CHAPTER 12

Interpretation and Definition as Correlative Terms

One way, then, of looking at questions about the sources of meaning is to regard the terms interpretation and definition, not just as umbrella terms but as correlatives. Here again we are confronted with other semantic problems about clarification and definitional precision. Correlatives are terms whose definitions involve the definition of each other.

Not only are definitions of correlatives puzzlingly self-reflexive, but they also raise the question whether the definition of one term in terms of another is not just another circular definition. If that is the case, we would end up again in a hopeless head-biting-tail circle about where to stop, wondering about which term, interpretation or definition, is the primitive term.

Note sometimes we look at health and sickness as correlatives. Someone suggested that the National Institute of Health should be called the National Institute for Diseases. But note the complexity of viewing these two terms as correlatives. How do we distinguish between disease and sickness? To be diseased is to be sick, but can we be sick without a disease? Note the vague borderline between these terms. And when it comes to correlatives, which term would be the primary or the positive term, health or disease or sickness? What is a lack of sickness? What is a lack of health?

Note, then, the shift we make when we make health the primary term and when health issues are centered on wellness and not on illness or disease. Note how all these terms seem interrelated, requiring distinctions about one term to define or to be precise about the other. And that raises the question about the relationship between being healthy and being unhealthy. As pointed out in logic, a term and its negation are called complements. Such terms in logic are called complementary terms; that is, if we predicate one of something, than it would be false to predicate the other of the same thing. Asserting one term of a subject makes its complement false. Asserting the complement to be true of a subject would make the other term, of which it is a complement, false when applied to that very same subject.
But note that in this case we might want to say that someone is neither healthy or unhealthy. In that case being healthy seems to require more than being just not unhealthy. How well do we have to be to be well? What are the positive symptoms of health? When we talk about symptoms, we usually are talking about what is unhealthy. Note the etymology of the term sign. Signs etymologically were symptoms. Symptoms were signs of diseases.

But can we define health as a mere deficiency of disease? It seems easier to define disease in positive attributes (positive descriptive terms) and not in terms of a lack of symptoms of wellness. But note that symptoms of disease tend to be pejorative signs, but as descriptions they are logically and positively descriptive and amenable to logical definitions. But it seems odd, though, to define health as a deficiency of disease. Certainly, we see readily observable aspects of disease in trying to avoid disease. Avoidance and prevention of disease thus in this case becomes the focus of the actions on whatever it is that keeps us healthy. But note that prevention and cure are both equally important in maintaining health and eliminating diseases.

But then, on the other hand, there are all those bodily, good-making physiological functions and physical adjustment activities that help define physical health. Fitness can be defined by standardized fitness tests. Should we then be looking at health primarily from the point of prevention? But again, being free from disease does not make us healthy. More is required in the way of exercise and diet to make a body healthy.

And the ability to adjust to problems, again, is what makes us mentally healthy. The same parallel problems also apply, then, in talking about mental health. We see the problems of trying to diagnose problems in mental health in terms of mental disease. Mental disease is a term that indicates a pejorative pathology that leads to problems about social alienation. It is a stigma in politics to have sought treatment for mental health. Consequently, note how some mental health clinics, to avoid the pejorative connotations, are described in terms of “behavioral health.”

We see again similar nominal problems in trying to diagnose problems of mental health in terms of neurological functions and psychological adaptability to problems. Obviously, we need to evaluate clearly our conceptions of mental health and disease with a new set of categories, such as in terms of talk about maintenance and prevention, for as the old aphorism goes, an ounce of prevention is worth a pound of cure. The same applies to mental health.

Correlatives considered as complementary terms or contrary terms using binary frames tend to be simplistic. They tend to oversimplify our perspectives on this world. But importantly, still, we do tend to see correlatives in terms of one another. And it is important to note that we often as a result tend to see