

A comment on Kovács's Subjectivist Normativist Account of Health and Disease

Um comentário sobre a explicação subjetivista normativista de Kovács acerca de saúde e doença

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RESUMO

Este artigo possui dois objetivos. Primeiro, busca-se apresentar a abordagem subjetivista normativista de Jozsef Kovács acerca do conceito de saúde e doença. Segundo, será desenvolvida uma objeção ao posicionamento de Kovács sobre os tópicos em pauta. Como conclusão será sustentado que a noção de “reasonable social norms”, a qual é proposta por Kovács, é incapaz de abordar adequadamente as noções de saúde e doença.

PALAVRAS-CHAVE

Jozsef Kovács, Saúde, Doença, Normativismo, Subjetivismo, Reasonable Social Norms.

ABSTRACT

This paper has two goals. First, it aims to present Jozsef Kovács' subjectivist normativist account of

health and disease. Second, an objection against Kovács' position on the issues in question will be put forward. As a conclusion it will be argued that the notion of "reasonable social norms", which is proposed by Kovács, is unable to successfully approach the notions of health and disease.

KEY-WORDS

Josze Kovács, Health, Disease, Normativism, Subjectivism, Reasonable Social Norms.

Introduction

The concepts of health, illness, and disease have been the subject of extensive investigation and intensive debate in the field of philosophy of health. One issue that readily arises is whether health and disease can be defined in a single theory or two. That is, whether they are mutually exclusive and exhaustive - e.g., if a state is healthy, it is not diseased; if it is diseased, it is not healthy -, or whether there is a gap between these two conditions - e.g., a state may fall short of health without being a disease.

Another matter of dispute concerns the nature of the concepts of health and disease. On the one hand, it has been argued that these concepts are value-free and descriptive. In this sense, to say that someone is unhealthy, ill or has a particular disease consists in objectively describing that person without evaluating her or his state as bad or undesirable. Christopher Boorse (1975) is one of the most prominent advocates of this view, which is referred to as 'descriptivist', 'naturalist' or 'non-normativist'. On the other hand, it has been claimed that these concepts are inherently value-laden. In this case, to describe someone as healthy or unhealthy not only entails examining one's body or mind objectively, but also implies a positive or negative evaluation of the general state of the person. Some of the main representants of this position called 'normativist' are Lennart Nordenfelt, Josze Kovács, and Johannes Bircher.

It is worth noting, however, that there is also an intense debate on terminology, particularly on how to categorise the concepts of health and disease. Besides 'descriptivist' and 'normativist', other categories such as 'realist', 'nominalist', 'physiologist', etc., have been used to classify such concepts (see HOFFMAN, 2001, p.212-6). In this paper, nonetheless, I will adhere to the terminology presented, i.e., descriptivism and normativism. I will focus on

presenting Kovács' normativist account of health and disease as well as offering an objection to it. I will argue that his attempt of defining health in terms of adaptation to 'reasonable social norms', where 'reasonable' is relative, is problematic. For without a criterion by which to judge the appropriateness or reasonableness of the values of individuals and societies, one cannot agree on what reasonable norms are, and consequently, cannot measure health accordingly.

Kovács' account of health and disease

In the article "The concept of health and disease", Kovács (1998) concentrates his efforts in providing a normativist account of health and disease. He begins by criticising and rejecting Boorse's naturalist view according to which disease is the inability to function in accordance with the species-typical functioning (BOORSE, 1975). In contrast with Boorse's account, Kovács (1998, p. 33) suggests that, instead of defining health in terms of the conformity to the species design, it would be more accurate to describe health as adaptation to the environment. That is to say, an individual is healthy if it is well-adapted to its circumstances.

In order to shed light on this first attempt of defining health in evolutionary terms, Kovács analyses the terms 'adaptation' and 'environment'. Drawing on Richard Dawkins' view of 'the selfish gene', he points out that the 'goal' of every organ of every living organism is not the survival of the individual, but the survival of its genes. That is, genes 'use' organisms to multiply themselves. Biologically, thus, adaptation consists in the spreading of genes.

In the animal kingdom, adaptation occurs in a given environment, which cannot be altered by the animals in a short period of time. When certain organisms do not manage to adapt to it, it is said that the organism is diseased, not that the environment is 'bad' or 'unhealthy'. In Kovács' words, "evolution 'uses' the 'opportunistic' notion of environment: the environment is always good, it is always to be accepted" (1998, p. 33). This fixed environment, which animals did not choose and cannot deliberately change, is the frame of reference which allows health to be measured without any reference to values. According to Kovács, however, the same value-free measurement cannot be applied to the concept of health in humans.

Differently from other animals, humans consciously and constantly transform their surroundings. By living in an ever-changing environment, humans are unable to biologically adapt to it in the short run. As a result, human species remains adapted to its former

environment, which only exists partially today, and maladapted to its present environment. In evolutionary biology, this phenomenon is called 'time lag'.

It is important noting, however, that human adaptation does not occur only as result of evolution. Kovács (1998, p. 34) points out that humans, in part, choose the circumstances to which they have to adapt. That is, they not only deliberately alter earth's landscapes, but also create their own societies and cultures, establish their own social norms, institutions, moral standards, and so on. Once humans do so, their environment can no longer be seen in the same way as the environment of other animals, i.e., as neither 'good' nor 'bad'. On the contrary, in the case of humans, not only individuals can be considered unhealthy or diseased, but also the chosen environment.

As an example, consider a Nazi society or a highly polluted environment. If a person is unable to mentally adapt to the Nazi regime, or physically adapt to severe pollution, it seems plausible to say that it is because the environment is unhealthy, not the person. In other words, to say that a society is unhealthy, according to Kovács, means that its norms are unreasonable. In this sense, people who cannot adapt to it cannot be regarded as unhealthy. Along these lines, Kovács (1998, p. 35) concludes that health, when it comes to humans, cannot be measured without reference to the value-laden notion of 'reasonable environment' - or 'reasonable social norms'.

Furthermore, Kovács (1998, p. 35) argues that not only the notion of environment is applied differently to humans, but also the term 'adaptation.' As he points out, the purpose of adaptation in humans is two-fold. Biologically, humans adapt to their environment with the purpose of multiplying their genes. Culturally, their goals vary according to individuals and cultures - e.g., some aim for longevity and happiness, others for knowledge and accomplishment, and so on. As follows, from a cultural standpoint, those who are capable of achieving the goals set by society, or by the individuals themselves, are the healthiest. To put it differently, an individual is healthy if he efficiently uses his mind and body as tools to achieve a particular way of living, values, standards, etc., desired by a given culture or he himself.

Having established that 'environment' and 'adaptation' are notions that cannot be applied to humans without reference to values, and are indispensable to the concept of health, Kovács (1998, p. 35) concludes that any definition of health is also necessarily value-laden. In order to provide a full normativist account of health and disease, he appeals to the distinction between 'subjectivism' and 'objectivism'.

In a normativist account, values or norms can be defined as subjective or objective.

Subjectivist theories consider values to be relative, i.e., values consist in the subjective desires and wants of individuals, and there is no standard by which to judge how good or appropriate they are (SADE, 1995, p. 514-5). Objectivist theories, on the other hand, claim that values are moral goods, i.e., are objective and are desired because they are good. After considering both theories, Kovács argues that “the problem with the objectivist theories of health is that they presume that some values are not deducible to desires or wants” (1998, p. 36). That is, even if a value is objective in the sense of being intersubjective, i.e., if it is based on something that everybody or the majority of people desire, that value is still considered subjective by the objectivists. Put another way, objectivists claim that values based on intersubjective desires are still subjective, and that values can be based on a more solid ground. Kovács rejects this view by holding that, philosophically, a subjectivist account of health and disease is more tenable.

Kovács then, arrives at his own definition of health:

The healthier a physical or mental characteristic, process, reaction is, the more it makes it possible for the individual to adapt to reasonable social norms without pain and suffering, and the longer, and happier a life it will be able to ensure him in that society. (1998, p. 38)

In other words, health is the ability to adapt to reasonable social norms without pain and suffering and to achieve a happy and long life in that society. Disease, on the other hand, is any condition that falls short of health.

Presented Kovács’ account of health and disease, I will now turn to the discussion of what might be considered deficiencies in his theory, more specifically, the notion of ‘reasonable society’ or ‘reasonable social norms’.

Objection

When discussing the notion of ‘environment’ in humans, Kovács (1998, p. 36) appeals to Nordenfelt’s subjectivist normativist account of health, according to which health is one’s ability to achieve one’s vital goals given standard circumstances - which is equivalent to the ability to attain ‘minimal happiness’. By ‘standard circumstances’, Kovács believes

Nordenfelt means the 'typical environment in which most of the people in a given society live'. He points out that slavery is a typical environment for slaves in a slave state. What to say about those individuals who cannot adapt to it? Kovács (1998, p. 36) proposes that this society should be considered unhealthy, and not the individuals, because "we find [...] the norms of a slave state, unreasonable". Kovács (1998, p. 38) acknowledges that the notion of 'reasonable social norms' is somehow vague. For it changes from society to society, from time to time; it depends on ideology, tradition, moral standards, etc. However, he insists that without the notion of 'environment' health and disease cannot be correctly defined.

It is difficult to see how a subjectivist approach to norms can reconcile with the notion of 'reasonable norms'. If there is no standard by which to judge the appropriateness or reasonableness of the values of individuals and societies, how can one agree on what reasonable norms are? According to Kovács (1998, p. 37), for instance, black skin is not a disease in a racist society because "the discrimination according to the colour of the skin is not a reasonable social norm". However, would a racist, and the racist society in which he lives, judge the racist social norms to which they live by unreasonable? It might be pointed out that the majority of people in our society today agree that slavery is an unreasonable social norm. Slavery, however, is as old as the recorded history of humanity, and was considered a reasonable practice for many people until not long ago. Although Kovács holds that it is the slave state which is unhealthy - because its norms are unreasonable -, it is not clear how people living by unreasonable social norms could agree with Kovács and measure health accordingly. In fact, history shows just how problematic the lack of a criterion to determine the appropriateness of norms can be.

The term 'drapetomania', for instance, was coined in 1851 by the American physician Samuel Cartwright (1793-1863) to describe a supposed mental illness that affected slaves who attempted to run away from their masters. Besides identifying the symptoms and causes of drapetomania, Cartwright, in *'Diseases and Peculiarities of the Negro Race'*¹, prescribed a remedy for such malady. He believed that with "proper medical advice, strictly followed, this troublesome practice that many Negroes have of running away can be almost entirely prevented" (CARTWRIGHT, 1851). In case his preventive measures against absconding were not effective in keeping slaves under control - or, let's say, healthy -, Dr. Cartwright recommended a more extreme treatment for those slaves who were 'sulky and dissatisfied without cause', namely "whipping the devil out of them" (1851)².

It is clear from this unfortunate scenario that those who were not adapted to the slave

1 - Cartwright's essay can be found in: <<http://www.pbs.org/wgbh/aia/part4/4h3106.html>>. Accessed in: 28/05/2014.

2 - Other physicians accepted Cartwright's views back in the nineteenth-century, as it is possible to read in (FLINT & HUNT, 1855, p. 438-443).

state ‘standard circumstances’ were considered unhealthy. The fact that today we are able to see just how unreasonable those racist norms were, however, does not make them unreasonable at that time. For a society whose ‘standard circumstances’ are unreasonable will probably not be deemed unreasonable by those who live in it. In a slave state probably only slaves and abolitionists would think so. Were they adapted to those particular norms? No. Were they considered healthy in that society? When it comes to slavery, probably not. But what to say about those who managed to adapt to an unhealthy society? The slave owners and their supporters, for example. Were they healthy or unhealthy? Kovács (1998, p. 34) argues that if the relationship between body and environment is undesirable, and the environment can be altered, then it is a matter of viewpoint whether one considers the body or the environment to be diseased. Nonetheless, it is still not clear how one gets to establish whether the relationship between body and environment is undesirable in the first place.

In other words, how would a slave owner in a racist society come to judge the racist norms to which he lives by unreasonable or undesirable? It seems that he would not be able to do so, in the same way that today people cannot agree on whether it is reasonable to live in a society which subjugates women or explores nonhuman animals. It seems plausible to think that, in order to judge the appropriateness or reasonableness of a norm, it is necessary to establish a criterion. Kovács, however, does not offer any, as he holds a subjectivist approach to values and norms. If one accepts that values are relative to individuals’ desires and wants, as he proposes, then any criterion used by individuals to judge the reasonableness of a norm is considered valid. As a result, there would be no such thing as a ‘reasonable frame of reference’ with which to measure health, but merely a myriad of subjective desires and wants in conflict.

All things considered, it seems that grounding the concept of health on a vague concept such as ‘reasonable social norms’, where ‘reasonable’ can mean anything, because it is evaluated subjectively, not only does not elucidate the concept of ‘health’, but also complicates matters in a serious way. Without a clear and objective notion of ‘reasonable’, measuring health becomes a mere matter of point of view, what can be detrimental not only to those in need of medical care, but to the health care practice in general³.

3 - Another point that could be raised against Kovács’ account of health and disease is that these two conditions are not mutually exclusive and exhaustive. That is, that health does not necessarily entails lack of disease and vice-versa - e.g., someone might not have a disease, but might not be healthy either, or someone might have a disease and still be healthy. Consider a person who works so much that she has no time for herself. She eats poorly, barely rests, has no leisure, yet she has no disease. Is she healthy? Maybe not. Similarly, is someone who has allergies diseased? Would a coeliac be considered diseased even if he avoids gluten? It might be the case that health and disease cannot be defined in terms of the other. In this case, Kovács’ account would be unsatisfactory.

Conclusion

In this paper I have set out to present Kovács' account of health and disease as well as advance an objection to it. I have argued that Kovács' attempt to define health in terms of adaptation to 'reasonable social norms' is problematic and fails. As I have tried to show, if there are no standards by which to judge the reasonableness of values, one cannot agree on what reasonable norms are. If this is the case, then there is no such thing as a 'reasonable frame of reference' with which to measure health. That is, without a clear understanding of what 'reasonable social norms' mean, this concept is of no use.

References

- BIRCHER, J. 2005. Towards a dynamic definition of health and disease. *Medicine, Health Care and Philosophy*, n. 8, p. 335-341.
- BOORSE, C. 1975. On the Distinction between Disease and Illness. *Philosophy and Public Affairs*, n. 5, p. 49-68.
- CARTWRIGHT, S. A. "Diseases and Peculiarities of the Negro Race". *De Bow's Review Southern and Western States*, n. 9, 1851. Available online in: <<<http://www.pbs.org/wgbh/aia/part4/4h3106t.html>>>. Accessed in: 28/05/2014.
- FLINT, A.; HUNT, S. B. 1855. Dr. Cartwright on "Drapetomania". *Buffalo Medical Journal and Monthly Review*. Vol.10. Buffalo: Steam Press of Thomas & Lathrops. p. 438-443.
- HOFMANN, B. 2011. Complexity of the Concept of Disease as Shown Through Rival Theoretical Frameworks. *Theoretical Medicine*, n. 22, p. 211-236.
- KOVÁCS, J. 1998. The Concept of Health and Disease, *Medicine, Healthcare and Philosophy*, n. 1, p. 31-39.
- NORDENFELT, L. 1987. *On the Nature of Health*. Dordrecht: Kluwer Academic Publishers.
- NORDENFELT, L. 2007. The concepts of health and illness revisited. *Medicine, Healthcare and Philosophy*, n. 10, p. 5-10.
- SADE, R. 1995. A Theory of Health and Disease: The Objectivist-Subjectivist Dichotomy. *The Journal of Medicine and Philosophy*, n. 20, p. 513-525.