

PERCEPTION AND UNDERSTANDING OF HEALTH, ILLNESS AND PAIN RORTY BETWEEN GADAMER AND DENNETT¹

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ABSTRACT: The aim of the paper is to analyze and compare the perception and understanding of health, illness, and pain from the perspectives of philosophical hermeneutics, pragmatism, and the philosophy of mind, with an accent on the middle position of Rorty's pragmatism between the philosophical hermeneutics and the philosophy of mind. Although Gadamer tends to prefer the contextual understanding of health, more than of illness and pain, his claims about the universal rational legacy of hermeneutics seems to situate him into the proximity of the theory of privileged representations. On the other hand, both Gadamer and Rorty agree on the unity of body and mind and in consequence also on the equality between the natural and the social sciences in their representation of the reality. Dennett is as sceptical as Rorty towards the theory of privileged interpretations practiced among others also in the contemporary medicine, but his understanding of human consciousness, described frequently as a software, is placing Rorty closer to Gadamer's hermeneutics than to the philosophy of mind.

Keywords: illness, suffering, pain, health, consciousness

Is There a Common Space for Pragmatism, Modern Hermeneutics and the Philosophy of Mind?

Richard Rorty's pragmatism has generally been considered some sort of middle position between the continental philosophical tradition and the American analytical tradition. As Bouma-Prediger claims in his paper, "Rorty's Pragmatism and Gadamer's Hermeneutics":

Rorty argues that since knowledge involves neither accurate nor privileged representations, the idea of mind is a fiction.² And if there is no such thing as a mind, then the notion of philosophy as the foundational discipline which adjudicates disputes about the mind and prescribes the correct or appropriate epistemological methods can and must be abandoned. Philosophy must in Rorty's words *be therapeutic rather than constructive, edifying rather than systematic*. (1979:5). It must

give up entirely the whole business of epistemology and become instead a form of hermeneutics. (Bouma-Prediger 1989, 313)

On the following pages of his paper, Bouma-Prediger further explores what Rorty and Gadamer have or don't have in common, commenting on Rorty's understanding (or according to his opinion misunderstanding) and appropriation of philosophical hermeneutics. But the significance in this context is the therapeutic approach and impact of philosophy. This is explicitly articulated in Rorty's *Philosophy and the Mirror of Nature*; he mentions the word therapy there five times and always in connection with the main task of philosophy. The same can be said about Gadamer's hermeneutical essays on the history, theory and philosophy of medicine, issued in the collected volume under the title, *The Enigma of Health*. Despite the rejection of the universally given concept of mind, Rorty, Gadamer and all the other post-metaphysical philosophers still have to deal in some way with the concept of consciousness, especially in the moments when it makes us painfully admit the awareness of our suffering or illness.

In Dennett's rationally and rather materially oriented philosophy of mind, there are two sorts of concepts: the ones which depend on historical and cultural context to be understood, and the ones which mostly do not depend on any context. While the impact of the words like love or consciousness changes in time according to our understanding of them, the words health, suffering, illness and pain belong to the second group, to the concepts with the stable meaning and almost unchanging impact within the history of humankind. The understanding of categories of health, illness, suffering and pain then does not have anything to do with the understanding of the contextually interpreted concepts like for example consciousness, or with the other the categories that are expressing different states of body and mind, the feelings and emotions, because the meaning of the second ones is relational and contextually given and can in consequence be changed within the changing social practice in the history of humankind.

¹ A version of this paper was presented at the Central European Pragmatist Forum, June 10-14, 2024.

² See for example: (Rorty 1982, 323-348.)

The aim of this paper is hence to analyze and compare the perception and understanding of health, illness, and pain from the perspectives of philosophical hermeneutics, pragmatism, and the philosophy of mind, with an accent on the middle position of Rorty's pragmatism between the philosophical hermeneutics and the philosophy of mind. Another, not less important question is, where to place Dennett's philosophy of mind. Some thinkers consider Dennett's philosophy of mind one of the branches of the analytical tradition. They see Dennett as making interventions within analytic philosophy of mind and its discussions on consciousness. This is a difficult and much broader problem, and it involves the question about whether the philosophy of mind is a separate discipline, or it is only one branch of the analytical philosophy or if there are analytical and non-analytical approaches in the philosophy of mind itself. Another thing is the theory of the privileged interpretations, accentuated by Wittgenstein, Searle or Quine. But Dennett is as critical as Rorty towards the theory of privileged representations, and he is much less concerned with the linguistic structures of these representations than with the relationship between the body and mind or with the problem of intuition and intentionality that might have a presumably phenomenological character. On the other hand, Dennett ironically calls himself as an analytical philosopher in his *Comments on Rorty* (Dennett 1982, 349) and his essay *Quining Qualia* (Dennett 1988) is often read in analytical philosophy courses. Nonetheless, the content of his texts is significantly pointing at the phenomenological and the naturalist approach in his theory of mind, therefore he should be perceived as a non-analytical philosopher. However, the question of which philosopher should without any doubt be considered as the member of the analytical philosophical tradition remains complicated and not easy to be answered.³

When it comes to the theory of privileged interpretations, Rorty and Dennett⁴ are formulating their critique

explicitly, (Gutting 2003, 41-60) what Dennett formulates in the following way: "I recognize that this is a very bad line of reasoning - and would be a bit of backsliding on my part if I were to fall for it, for I agree (74.2%) with Rorty about the nature of the hermeneutical enterprise, and join with him in cheering the plummeting stock - if not yet declared bankruptcy - of the idea of privileged representations." (Dennett 1982, 350) On the other hand, there are some similarities between philosophical hermeneutics and analytical philosophy especially when it comes to the primary position of the question, but there are also some significant differences in their understanding of contextuality, which will be explained further on in the part dedicated to ethics and epistemology. For this reason, the aim of this paper will be to show that rather than a middle position between the continental and the analytical philosophical tradition, Rorty occupies the middle position between the philosophical hermeneutics, which in some points stands closer to the analytical philosophy than we are often willing to admit and the philosophy of mind.⁵ The "analytic-continental" distinction seems a bit outdated and leaves the content of discourse out of the discussion. Therefore, I will be focusing on the overlap of the content here instead by focusing on the particular claims and context of the authors instead.

The Unconscious Health and the Painful Consciousness of Suffering and Illness in the Hermeneutical Approach of Gadamer.

In the collected studies, *The Enigma of Health*, Gadamer is concerned with the question, "What actually is the phenomenon we call health?". He also asks whether the subject of health can be understood and defined at all

consciousness has a special structure that enables humans to access the things as they substantially are. This theory was developed and accentuated by Anglo-American analytic philosophy.

⁵ This paper is consciously trying to avoid the comparison of these three important branches of the 20th century philosophy with the analytical philosophy, as all of them are extensively critical towards the analytical approach.

³ See for example: (Glock 2008)

⁴ Theory of the privileged representations claims that human

from a point of view that is neither that of a doctor nor that of a patient, that is, from the point of view of a philosopher. What is health? According to WHO, health is “a state of complete physical, mental and social well-being and not merely freedom from disease or infirmity”⁶. “Health,” says Gadamer “is not something that can simply be made or produced. But what then is health itself?” (Gadamer 2004, p. vii), he asks in the preface to his book. What is it, then, that when we have it, we don’t really feel it, and of which we don’t even become aware until we lose it? Only when we get sick and feel the loss of health in pain, suddenly we realize that we were healthy before. But this understanding also does not come from itself, it does not emerge from the void but is formed in the context of our view of the world, in the context of how we see the world around us and our place in it based on our past experiences, which include pre-understanding and pre-judices.

In his study, *Bodily Experience and the Limits of Objectification*, Gadamer deals with the subject of the body, corporeality, embodiment and objectification. Here, he refers to the embodiment, the experience with our living body, as one of the most essential experiences of our existence, when he defines the concept of health in the following way:

Something that has long guided me in my reflections about such things is a famous passage in Plato’s *Phaedrus*.⁷ This concerns the recognition that, as certain famous Greek physicians had observed, the body cannot be treated without at the same time treating the soul. It is further suggested that perhaps even this is not enough, that it is impossible to treat the body without possessing knowledge concerning the whole being. In Greek the whole of being is *hole ousia*. Anyone knowing this phrase in Greek will also hear, alongside the expression ‘the whole of being’, the suggestion of ‘hale and healthy being’. The being whole as the whole and the being healthy

as the whole, healthiness of well-being, seem to be most intimately related. In German when one is unwell, one says ‘Es fehlt mir etwas’ – literally, I am lacking in something. What can we learn from these etymological considerations? We need to recognize that it is only through disturbance of the whole that a genuine consciousness of the problem and a genuine concentration of thought upon it can arise. (Gadamer 2004, 73)

The health according to Gadamer, is the wholeness of the whole, in the being healthy which at the same time is the well-being, is an attitude in which nothing seems to be missing to us, in which we feel the vitality of our body so automatically and subconsciously that we do not feel it at all. This is the feeling of health, the feeling of the undisturbed perfection of life in and around us. This understanding in Gadamer is inspired as much by Greek philosophy, not only by Plato but also by Aristotle, who characterized the soul as “nothing more than the living character of the body” (Gadamer 2004, 71), as by phenomenological anthropology, which saw in the concept of corporeality the access to the objective lifeworld. As long as we are healthy, we do not doubt our aliveness, which comes naturally to us at the moment of health. (Creller 2018, 2 – 4)

This changes in the moment when we become ill and perceive the disturbances in the feeling of perfection. Gadamer asserts,

I know only too well how illness, can make us insistently aware of our bodily nature by creating a disturbance in something which normally, in its very freedom from disturbance, almost completely escapes our attention. Here it is a matter of the methodological primacy of illness over health this disturbing factor in something that in its undisturbedness almost completely eludes us, makes our corporeality present to us to the point of obtrusiveness. We are dealing here with a methodological primacy of illness over health. (Gadamer 2004, 73)

As Gadamer correctly adds, there is the alienation of the sick person from its own body, and later often from the whole world, caused by the illness, suffering and pain. For a sick person, the subjective body (Leib) suddenly becomes the body (Körper), when corporeality no longer

⁶ <https://www.who.int/data/gho/data/major-themes/health-and-well-being>

⁷ There is certainly a connection between Plato’s *Phaedrus* and the texts attributed to Hippocrates and the role of the inquiry into nature, *phusis*, in treatment. (Schiefsky 2005, 19-25), (Kleisiaris, Sfakianakis, Papathanasiou 2014).

means the well-being of aliveness. Gadamer expresses it as follows: "In German a doctor will begin by asking 'Na, wo fehlt's den?' or 'what's the matter with you then?', literally, 'what are you lacking?'. Or we ourselves may ask, 'Was fehlt mir eigentlich?', literally, 'what am I lacking?'" (Gadamer 2004, 75) This is a question which we as patients can address to a doctor who is about to examine us or give us advice.

It is not an extraordinary thing that the lack of something, although we do not know precisely what it is that is lacking, can reveal the miraculous existence of health? It is only now, in its absence, that I notice *what* was previously there, or more precisely, not what was previously there but *that* it was there. This something, that was previously there, is what one calls well-being. Meanwhile health is for Gadamer a matter of interpretation, sickness, suffering and pain are felt and perceived directly and without any doubt. Although he does not believe in the primacy of the strictly technical approach to the four above mentioned categories, putting an accent at the idea of health as a whole being might evoke an impression of an attempt to privilege representation. Why is this the case in the category of health? Mainly because of the direct and very individual perception of sickness, suffering and pain in contrary to the not directly perceived health, whose universal representation becomes the concept of *hole ousia*.

Dennett's Definition of Undefinable Consciousness. Are Health, Illness, Suffering and Pain Objective Phenomena or Are They States of Mind?

Dennett does not believe in the possibility of any bulletproof definition, independently of what one is trying to define, but the question of health for him, in contrast to Gadamer, is not the matter of interpretation, at least not in the way love or consciousness is. In his quite controversially received book, *Consciousness Explained*, he argues:

Compare love and consciousness with two rather different phenomena, diseases, and earthquakes.

Our concepts of diseases and earthquakes have also undergone substantial revision over the last few hundred years, but diseases and earthquakes are phenomena that are very largely (but not entirely) independent of our concepts of them. Changing our minds about diseases did not in itself make diseases disappear or become less frequent, although it did result in changes in medicine and public health that radically altered the occurrence patterns of diseases. Earthquakes may someday similarly come under some measure of human control, or at least prediction, but by and large the existence of earthquakes is unaffected by our attitudes toward them or concepts of them. With love it is otherwise. (Dennett 1991, 24)

Unlike our interpretation of love and consciousness, which might change the phenomenon itself according to our perception of its content, the changes in understanding of the concept of health do not have any impact on the frequency of its presence in our lives. But is it really that easy? Had not our current definition of health, for example the perception of vaccination as part of healthcare, helped to almost extinguish the child mortality at least in the richer regions? Didn't the fear of the vaccines significantly rise the mortality rate during the covid-19 pandemic? And there is a plenty of other examples. In this case, although I do not agree with any privileged definition of health, I would argue against Dennett and claim that unlike between the understanding and the frequency of the earthquakes, there is definitely a connection between the interpretation and the concrete presence of health in the population. And what about illness, suffering and pain? If health is real and its reality does not depend on its possible understanding, how does it then look like with pain?

"Are pains real?" (Dennett 1991, 460), Dennett is asking and at the same moment he is giving an answer: "They are as real as haircuts and dollars and opportunities and persons, and centers of gravity, but how real is that? These dichotomizing questions all grow out of the demand to fill in the blank in the quantified formula above, and some philosophers think that one develops a theory of mind by concocting a bulletproof proposition of that

sort and then defending it" (Ibid). Dennett does not attribute to pain more reality than he is attributing to most of the phenomena that in our lives share their dependence on our mind. Meanwhile health is a real, objective phenomenon, illness, suffering and pain are according to him the states of mind, no matter how close to the material or corporeal damage they might be related. They are primarily witnessed and evaluated in and by the conscious mind, into which they are transported through the neurotransmitters, just like all the other perceptions from the external, internal or emotional world. Dennett describes this triple experience of mind in the following way:

Our phenom is divided into three parts: (1) experiences of the "external" world, such as sights, sounds, smells, slippery and scratchy feelings, feelings of heat and cold, and of the positions of our limbs; (2) experiences of the purely "internal" world, such as fantasy images, the inner sights and sounds of daydreaming and talking to yourself, recollections, bright ideas, and sudden hunches; and (3) experiences of emotion or "affect" (to use the awkward term favored by psychologists), ranging from bodily pains, tickles, and "sensations" of hunger and thirst, through intermediate emotional storms of anger, joy, hatred, embarrassment, lust, astonishment, to the least corporeal visitations of pride, anxiety, regret, ironic detachment, rue, awe, icy calm. (Dennett 1991, 45)

Perception of pain is then the same result of evolutionary process like the development of consciousness till certain grade in some sorts of animals and to the highest grade in human mind. Moreover, Dennett claims that the intensity of the feeling of pain is proportionally linked to the intensity of consciousness development, which means that the species with less developed consciousness are more likely to feel less pain than the more conscious ones. Even though illness might be the feeling of lacking something, as Gadamer it describes, in Dennett's opinion it is not that lacking itself, which makes us suffer, but it is the alarm system represented by pain. This alarm system is again more active and more sensitive in case of the more conscious creatures.

"There can be no doubt that having the alarm system of pain fibers and the associated tract in the brain is an

evolutionary boon, even if it means paying the price of having some alarms ring that we can't do anything about. But why do pains have to hurt so much? Why couldn't it just be a loud bell in the mind's ear, for instance?" (Dennett 1991, 61) And there is another question that Dennett is trying to answer in agreement with the evolutionary biology. It is the problem of pains in the formerly incurable but now curable and the absence of pain in the still incurable diseases. It does not seem very logical that the gallstones that luckily, we are able to treat nowadays are causing such an incredible pain and the cell mutations in the beginning states of almost all types of cancer do not hurt at all. And when they start to hurt, it is usually too late.

How does the alarm mechanism of pain function in these situations? What is it warning us from? On the basis of these experiences, would it not be more appropriate to understand the pain rather as an omnipresent perception of incompleteness than an evolutionary alarm warning us from the upcoming threats? For Dennett this might not be the case, and he is demonstrating it right away on the case of aphasia, the loss or damage of the ability to speak (Dennett 1991, 249). He is arguing that despite its definition as an undoubtedly serious illness, only some of the patients are perceiving their sudden inability to speak as a significant loss and are in consequence suffering from anxiety, the other ones do not feel any important loss or damage, in contrary their feeling of completeness is not impacted at all.

Even more complicated is the situation with empathy and sympathy. These are, as we will see later in Rorty, always given in and by the relation to something or someone. Dennett explains it as the same sort of vibrations, that can be transmitted from one person to another, just like the vibrations of two different music instruments. He says, "Etymologically, the word means suffering-with. The German words for it are Mitleid (with-pain) and Mitgefuehl (with-feeling). Or think of sympathetic vibration, in which one string of a musical instrument is set to humming by the vibration of another one nearby, closely

related to it in that both share a natural resonance frequency” (Dennett 1991, 62). But again, is it really that simple? Are empathy and sympathy only states of mind that are transmitted from one consciousness to another through the resonance, the frequency of which can be proven? Should not we, before we start feeling sympathy to someone have ourselves the experience with pain, have a direct experience with painfulness, “the intrinsic awfulness of pain” (Dennett 1991, 64), rather than a knowledge of the neuroscientific mechanism of pain or its meaning within the evolutionary development of living organisms? This kind of knowledge can be helpful for the medical professional, in order to fight the causes of pain more efficiently, but not for the person, who is literally in pain and surrounded by pain till such a grade that this person becomes isolated from the outside world.⁸

Dennett is obviously aware of this fact, when he writes about very poor possibilities of reflecting on pain, once we are feeling it: “Ordinarily, though, I would not have such a third- order thought and hence would not be conscious of such a second- order thought; I would express it, in saying ‘I am in pain’” (Ibid). Another aspect of empathy is sympathy with animals, which according to Dennett is more a matter of convention, habits and culture, than the matter of vibrations between different, but still living creatures. “These reasons are somewhat independent of the facts about just which animals feel which kinds of pain. They depend more directly on the fact that various beliefs are ambient in our culture, and matter to us, whether they ought to matter or not. Since they now matter, they matter” (Dennett 1991, 454).

It is clear that Dennett failed in explaining the concepts like pain, health, suffering, sympathy or consciousness outside any purely functional pattern. This is mainly because, in contrast to Gadamer, whose understanding is predominantly contextual, Dennett was applying only a limited relational approach in his investigations. Howev-

er, as he adds at the end of his book, that does not mean that consciousness, amongst other phenomena, cannot be explained one day (Dennett 1991, 455).

“Pain should be minimized.”: Richard Rorty’s Borderline Position between Gadamer and Dennett.

Rorty’s perception of health, illness, suffering, and pain, is as contextually based as Gadamer’s. However, contrary to Gadamer, Rorty’s pragmatist approach does not apply the universal rational legacy that can be grasped by everyone as the category of common sense. Instead, he is accentuating the relationality of an individual in each hermeneutical situation. In his argumentation he starts with tearing apart the three areas of the spatio-temporal perception, denying “the threefold distinction” (Rorty 1979, 20), where “the physical is spatio-temporal; the psychological is non spatial but temporal; the metaphysical is neither spatial nor temporal” (Ibid.). As all the mental states are necessarily bound to the physical existence, they cannot be exclusively temporal but non spatial. Rorty also rejects the borderline position of mind. According to him, there is not an intersection point maintaining communication between the body and the soul of a human. He claims:

This brings us almost full circle, for now we want to know what sense it makes to say that some states of a spatial entity are spatial and some are not. It is no help to be told that these are its functional states-for a person’s beauty and his build and his fame and his health are functional states, yet intuition tells us that they are not mental states either. To clarify our intuition, we have to identify a feature shared by our pains and beliefs but not by our beauty or our health. It will not help to identify the mental as that which can survive death or the destruction of the body, since one’s beauty can survive death and one’s fame can survive the destruction of one’s body. (Rorty 1979, 20-21)

Health in Rorty is neither an independent phenomenon nor the feeling of completeness, but a functional state of the person, it has a pragmatic purpose, and it is beneficial for the individual in both, the physical and the psycholog-

⁸ See for example (Crittenden 2009, 121 – 145)

ical aspect. Unlike beauty or fame, health cannot survive the physical death of the person, but it is the same expression of the relationship between the individual body parts and the body as a whole within certain contexts (Rorty 1979, 26). Illness, in consequence, means a disbalance or disharmony between the whole and its parts in the given conditions. This interpretation allows Rorty to stay in the middle position between Gadamer, who is accentuating the feeling of completeness, and Dennett, who is adding the observation that despite the objectively missing parts or functions of the body, in certain conditions, the perception of *hole ousia* by the patient might remain untouched.

Rorty is showing precisely that the three above mentioned distinctions cannot work because the body and mind are interwoven and do not fit into the mere categories of temporality or spatiality. The main problem for Rorty is not this unity of body and mind, something that neither the philosophy of mind nor the philosophical hermeneutics is denying, but the question of how this unity functions. He does not agree with the theory that a more complicated neurological system creates a more conscious being, which is accordingly more rational and more sensitive to the perception of pain, should it be its own pain or the pain of another being with the same vibrations. In the same way he disagrees with the strictly common-sense-based interpretation of the body-mind problem, which finding its origin in the Platonic concept of immortal soul and his rational justification of moral rules is articulated in the philosophical hermeneutics and its approach to pain. Rorty uses here his famous argumentation about pigs and koalas. In this context, the well-known statement "Pain must be minimized", receives an entirely new interpretation:

The moral prohibitions are expressions of a sense of community based on the imagined possibility of conversation, and the attribution of feelings is little more than a reminder of these prohibitions. This can be seen by noticing that no body except philosophers of mind cares whether the raw feel of pain or redness is different for koalas than for

us, but that we all care quite a bit about a koala when we see it writhing about. This fact does not mean that our or the koala's pain "is nothing but its behavior"; it just means that writhing is more important to our ability to imagine the koala asking us for help than what is going on inside the koala. Pigs rate much higher than koalas on intelligence tests, but pigs don't writhe in quite the right humanoid way, and the pig's face is the wrong shape for the facial expressions which go with ordinary conversation. So, we send pigs to slaughter with equanimity, but form societies for 'the protection of koalas. This is not "irrational," any more than it is irrational to extend or deny civil rights to the moronic (or fetuses, or aboriginal tribes, or Martians). Rationality, when viewed as the formation of syllogisms based on discovery of "the facts" and the application of such principles as "Pain should be minimized" or "Intelligent life is always more valuable than beautiful unintelligent beings," is a myth. (Rorty 1979, 190 – 191)

Knowledge and empathy are for Rorty not the result of rationality created and articulated through the conscious mind, but the result of widely spread social acceptance. "Thus, we shall not be tempted to think that the possession of an inner life, a stream of consciousness, is relevant to reason. Once consciousness and reason are separated out in this way, then personhood can be seen for what I claim it is—a matter of decision rather than knowledge, an acceptance of another being into fellowship rather than a recognition of a common essence" (Rorty 1979, 37). Only, what is accepted as knowledge, will be considered as knowledge, only the living organism or another human being that is accepted as a fellow creature, will be considered as the one that is worth empathy.

Epistemological or Ethical Perspectives?

It is interesting that Rorty is placing Dennett into the same box with Gadamer, and Dennett in his *Comments on Rorty*, (Dennett 1982, 355) is adding Gadamer to the group of relativists, into which he has already placed Rorty. What is then the appropriate position of Richard Rorty, who coming from the analytical philosophical tradition decided to leave its strictly logical analysis of the linguistic structures and move towards the evolutionary

and more contextual understanding of language? The answer might be the division of the question of health, sickness, suffering and pain in two parts, the epistemological and the ethical one, as each of them is pushing Rorty's pragmatism in an opposite direction.

First, it is necessary to explain the epistemological proximity of Gadamerian hermeneutics to analytical philosophy. This proximity consists in the primary position of the question before the answer and the way the question should be put. Just like in analytic philosophy, in the hermeneutics of Gadamer the ontological and the linguistic structures are closely interconnected. Our being in the world is defined exclusively by our understanding of the world around us and this understanding occurs only through language and within the linguistic structures that in both philosophical branches are expressed in the dialectic of question and answer.

We will now examine the logical structure of openness that characterizes hermeneutical consciousness, recalling the importance of the concept of the question to our analysis of the hermeneutical situation. It is clear that the structure of the question is implicit in all experience. We cannot have experiences without asking questions. Recognizing that an object is different, and not as we first thought, obviously presupposes the question whether it was this or that. From a logical point of view, the openness essential to experience is precisely the openness of being either this or that. It has the structure of a question... The essence of the question is to have sense. Now sense involves a sense of direction. Hence the sense of the question is the only direction from which the answer can be given if it is to make sense. A question places what is questioned in a particular perspective. When a question arises, it breaks open the being of the object, as it were. Hence the logos that explicates this opened-up being is an answer. Its sense lies in the sense of the question. (Gadamer 2006, 356)

In consequence, both are working with the presupposition that the correctly asked question is always followed by the correctly formulated answer, even though language and the idea of the question is very robust in Gadamer (e.g., the linguisticity of understanding) compared to a much more deflated or thin sense of language

in the analytic tradition because of the anti-metaphysical push of the linguistic turn and the influence of positivism. But 'correct' means again for both a logical and rational universal legacy that can persist for many generations and survive even the most dramatic events throughout history. This universality should be enabled by the specific capacity of the human consciousness, which is able to produce privileged interpretations, presumably understandable to all members of the humankind. However, there is one significant difference. For analytical philosophy, the logical correctness of the question and its answer is crucial; meanwhile, in Gadamer's hermeneutics, despite its very rational setting, the space between the question and the corresponding answer can still be filled out via contextuality and interpretation. This contextuality is mainly applied in ethical issues and that is the moment that brings Rorty much closer to Gadamer than to Dennett.

In contrast to Gadamer and analytical philosophy, Rorty and Dennett categorically refuse to admit the existence of privileged interpretations as any sort of the solid epistemological base, or as Dennett calls it, the epistemological bedrock. He claims:

To insist that there is no such epistemological bedrock to be found here is, of course, only to insist on a special case of the doctrine that Quine and Wittgenstein - and others - were advancing in general, but seeing how one could manage to be a good Wittgensteinian or Quinean in the special case of presumed knowledge of one's own mind has taken some doing. In particular, we have had to come up with a detailed and plausible diagnosis of the undismissable first-person asymmetry - a diagnosis which even acknowledges that it is an epistemological asymmetry, but one that yields no foundations. That diagnosis is still, alas, controversial, and a cloud on the horizon of Rorty's revolution that I think he underestimates. (Dennett 1982, 351)

Where, then, can be seen the similarity between Rorty and Dennett? Predominantly in Rorty's own definition of 'rationality'. If the purpose of knowledge and empathy are socially contextualized, rationality still maintains a functional role. It is hence the use of a functional descrip-

tion, which is a worthwhile overlap between Dennett and Rorty, even though they disagree about the basis of that rationality, the understanding of which may still be evolutionary in both cases. Meanwhile Dennett is presenting a merely functional explanation of health, illness, suffering, and pain in his naturalist phenomenological description of their meaning throughout the process of human evolution, without involving any ethical perspectives into his theories, unless an ethical behavior does not have severe functional consequences. The situation is different in Gadamer and Rorty (Elshtein Bethke 2003, 139-157).

Not only do they, contrary to Dennett, admit the contextuality of human knowledge and action, but they also insist on the ethical and social consequences of an inadequate approach to health, illness, suffering, and pain. Gadamer, Dennet, and Rorty are all interpreting the concept of healthiness as a capacity of being fully functional in life, although their understandings of functionality may vary. The specific contribution of Gadamer and Rorty into the discussion about functionality is an implication of the ethical perspectives. Both agree on the therapeutic character of philosophy and see its main task in improving the life of an individual in the society and of the society as a whole. Part of this seems to be also dependent on how they define "ethical", though. These are ethos driven sense of ethical perspective, rather than principle-applying notions of ethics that we might see in contemporary analytic approaches to ethics. Although none of the two claims there is a perpetual ethical progress or moral perfection, they are firmly convinced about the possibility of individual and social change through the philosophical reinterpretation and reevaluation of our convictions and beliefs (Warnke 2003, 105-123). For this reason, no matter how adequate or inadequate explanation of the phenomena of health, sickness, suffering and pain, appears on one hand as insufficient in its consequences, as it on the other hand represents the significant starting point for any further discussions.

Conclusion

Although Gadamer tends to prefer the contextual understanding of health, illness and pain, his claims about the universal rational legacy of hermeneutics based on the primacy of correctly asked question, seems to situate him into the proximity of the theory of privileged representations. On the other hand, both, Gadamer and Rorty agree on the unity of body and mind and in consequence also on the equality between the natural and the social sciences in their representation of the reality. Dennett is as sceptical as Rorty towards the theory of privileged interpretations (Dennett 1982, 351) practiced among others also in the contemporary medicine, but his understanding of human consciousness, described frequently as a software, which is generating reason and feeling and the lack of ethical perspectives in his naturalist and functionalist philosophy are placing Rorty closer to Gadamer's hermeneutics than to the philosophy of mind. However, except of offering some possible answers at the question about the Rorty's philosophical position, this paper has also opened several new questions. Some of them might be: What is the connection between the therapeutic role of philosophy and the idea of health? In other words, is the sense of health that we are talking about with seeing a doctor connected to the notion of therapy in these two approaches to philosophy? These questions should be investigated in the possible future papers.

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