flexible working hours of a secure academic job) diagnosed with lupus several years ago. She considered her diagnosis of lupus as ‘wake-up call’ and has made major changes to her life since. She’s started to prioritize getting regular exercise, maintaining a more comfortable work-life balance, and

making sure she gets enough sleep. She often says that she wouldn't be nearly as healthy as she is today if she didn't have lupus.

Jess is also an academic, in a similar social situation to Mika. Jess struggles with moderate depression, and has been especially burnt out at work in recent years. Lately, she's been feeling constantly run down and tired, and she has been experiencing a lot of muscle aches and stomach problems. She's been to multiple doctors, but all her tests come back normal and her doctors reassure her that she appears to be 'very healthy'. (Barnes 2023, 226-227)

Is Mika healthy? Who is healthier, Mika or Jess? There is a relatively clear answer to the question as to whether Mika is biologically healthy or not; i.e. biologically, she is not very healthy (and less healthier than Jess) due to her lupus. And there is a relatively clear answer to the question as to whether Mika is subjectively healthy or not; i.e. subjectively, she is healthy (and more healthier than Jess) due to regular exercise, a good work-life balance, etc. But, in some contexts, such as the practical or political context where we need to decide the allocation of public resources and services, we are interested in whether Mika is healthy *overall*, whether *overall* Mika is healthier than Jess, etc. In these contexts, "we're still pulled in multiple, conflicting directions - about whose health is more compromised, who we should prioritize for the allocation of medical treatment and accommodation, who is in more immediate need of social support, and so on. And yet we have to act. Nothing about pluralism resolves this tension" (Barnes 2023, 215).

This is certainly an important challenge to pluralism about health. On the one hand, pluralism about health explains the statements about health in some particular domains, such as a statement about Mika's health in the domain of immunology. On the other hand, however, pluralism does not explain statements about overall health, such as a statement about Mika's overall health.

But we do not have to be pessimistic. There are some reasons to think that this problem is not peculiar to (pluralism about) health. The heart of the problem of overall health is the fact that the overall health of a person is determined by the person's health in all particular domains, including the domain of cardiology, the domain of mental health, etc. Interestingly, there is an analogous issue about truth, known as the problem of mixed discourse. A version of the problem (the problem of mixed compounds) is about explaining the overall truth of a conjunction whose conjuncts belong to different domains of discourse; e.g. the conjunction $P \ \& \ Q \ \& \ R$ where P belongs to the domain of

physics, Q belongs to the domain of morality, and R belongs to the domain of comedy⁶. Some solutions of the problem of mixed compounds have been offered; for instance, defining the truth of mixed compounds in a recursive manner, as a truth-function of atomic propositions whose truth consists in correspondence, coherence, or some other truth properties (Lynch 2004). Some of these solutions are expected to be applicable to health for the purpose of accounting for overall health.

4. Conclusion

To sum up, we endorse Barnes' claim that health is messy, but we do not think that it is distinctively messy. We argued that neither the disanalogy condition (i.e. the condition that health is a distinctive phenomenon that is deeply disanalogous with other phenomena that are familiar in the philosophical literature) nor the inapplicability condition (i.e. the condition that existing explanations of analogous phenomena are not applicable to health) are satisfied. Against the disanalogy condition, we argued that there are some remarkable similarities between health and truth; against the inapplicability condition, we argued that pluralism about truth can also be applied to health.

It is not the case, of course, that pluralism about health is free from any theoretical difficulties; we briefly mentioned some difficulties including the problem of fixing platitudes and the problem of overall health. But we suspect that there are no *distinctive* difficulties for pluralism about health; in other words, these difficulties for pluralism about health are also difficulties for pluralism about truth, which is coherent with our claim that truth and health are importantly similar to each other.

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⁶ A possible difference between truth and health is that, on the one hand, we might ask comparative questions, e.g. whether Mika is overall healthier than Jess, while on the other hand we do not ask such comparative questions about truth, e.g. whether the conjunction P & Q & R is truer than the conjunction S & T & U. But, we might ask such a question in some special circumstances, e.g. when a teacher needs to rank students' essays in terms of accuracy, where one essay claims that P & Q & R while another essay claims that S & T & U.

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