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A Wittgensteinian View of Naturalist Against Non-Naturalist Conceptions of Health

Abstract:

In order to provide an answer to the question, “What is health?” I have classified the various answers into two general categories. Each side tries to argue for a particular way in which the term ‘health’ ought to be used. On the one hand, philosophers such as Christopher Boorse and Daniel Hausman argue that the ‘health’ concept is best understood as a value-free term belonging to the natural sciences. Under the naturalist conception, the notion of ‘health’ is closely associated with the notions of ‘disease’ or ‘pathology’, where ‘health’ is referring to an objective feature of the world. For naturalists, an organism (or one of its systems) is considered to be healthy when there is an absence of a pathological condition.

On the other hand, philosophers such as Nordenfelt and Svenaeus argue that the ‘health’ concept is best understood as a value-laden term affected by social and economic pressures. Unlike the naturalists, non-naturalists believe that a particular usage of the term ‘health’ is infused with the values of the speaker. The term ‘health’ is used to refer to a judgement or apprehension that a speaker may have to a particular human being. To say that a condition is ‘healthy’ or ‘unhealthy’ is to partially mean that the condition is ‘good’ or ‘bad’ in an extra-biological sense.

I argue that, as a question between naturalism and non-naturalism, the question of “What is health?” can be regarded as a pseudo-problem stemming from a superficial similarity between technical and non-technical usages of the ‘health’ term. If philosophers and medical professionals are to have meaningful conversations using the term ‘health’, then they must move past theoretical discussions of whether a naturalist or non-naturalist conception of health is ‘more appropriate’. Instead, philosophers of medicine and medical professionals must become conscientious of which sense of health is used in their conversations. Once they become aware and appreciate the different uses of the term ‘health’, the tension between choosing what one ought to mean by the term ‘health’ disappears.

**Introduction**

One of the keystone concepts in both medical practice and medical theory is the concept of health. The notion of health is what both medical theory and practice are founded upon. Under the modern view of medical theory, health is the absence of disease in an organism or system within the organism,[[1]](#footnote-1) where disease is understood to be an atypical[[2]](#footnote-2) states-of-affairs of an internal mechanism that either reduces the functional efficiency of that mechanism or decreases an organism’s chance for survival and reproduction.[[3]](#footnote-3) Under another light, it can also be said that the aim of medical practice is to promote health in some given sense.[[4]](#footnote-4) The logical negation of health, the state of being not-healthy, can be uncontroversially regarded as the reference of the term ‘unhealthy’. At first glance, it seems that the notions of being healthy and unhealthy are intuitive and unproblematic. Almost everyone can universally agree that diseases such as tuberculosis make someone unhealthy, or that a malignant tumor diminishes the health of an individual.

However, philosophers and medical professionals may recognize health’s ambiguity once they start trying to establish a theoretical framework of health. Upon closer scrutiny, there are disagreements in fringe cases where people disagree on the judgement of a person’s health. For example, I previously stated that being afflicted with tuberculosis is enough to be considered unhealthy. That is arguably sufficient for most cases of tuberculosis, but a sharp-minded critic might bring attention to the case of asymptomatic carriers. Asymptomatic carriers of a disease are those individuals that are infected, yet the carriers themselves do not display the clinical description associated with the disease. Unlike symptomatic individuals, asymptomatic carriers are largely unimpeded by the disease. The disease does not obstruct their ability to accomplish their personal goals. Neither does the disease diminish their well-being. To some philosophers, the case of asymptomatic carriers is a counterexample to the argument that presence of disease is the sole determinant of health.

On the other hand, a physician might still hold that asymptomatic carriers are ‘unhealthy’ in some sense of the word. In this case, the physician would argue that this person is classified as ‘unhealthy’ on the grounds of the medical theoretic axiom: ‘health is the absence of disease’. However, an asymptomatic carrier is intuitively not the same compared to a healthy individual in terms of quality of life. To make sense of this distinction, the physician could possibly support their argument by introducing the notion of ‘illness’, which refers to a specific kind of disease. An illness refers to a disease that affects its carrier enough for it to be incapacitating.[[5]](#footnote-5) Under the physician’s usage of these terms, a person can logically be unhealthy (diseased) and not ill at the same time such as in the case of asymptomatic carriers.

The case of asymptomatic carriers is just one instance of when philosophers and medical professionals can have different opinions on how the term ‘health’ ought to be used. Some people might object to labelling asymptomatic carriers of tuberculosis as unhealthy on the grounds that the disease does not diminish their ability nor well-being. For philosophers and medical professionals who believe in this position, a person should not be considered healthy by the presence of disease alone. The notion of health should not be understood solely in biological terms. Instead, health should also be an assessment of the person’s quality of life as well. Under this view, a person is considered healthy when they are not suffering from an illness. For this paper, this position will be called the non-naturalist conception of health.[[6]](#footnote-6) In contrast, philosophers and medical professionals who believe in the notion that health is absence of disease instead support the naturalist-conception of health. Under the naturalist conception, the meaning of ‘health’ is determined by both the knowledge and methods of the natural sciences. Health is to be understood mainly in statistical and biological terms.[[7]](#footnote-7)

I argue that, as a question between naturalism and non-naturalism, the question of “What is health?” can be regarded as a pseudo-problem stemming from a superficial similarity between technical and non-technical usages of the ‘health’ term. If philosophers and medical professionals are to have a meaningful conversation using the term ‘health’, then they must move past theoretical discussions of whether a naturalist or non-naturalist conception of health is ‘more appropriate’. Instead, philosophers of medicine and medical professionals must become conscientious of which sense of health is used in their conversations. Once they become aware and appreciate the different uses of the term ‘health’, the tension between choosing what one ought to mean by the term ‘health’ disappears.

My argument is aimed towards providing an answer to the debate between which of the two competing notions of health should philosophers, medical professionals, and laypersons use. In my view, supporters that ‘health’ should be understood in solely natural or non-natural terms are arguing past one another. Whenever one uses the term ‘health’, they must become consciously aware of the context and activity of their utterance. In cases when they use the term specifically to treat a patient in medical practice, it is arguable that they use the term ‘health’ in a non-naturalist sense. On the other hand, medical professionals who discuss about a patient’s diagnosis use the term ‘health’ in a naturalist sense.

There are various arguments supporting the meaningful use of either a naturalist- or non-naturalist- conception of health. For example, Lennart Nordenfelt has argued for a non-naturalist use of the ‘health’ term by arguing that the notion of disease is derived from cases of illness.[[8]](#footnote-8) In Nordenfelt’s view, the discovery of diseases such as tuberculosis was only possible based on the subjective experience of people afflicted with the illness. In contrast, as stated previously, naturalists such as Christopher Boorse have argued that the notion of illness is best understood as referring to a specific kind of disease with normative elements.[[9]](#footnote-9)

Furthermore, criticisms against either a naturalist- or non-naturalist- conception have also proven to be beneficial for each camp. Criticisms against a conception of health has helped in stimulating its supporters to improve their theories. For example, criticisms against naturalism have urged its supporters to re-evaluate whether a disease is necessarily a ‘statistical abnormality’. One criticism against Boorse’s biostatistical theory is that there are many conditions which are statistically abnormal, yet they are not considered to be diseases. On the other hand, there are also diseases which are universally prevalent such as tooth decay.[[10]](#footnote-10) Boorse has tried to respond to this criticism by claiming that prevalent diseases are instead caused by hostile environments.[[11]](#footnote-11) Aside from Boorse’s own response, the naturalist Daniel Hausman has responded to this criticism by introducing a richer notion of ‘biological function’ in his own Functional Efficiency Theory of Health. In Hausman’s theory, the functional efficiencies of both the whole organism and its individual biological systems are treated as having separate magnitudes. It is often the case that a change in the functional efficiency of an organism’s system leads to a corresponding change in the functional efficiency of an organism, or to interference in the biological functions of other systems. For example, a decrease in the functional efficiency of an organism’s heart to pump out blood can lead to a decrease in the functional efficiency of the whole organism. Common observable symptoms of a decrease in heart functioning are reduced capacities for mobility due to shortness of breath, and a reduced chance for survival and reproduction due to an increased chance for heart failure. However, there are cases when this trend does not hold true such as the prevalence of tooth decay. In such cases, the presence of a disease does not affect the functional efficiency of the organism as a whole.[[12]](#footnote-12)

To restate my point: I believe that the interaction between naturalists and non-naturalists have proven to be insightful. Both naturalists have non-naturalists have made persuasive arguments that their usage of the ‘health’ term is meaningful given their activities and context. However, there has also been much confusion concerning how the term ‘health’ ought to be allegedly used. This tension between the naturalist and non-naturalist conceptions of health does not stem from any empirical issue that science can solve. Instead, this issue is a conceptual one, stemming from an uncritical use of language.

In my view, I believe that we can meaningfully use the ‘health’ term in both a naturalist and non-naturalist sense without giving the impression of incoherence. In the same manner that the term ‘screwdriver’ can refer to both a drink and a tool depending on a particular context, proving that ‘health’ can refer to the well-being or ability of a person does not mean that we can no longer use it to refer to an absence of disease and vice versa.

**Literature Review**

 It is arguable that I am not the only one who shares this view. Among both philosophers and medical professionals, I am inclined to believe that Ludwig Wittgenstein and Thomas Szasz hold views that are amicable to mine. In order to understand how Wittgenstein’s philosophy might cohere with my own view about the term ‘health’, we must first discuss Wittgensteinian scholar Paul Horwich’s notion of T-philosophy.

The notion of T-philosophy refers to the dominant form of philosophy in the analytic tradition. Specifically, T-philosophy is concerned with providing an a priori account by using methods that closely resemble that of the natural sciences.[[13]](#footnote-13) According to Horwich’s interpretation of Wittgenstein, a philosopher’s desire to understand abstract concepts such as truth, knowledge, and health often leads the philosopher to formulate their own a priori theories. Unlike the scientific theories of science, the a priori theories of philosophy cannot empirically be argued for through its association to some objective feature of the world. Instead, the philosopher often grounds the philosophical theory in their own intuitions.[[14]](#footnote-14) However, it is arguable that our initial intuitions for abstract concepts are insufficient to justify philosophical theories about them. In Horwich’s Wittgenstein, intuitions are just internalized judgements of what we are inclined to say about a concept independent of the concept’s usage in the *actual* world. Philosophers then become puzzled when their philosophical account of the concept is unable to include counterexamples. These counterexamples are grounded on further intuitions that challenges the philosopher’s previous intuitions their account is based on.[[15]](#footnote-15) As a result, it appears to the philosopher that there is a real philosophical problem to be solved.

The philosopher may attempt to resolve this issue by revising their theory to account for these counterexamples. However, Horwich points out that there will typically be a set of equally adequate philosophical accounts for the concept. Each temporarily adequate philosophical account is complex, and the philosopher has no epistemic norms to assess which one is theoretically favorable. Since there will be no clearcut ‘best account’ to explain the concept, Horwich argues that objective knowledge of the concept is not achievable.[[16]](#footnote-16) Instead of treating the issue as a genuine philosophical problem, Horwich suggests that what arguably happened was the philosopher’s tendency to assign meaning to the concept which the philosopher was familiar with, and then the philosopher was reminded that the term has other meanings depending on the use.[[17]](#footnote-17)

One example that Horwich uses to support his claim is attempts to provide a philosophical account for sensation terms such as ‘pain’.[[18]](#footnote-18) As stated from the above paragraph, a philosopher may already have an intuitive idea of the concept of pain; and they will use that as the foundation of their theoretical framework. The philosopher may argue that pain is necessarily an affair knowable only to the one experiencing the pain sensation. Therefore, pain is conceptualized as being private. A person knows that they are in pain by virtue of an experience that they have privileged access to. However, this description of pain contradicts with our everyday use of the ‘pain’ term to describe a person’s behavioral response to their environment. The philosopher has no access to the experience of others, yet they can meaningfully use the ‘pain’ term in third-person attributions. To reconcile the two competing notions, the philosopher is often led to imagine a picture where mental sensations resemble a movie theater. In the picture, the person experiencing the sensation is the one viewer inside with direct access to the ‘movie’ whereas everyone else is on the outside. People may only infer what is going on ‘inside’ based on what sounds they manage to hear. This picture is plausible until Horwich alerts us to the metaphysical implication this picture brings. If this picture were correct, then it seems to imply that sensations have a qualitative characteristic to them; and these characteristics are not physically reducible by the natural sciences. This picture of mental phenomena invites discussions about the concept of qualia – to treat concepts such as ‘pain’ as referring to real and abstract entities.[[19]](#footnote-19)

Despite the perceived persuasiveness of this analogy, it is arguable that the ‘movie theater’ picture of mental phenomena is based on an exaggerated generalization. In Horwich’s view, this mistake stems from the grammatical similarities between observation terms such as ‘red’, and sensation terms such as ‘pain’.[[20]](#footnote-20) For instance, the sentence, “The object is red,” bears a superficial similarity to the sentence, “The object is in pain,” to the point that someone might assume ‘red’ and ‘pain have a similar semantic role. However, this belief is mistaken. In the case of learning how to use ‘red’, a person is taught to predicate ‘red’ to an object if, and only if they have visual sensations typically produced by red things. Therefore, it is only appropriate for someone to claim, “The object is red,” when the utterance is induced in him by an actual red object. The person is taught to apply ‘red’ to the same objects that other people of their linguistic community would also apply ‘red’.

In contrast, people are taught to use the word ‘pain’ to replace the reflexive reactions in circumstances that induce pain behavior such as moaning, grimacing, and crying. Wittgenstein reminds us of how we learn to use sensation terms such as ‘pain’ in the first place. In §244 of the *Philosophical Investigations*, Wittgenstein states the following concerning “how words refer to sensations”:

“… Here is one possibility: words are connected with the primitive, the natural, expressions of the sensation and used in their place. A child has hurt himself and he cries; and then adults talk to him and teach him exclamations and, later, sentences. They teach the child new pain-behavior.

 “So you are saying that the word ‘pain’ really means crying?” – On the contrary: the verbal expression of pain replaces crying and does not describe it.”[[21]](#footnote-21)

In contrast to T-philosophy, the aim of Wittgensteinian philosophy is different from the aim of science. Unlike science, which is aimed towards the production of knowledge about the world, philosophy is aimed towards the clarification of conceptual issues. Philosophy does not promise the philosopher any privileged knowledge about the world, such as the assertion that there is some non-physical stuff known as qualia. Instead, Wittgensteinian philosophy attempts to delineate the limits of language, and to go beyond these limits is to invite conceptual confusions.[[22]](#footnote-22) These conceptual confusions based on a priori theorizing invites philosophers to T-philosophize. One of the chief aims of Wittgensteinian philosophy is to stop us from T-philosophizing altogether. To put it another way, the questions of science are argued by Horwich to stem from ignorance. These questions have genuine determinate answers to them. In comparison, philosophical questions grounded on an uncritical use of language are based on conceptual confusion. Unlike the questions of science, these ‘philosophical questions’ are argued by Horwich to be pseudo-problems.[[23]](#footnote-23) The questions take their object of interest out of their original context and treat them as some metaphysical entity.

Philosophy does not provide its own ‘theory of language’ for how language ought to be used. Instead, philosophy is meant to remind us of the logico-grammatical rules of language.[[24]](#footnote-24) For Wittgenstein, there is no need to put forward any T-theory about the notion of ‘health’ because we already implicitly know the potential meanings of ‘health’ from our everyday uses of the term. No particular utterance of ‘health’ can be a counterexample for our own understanding of what ‘health’ is. Instead, if the particular utterance is indeed a meaningful use of the term ‘health’, then it expands our contextual understanding of the term. To understand the meaning of ‘health’, philosophers must reflect on the activities and context that give the word its meaning.

Furthermore, the various meanings of health can be grouped into categories by virtue of their similarity to one another. In these categories, it is also possible for there to be genuine disagreements between each member conception of health. For example, non-naturalist-oriented philosophers must concede that their conception of health cannot be predicated on human beings that are not self-conscious. Svenaeus’ phenomenological account of health as being a homelike being-in-the-world cannot account for the ‘mode of being’ of fetuses and comatose individuals.[[25]](#footnote-25) Furthermore, the non-naturalist conception of health also has difficulty in explaining how non-humans such as animals can be assessed as healthy when it is difficult them having personal goals of their own. On the other hand, the naturalist notion of functional efficiency can be attributed to non-humans because non-human organisms arguably still possess biologically empirical goals (e.g., survival and reproduction).[[26]](#footnote-26)

Additionally, members belonging to the naturalist camp may contradict one another based on a genuine disagreement such as the one between Hausman and Boorse discussed on pages four to five of this paper. Lastly, members of the non-naturalist camp may argue about whether it is society or the individual speaker that determines the social values associated with health. One may have very little in terms of goals and still consider themselves to be healthy, yet society may disagree with this assessment and consider them to be unhealthy.[[27]](#footnote-27) In a vein similar to Wittgenstein’s examples of games, the conceptions of health may all share a family resemblance with other conceptions of health belonging to their camp, yet still bare no passing resemblance to the conceptions belonging to the other camp. In both the naturalist and non-naturalist camps, each conception of health arguably shares relevant similarities between members for there to be a genuine debate.

Take for example §65 of Wittgenstein’s *Philosophical Investigations*:

“Consider for example the proceedings that we call “games”. I mean board-games, card-games, ball-games, Olympic games, and so on. What is common to them all? – Don’t say: “There must be something common, or they would not be called ‘games’” – but *look and see* whether there is anything common to all. – For if you look at them you will not see something common to *all*, but similarities, relationships, and a whole series of them at that.”[[28]](#footnote-28)

Since most naturalist meanings for ‘health’ obviously do not bear a close family resemblance to most non-naturalist meanings for ‘health’, is it arguable that the semantic role of each camp’s conception is distinct enough for each conception to not contradict one another. Each conception of health is distinct enough that they can be individually referred to depending on the context and human activity of the utterance. For example, the naturalist conception of health arguably takes priority in conversations involving medical diagnosis and medical theory. To consider someone as ‘healthy’ in these conversations is to either assert or hypothesize that there are no abnormalities in the organism or organism’s internal mechanisms to reduce functional efficiency. A speaker can become aware that they are in this kind of conversation by the presence of the other value-free, technical terms of the medical sciences such as discussions about a disease’s etiology. It can also be inferred that these conversations occur mostly between medical professionals as well.

On the other hand, the non-naturalist conception of ‘health’ takes priority when the conversation is concerned with medical practice – the treatment of the patient’s illness and/or suffering – which is distinct from medical theory.[[29]](#footnote-29) The range of speakers includes not only medical professionals, but laypersons as well. In this context, is often the case that ‘illness’ and ‘health’ are understood in their ordinary, nontechnical (and thereby non-naturalist) usage. The medical professional must become aware of this change in context. The medical professional must try not to interchange the nontechnical meaning of ‘health’ with its naturalist, technical one; and vice versa.

 Similar to Wittgenstein and Wittgensteinian scholars, the psychiatrist Thomas Szasz consistently emphasized the semantic distinction between the terms ‘diagnosis’ and ‘disease’.[[30]](#footnote-30) In Szasz’s work, the primary purpose of his research was to argue that the conditions considered to be ‘mental disorders’ such as depression are not diseases at all. Instead, Szasz’s argues that similar cases of mental disorders do not share any common underlying features discoverable by the sciences.

According to Szasz, diseases are physical phenomena that are demonstrable through anatomical or physical lesions.[[31]](#footnote-31) For example, a person’s deficiency in seeing can be adequately explained by correlating it to some physical lesion in the brain. If there is existing treatment that can improve the functional efficiency of this brain area, then it is theoretically possible to correct the person’s vision so that they may see appropriately. This is not only limited to a person’s mental capacities, for this picture extends to a person’s behavior as well. In one real-life case in 2006, a middle-aged man became obsessed with child pornography and proceeded to sexually assault his stepdaughter. Upon further investigation, the man was found to have a brain tumor affecting his frontal lobes; and once the tumor was successfully treated, the man no longer showed signs of his previous, abberant behavior.[[32]](#footnote-32)

In both the example of visual defect and pedophilic behavior, there were existing neurological lesions that were causing the visual deficiency and the deviant behavior. One might be led to the assumption that all mental disorders have a correlation with activity in the brain. Furthermore, it might be argued that mental disorders are distinct disease categories by virtue of its association with brain activity. However, this view would be mistaken as the etiology of most mental disorders are still relatively obscure. In reality, most psychiatric diagnostic categories never go beyond the condition’s observable clinical descriptions.[[33]](#footnote-33) Current scientific data has not been able to identify the relevant statistical abnormalities that are the supposed signs of the mental disorders if it were taken to be a disease. There has been difficulty in locating the neural correlates associated with specific mental disorders. For instance, the view that schizophrenic behavior is a consequence of abnormal dopamine levels is not well-established. There is even evidence that suggests the contrary to this view.[[34]](#footnote-34) Furthermore, the mental disorder that are caused by lesions in brain are not mental disorders at all. Instead, these cases of mental disorders are argued by Szasz to be neurological diseases.[[35]](#footnote-35) In the case of the middle-aged man, it was more appropriate to say that a neurological disease, a brain tumor, was the cause for the change in his behavior instead of arguing that he has a distinct disorder called ‘pedophilia’. In contrast, not all cases of pedophilic behavior can arguably be attributed to a disease, especially in cases where there are none to be found.

As Joanna Moncrieff notes, one needs to distinguish between ‘situations arising from bodily processes’ and ‘situations consisting of ordinary human behavior’.[[36]](#footnote-36) For example, a wink and the involuntary twitching of an eye may be biologically equivalent in the sense the actual movement of each action utilizes the same muscles. However, blinking is intentional, has meaning and purpose whereas the muscle spasm does not. Similarly, unless there is evidence that suggests a change in brain functioning, it is arguably reasonable to assume that the person is rational and competent enough to make their own decisions. Consequently, Szasz argues that mentally ill individuals (whose behaviors cannot be attributed to lesions in the brain) should be held morally and legally accountable for their actions, and their liberty cannot be restricted by virtue of their being sick in the technical sense.[[37]](#footnote-37)

Does this mean that a layperson is unjustified in calling someone mentally ill for their behavior? Arguably not. From what has been argued for so far, it has only been proven that mentally ill individuals cannot be considered ‘unhealthy’ in the technical, naturalist sense of the word where it refers to some abnormal states-of-affairs in the internal mechanism of an organism or its systems that reduces its functional efficiency. On the other hand, there still seems to be linguistic merit in calling mental disorders unhealthy for their deviant behavior, where the behavior is assessed as deviant due to it violating some psycho-social, ethical, or legal norm.[[38]](#footnote-38) In Szasz’s work, he considers psychiatric diagnoses to be a judgement one makes towards the mentally ill person. This judgement is about the behavior (e.g. depressive behavior) as a symptom of certain beliefs or thoughts the mentally ill may have.[[39]](#footnote-39)

**Discussion**

 Based on what has been said so far, I have argued that philosophers and medical professionals cannot provide a determinate answer to whether ‘health’ should wholly mean ‘the absence of disease’ or whether the meaning is partially influenced by the values of the speaker. The meaning of ‘health’ cannot be determined by a philosophical a priori analysis of the concept and attempting to do so will lead to two outcomes. Either our initial theory encounters counterexamples which forces the philosopher to revise their theory, or a temporarily adequate theory of health can be easily substituted by a contradictory theory that is just as explanatorily adequate as the former. Instead, I have suggested that philosophers and medical professionals must become conscientious of the semantic roles played by both a technical and non-technical usage of ‘health’. Meaning is not determined by a priori reflection of the term, but by analyzing how the meaning of ‘health’ is affected by the activity and context in which it was uttered.

Therefore, any technical (and thereby naturalist) usage of the ‘health’ term is a homonym of the more primitive, nontechnical (and thereby non-naturalist) meaning of ‘health’. This is arguably similar to how cognitive scientists use ‘representation’ to refer to observable brain states whereas laypersons and philosophers use ‘representation’ to refer to a person’s judgements about how the world is presented in a certain way.[[40]](#footnote-40)

My argument provides two benefits. First, it allows us to broadly categorize the different theories and conceptions of health based on their ‘family resemblance’ to one another. This classification reminds us that most naturalist-oriented uses of ‘health’ do not contradict any non-naturalist-oriented uses of ‘health’. Therefore, the desire to settle for either a naturalist-oriented or non-naturalist-oriented conception of health largely dissolves. There can be genuine disagreement in the two camps, but the proper meaning of ‘health’ is determined by the context and activity of the utterance instead of any a priori theorizing about abstract notions of health.

Second, becoming semantically aware of the different meanings of ‘health’ arguably dissolves the issue naturalists have concerning the scientific nature of mental disorders. Naturalists such as Boorse had theories of health and disease which were arguably incompatible with the different kinds of psychiatric diagnoses.[[41]](#footnote-41) However, it becomes clear that the semantic role of ‘mental disorder’ is different from that of disease.

It will be useful to note that there are four main categories which a condition can be classified as.[[42]](#footnote-42) First, a condition may be described as a syndrome, considered to be the first step in the diagnostic process. A condition is considered to be a syndrome when it is a recognizable pattern of symptoms of signs. When a medical condition is still solely known by clinical description, the medical professional has no knowledge of the condition’s underlying features. Therefore, syndromes are arguably not considered to be diseases[[43]](#footnote-43), but many diseases can have similar clinical descriptions. For example, a psychiatrist’s diagnosis of depression is not made by virtue of its reference to some activity within the brain. Instead, psychiatric diagnoses are judgements made by the psychiatrist about how a person’s range of behaviors are related to that person’s thoughts and beliefs.[[44]](#footnote-44)

 On the other hand, the other three forms of classification are based on information regarding (1) the condition’s change to an organism’s anatomical structure, (2) a system’s reduction of function, or (3) the condition’s etiology.[[45]](#footnote-45) At that point of diagnosis, it is arguable that conditions in these categories can now be called ‘diseases’ by virtue of their reference to deeper, underlying features about the condition.

As a term belonging to the natural sciences, one of the main goals of the ‘disease’ concept is to capture some underlying feature of reality. If this view is considered to be true, then the philosopher considers diseases to be natural kinds, mind-independent classifications of things in the natural world. It is argued by some that the aim of science is the discovery of these natural kinds.[[46]](#footnote-46) Similar to how a liquid is considered to be water only when its chemical structure is H2O, a condition is considered to be a case of tuberculosis only when it has been caused by the bacterium known as *Mycobacterium tuberculosis*. On the other hand, if there were a hypothetical case where a patient suffered from tuberculosis-like symptoms and it were discovered that the disease was caused by a different species of bacteria, then that would not be a case of tuberculosis. In contrast, non-natural kind terms such as ‘jade’, which can refer to either jadeite or nephrite – two minerals with different compositions, are meaningful for extra-scientific purposes such as their value in human society. Mental disorders and physical syndromes are arguably non-natural kind terms similar to jade.

**Conclusion**

Again, I argue that, as a question between naturalism and non-naturalism, the question of “What is health?” can be regarded as a pseudo-problem stemming from a superficial similarity between technical and non-technical usages of the ‘health’ term. Whilst there has been attempts by both naturalists and non-naturalists to establish a theoretical framework that is amiable to the notions of ‘health’, ‘pathology’, and ‘illness’, I have argued that these attempts are generally unpersuasive for several reasons.

First, as I have said, supporters of either a naturalist or non-naturalist conception of health generally take an uncritical stance towards the meaning of ‘health’ by overgeneralizing the utterance’s context and activity. In the case of a naturalist-oriented conception of health, some philosophers and medical professionals treat the ‘health’ term as an assertion about an objective feature of reality where an organism’s internal mechanisms do not suffer any abnormal decrease in function by some identified cause. On the other hand, supporters of a non-naturalist-oriented conception of health generally justify their theories by appealing to medical practice, the normative imperative to treat, and first-hand human experience of illness. Each camp does put forward justification for why ‘health’ has different meanings, but neither side has considered the contextual factors that determine when either a naturalist or non-naturalist conception of ‘health’ is appropriate.

Second, I believe the more important reason for the technical-nontechnical distinction is to provide an explanation for why empirical explanation and treatment often fails in the case of psychiatric diagnoses. Unlike a person carrying a disease whose bodily condition can be predicted (when all relevant information is given) and thereby potentially manipulated, the behavior of a person diagnosed with a mental disorder cannot be easily predicted. As many psychiatrists know in practice, two people diagnosed with the same mental disorder can exhibit significantly different sets of behavior. Neither do many psychiatric diagnoses adequately explain any underlying structure that causes the set of problematic behavior, if there even is any underlying structure at all.[[47]](#footnote-47) Yet, for naturalists, diseases must be causally explained by some underlying structure present within the organism or system within the organism.[[48]](#footnote-48) Even for diseases that have complex or no definite etiologies, there is an implicit assumption that an underlying structure can be found given enough time. One might argue that mental disorders are diseases of this kind, but I am inclined to believe that mental disorders of this kind will inevitably turn out to be neurological diseases instead.[[49]](#footnote-49)

For people who are inclined to agree with my view, further research that can be recommended is an individual analysis of each mental disorder currently known by the psychiatric community. Whilst I am not optimistic about the possibility of discovering the etiology of all mental disorders, it is arguable that further research is necessary to distinguish the mental disorders that are *actually* neurological disease from mental disorders that are not.

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1. Christopher Boorse, “Health as a Theoretical Notion,” *Philosophy of Science* 44, no. 4 (December 1977): 550-551. https://www.jstor.org/stable/186939 [↑](#footnote-ref-1)
2. Christopher Boorse, “Health as a Theoretical Notion,” 558-559. There is controversy concerning whether or not a disease should be defined as being atypical. For more on this, kindly refer to p. 4-5 of this paper concerning Hausman. [↑](#footnote-ref-2)
3. Daniel M. Hausman, “Health, Naturalism, and Functional Efficiency,” *Philosophy of Science* 79, no. 4 (October 2012): 520. https://doi.org/10.1086/668005. [↑](#footnote-ref-3)
4. Lennart Nordenfelt, “The Concepts of Health and Illness Revisited,” *Medicine, Health Care and Philosophy* 10, no. 1 (March 2007): 5. http://doi.org/10.1007/s11019-006-9017-3 [↑](#footnote-ref-4)
5. Christopher Boorse, “On the Distinction between Disease and Illness,” *Philosophy & Public Affairs* 5, no. 1 (Autumn 1975): 61. https://www.jstor.org/stable/2265020. The belief that cases of illness are necessarily cases of disease is not supported by the non-naturalist conception of health. For example, Fredrik Svenaeus in his *A Defense of the Phenomenological Account of Health and Illness* argues that persons may experience illness despite not being afflicted with any disease. For more on this, kindly refer to Nordenfelt p. 461-465. [↑](#footnote-ref-5)
6. Nordenfelt, “The Concepts of Health and Illness Revisited,” 6. Nordenfelt uses the term ‘holistic theory of health’ to refer to this notion. I am using the term ‘non-naturalist conception of health’ for two reasons. One, I want to emphasize the disagreement between naturalist and holistic proponents of health. Second, I wish to broaden Nordenfelt’s view to include phenomenological accounts of health such as the one proposed by Svenaeus in his *A Defense of the Phenomenological Account of Health and Illness*. Whilst I believe it is not explicitly said in any text, philosophers that propose a phenomenological account of health often describe the ‘health’ term in a way that coheres with holistic theories of health. For example, Svenaeus’ notion of health as a ‘homelike being-in-the-world’ can be interpreted as the person’s capacity to accomplish the goals which would exemplify their personal identity. When a person is unable to accomplish their personal goals, then it is arguable that the person is phenomenologically in a mode of ‘unhomelike being-in-the-world’. For more on this, kindly refer to Nordenfelt p. 461-465. [↑](#footnote-ref-6)
7. Lennart Nordenfelt, “Health and Disease: Two Philosophical Perspectives,” *Journal of Epidemiology and Community Health* 40, no. 4 (December 1986): 281-282. http://dx.doi.org/10.1136/jech.40.4.281. [↑](#footnote-ref-7)
8. Nordenfelt, “The Concepts of Health and Illness Revisited,” 8-9. [↑](#footnote-ref-8)
9. Boorse, “On the Distinction between Disease and Illness,” 61. [↑](#footnote-ref-9)
10. Hausman, “Health, Naturalism, and Functional Efficiency,” 523-524. Although this criticism is charged by Hausman against Boorse, it is arguable that this criticism is a misreading of Boorse. In p. 546-547 of Boorse’s *Health as a Theoretical Concept*, he notes that statistical abnormality is insufficient in defining disease. [↑](#footnote-ref-10)
11. Christopher Boorse, “On the Distinction between Disease and Illness,” 58-59. [↑](#footnote-ref-11)
12. Hausman, “Health, Naturalism, and Functional Efficiency,” 534-535. [↑](#footnote-ref-12)
13. Paul Horwich, “Wittgenstein’s Global Deflationism,” in *The Oxford Handbook of Philosophical Methodology*, ed. Herman Cappelen, Tamar Szabó Gendler, and John Hawthorne (Oxford: Oxford University Press, 2016), 1. [↑](#footnote-ref-13)
14. ##  Paul Horwich, “Wittgenstein’s Global Deflationism,” 4-6.

 [↑](#footnote-ref-14)
15. Paul Horwich, “Wittgenstein’s Global Deflationism,” 3-4. [↑](#footnote-ref-15)
16. Paul Horwich, “Wittgenstein’s Global Deflationism,” 11-12. [↑](#footnote-ref-16)
17. Paul Horwich, *Wittgenstein’s Metaphilosophy* (Oxford: Oxford University Press, 2012), 10. [↑](#footnote-ref-17)
18. Paul Horwich, *Wittgenstein’s Metaphilosophy*, 173-177. [↑](#footnote-ref-18)
19. This does not imply that experiences do not exist. However, what I am arguing for is the notion that sensation terms such as ‘pain’ are semantically different compared to the primitive reference of an object. [↑](#footnote-ref-19)
20. Paul Horwich, *Wittgenstein’s Metaphilosophy*, 186-188. [↑](#footnote-ref-20)
21. Ludwig Wittgenstein, *Philosophical Investigations* (2nd ed.), trans. G.E.M Anscombe. (Oxford, Blackwell Publishers, 1958), 89e. [↑](#footnote-ref-21)
22. P.M.S Hacker, “Wittgenstein and the Autonomy of Humanistic Understanding,” in *Wittgenstein: Connections and Controversies*, ed. P.M.S. Hacker (Oxford: Clarendon Press, 2001), 34-36. [↑](#footnote-ref-22)
23. Paul Horwich, *Wittgenstein’s Metaphilosophy*, 170. [↑](#footnote-ref-23)
24. Paui Horwich, *Wittgenstein’s Metaphilosophy*, 196. [↑](#footnote-ref-24)
25. Fredrik Svenaeus, “A Defense of the Phenomenological Account of Health and Illness,” *Journal of Medicine and Philosophy* 44, no. 4 (August 2019): 470, https://doi.org/10.1093/jmp/jhz013 [↑](#footnote-ref-25)
26. Hausman, “Health, Naturalism, and Functional Efficiency,” 520. [↑](#footnote-ref-26)
27. Nordenfelt, “Health and Disease: Two Philosophical Perspectives,” 283. [↑](#footnote-ref-27)
28. Ludwig Wittgenstein, *Philosophical Investigations,* 31e. [↑](#footnote-ref-28)
29. Thomas Szasz, “Defining Disease: The Gold Standard of Disease versus the Fiat Standard of Diagnosis,” *The Independent Review* 10, no. 3 (Winter 2006): 327-239, https://www.jstor.org/stable/24562328. Medical practice is often considered to rely on medical theory. Although I will not argue for it in this paper, I believe that this does not universally apply to all forms of medical practice. One obvious counterexample to this assumption is the case of traditional medicine. Traditional medicine does not justify its practices by virtue of some scientific theory or model, yet it is still intuitively considered to be a form of medical treatment to the ill. Another possible counterexample is Szasz’ argument against the inclusion of mental illnesses as a disease, as stated in his works. [↑](#footnote-ref-29)
30. Thomas Szasz, “The Myth of Mental Illness: 50 Years Later,” *The Psychiatrist* 35, no. 5 (2011): 181, http://doi.org/10.1192/pb.bp.110.031310 [↑](#footnote-ref-30)
31. Thomas Szasz, “Mental Illness Is Still a Myth,” *Society* 31, no. 1 (May 1994): 36, https://doi.org/10.1007/BF02693245 [↑](#footnote-ref-31)
32. Joanna Moncrieff, “ “It Was The Brain Tumor That Done It!”: Szasz and Wittgenstein on the Importance of Distinguishing Disease from Behavior and Implications for the Nature of Mental Disorder,” *Philosophy, Psychiatry, & Psychology* 27, no. 2 (June 2020): 170, http://doi.org/10.1353/ppp.2020.0017. [↑](#footnote-ref-32)
33. J.G. Scadding, “Health and Disease: What Can Medicine Do For Philosophy?” *Journal of Medical Ethics* 14, no. 1 (1988): 122, http://dx.doi.org/10.1136/jme.14.3.118 [↑](#footnote-ref-33)
34. Moncrieff, “ “It Was The Brain Tumor That Done It!” ,” 175. [↑](#footnote-ref-34)
35. Thomas Szasz, “The Myth of Mental Illness,” *American Psychologist* 15, no. 2 (1960): 114, https://doi.org/10.1037/h0046535 [↑](#footnote-ref-35)
36. Moncrieff, “ “It Was The Brain Tumor That Done It!” ,” 174. [↑](#footnote-ref-36)
37. Tony B. Benning, “No Such Thing as Mental Illness? Critical Reflections on the Major Ideas and Legacy of Thomas Szasz,” *BJPsych Bulletin* 40, no. 6 (December 2016): 294, http://doi.org/10.1192/pb.bp.115.053249 [↑](#footnote-ref-37)
38. In p. 35 of Szasz’s *Mental Illness is Still a Myth*, he describes mental illness as a metaphorical use of the term ‘illness’ whereas the proper literal use of ‘illness’ only refers to physical diseases. [↑](#footnote-ref-38)
39. Szasz, “The Myth of Mental Illness,” 114. [↑](#footnote-ref-39)
40. Johnathan Trigg, and Michael Kalish, “Explaining How the Mind Works: On the Relation Between Cognitive Science and Philosophy,” *Topics in Cognitive Science* 3, no. 2 (April 2011): 407. https://doi.org/10.1111/j.1756-8765.2011.01142.x. [↑](#footnote-ref-40)
41. Boorse, “On the Distinction between Disease and Illness,” 62-68. [↑](#footnote-ref-41)
42. Scadding, “Health and Disease: What Can Medicine Do For Philosophy?” 119. [↑](#footnote-ref-42)
43. Franz Calvo, Bryant T. Karras, Richard Phillips, Ann Marie Kimball, and Fred Wolf, “Diagnoses, Syndromes, and Diseases: A Knowledge Representation Problem,” *AMIA Annual Symposium Proceedings*, (2003): 802, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1480257/# [↑](#footnote-ref-43)
44. Stephen Rosenman, and Julian Nasti, “Psychiatric Diagnoses are not Mental Processes: Wittgenstein on Conceptual Confusion,” *Australian & New Zealand Journal of Psychiatry* 46, no. 11 (November 2012): 1048-1049. https://doi.org/10.1177/0004867412446090 [↑](#footnote-ref-44)
45. Scadding, “Health and Disease: What Can Medicine Do For Philosophy?” 119-120. [↑](#footnote-ref-45)
46. Robert D’amico, “Spreading Disease: A Controversy Concerning the Metaphysics of Disease,” *History and Philosophy of the Life Sciences* 20, no. 2 (1998): 145-146, https://www.jstor.org/stable/23332099. [↑](#footnote-ref-46)
47. Rosenman, and Nasti, “Psychiatric Diagnoses,” 1046. [↑](#footnote-ref-47)
48. D’Amico, “Spreading Disease,” 144-147. [↑](#footnote-ref-48)
49. Moncrieff, “ “It Was The Brain Tumor That Done It!” ,” 175. One example of a neurological disorder previously thought to be a mental disorder is neurosyphilis. Once the causally necessary conditions of a mental disorder are properly understood, the disorder can often be classified as a concern belonging to the natural sciences instead. Other times, psychiatrists might wish to distinguish the mental disorder from regular mental disorders by classifying it as a neuropsychiatric condition, as was the case of dementia. [↑](#footnote-ref-49)