

# A Critique of Ameliorative Skepticism Through the Lens of Buddhism and Hinduism

By Naveen Sharma  
*Department of Industrial and Labor Relations*

## Abstract

Elizabeth Barnes' book *Health Problems: Philosophical Puzzles About the Nature of Health* conducts philosophical examination of the nature of health. She coined the term *ameliorative skepticism*: a theory stating that we should not try to fix or redefine our current definitions of health. Instead, Barnes composed the term to show that health has no coherent, unified definition that works for every person or scenario. This idea from Barnes leaves us asking questions: how is ameliorative skepticism practiced across the world? Can we practically apply it? If so, how do we go about it? This essay will address three major points regarding Barnes' understanding of health. First, the essay will analyze the concept of ameliorative skepticism regarding Barnes' separation of health from well-being. Second, it will explore the philosophy of health, the general practices, foundational beliefs, and specific cases through the lens of Buddhism and Hinduism practices. These studies will be used to critique Barnes' idea of ameliorative skepticism and show how cultures have lived through unifying health and wellness for treatment. Third, the essay will explore two possible solutions that arise from the critique: either acceleration or rejection of ameliorative skepticism. It will fill in the cultural perspective gaps in Barnes' writing of health through the themes and ideas of Buddhist and Hindu practices.

## Introduction

*Health Problems* covers multiple aspects of health to properly conceptualize it, or, at least to attempt to create discourse. Barnes stresses the biological importance of health, but also the political, socioeconomic, and personal values that surround health and maintain it. She states that there is nothing that can explain every way health is important, as "the ways that health matters to us often pull against each other" (Barnes, 2023, p. 6). Barnes argues that this creates a version of health that, depending on the context, is inconsistent and incompatible with some people's goals (Barnes, p. 6).

The goal of Barnes' book is to establish the argument of ameliorative skepticism. Ameliorative skepticism is the concept that we should be skeptical about health because "there is no specific, coherent thing that health is; no specific theory or concept or definition of health that can do everything we require" (Barnes, p. 7).

In her statement, she explains that she does not think there is a better term for "health," or a need for another meaning of being healthy. In her view, we need to accept the messiness of health rather than replace it. Ameliorative skepticism is meant to help explain why it is such a mess, but it is still useful to talk about health in that manner (Barnes, p. 7). A major reason for this messiness is the differences between health and well-being. What Barnes ends up pushing towards is the idea that health is connected to well-being, though they are not the same. For example, someone could feel wonderful with their physical body, but they could have a cancerous tumor growing in their lungs that they do not notice. Yes, they have a phenomenal well-being, but they are not healthy, as their body is under attack by the tumor that will eventually get worse without treatment.

The messiness of health is due to the myriad of factors that health encapsulates. There are distinctive roles, such as biological



phenomenological, normative, and political, but there is also the task of having to explain the nature of all these roles (Barnes, pp. 203–204). As Barnes states, health is a mess that infects all parts of health as a theory, so narrowing down health to only specific categories or factors does not change the mess left behind (Barnes, p. 215).

For something to be healthy, Barnes describes it as being flourishing or thriving (Barnes, p. 193). Barnes divides this into a physical and mental separation, where a person can be physically thriving but mentally unwell or physically unwell and mentally thriving. For example, a person who is unknowingly living with pancreatic cancer may feel mentally well but is physically dying. This is why Barnes is skeptical of and consistently tries to avoid, allowing well-being to become a part of health. Health is survival while wellness is feeling. To Barnes, they should be separate, and separating them would cause us to have “lost the distinct complexity” (Barnes, p. 72). Barnes states that there are some things of value that we can ignore and still live a great life, such as music and art. However, disregarding health is not possible because then we would be dead (Barnes, p. 67).

In accepting ameliorative skepticism, Barnes argues that “there’s no account of health that can do the legitimate work we want and need it to do” (Barnes, p. 203). Barnes is stating that no definition of health will be sufficient for everyone. There will always be at least one person whose illness, condition, or lifestyle won’t fit the chosen definition. It is these questions that show the importance of considering cross-cultural connections. Barnes may not adequately find a way to encapsulate all the different aspects of health, but it would be beneficial to see how health is defined and practiced outside of the Eurocentric frame that she uses.

This poses the question: Who exactly is the “our” referring to when Barnes says, “Our understanding of health is such a mess” (Barnes, p. 205). Throughout Barnes’ book, there is one glaring aspect missing. Barnes addresses

Eurocentric theories and practices of health; she considers health and the language of health from European and Anglo-American points of view. The “our” that Barnes is referring to are the people who live within those health standards and practices that, throughout the book, she criticizes as inadequate. Yet, she does not state the regional boundaries of the philosophical nature of health which she is referring to. The audience of the essay is the people living in Eurocentric societies, and the book is written only in the context of those societies without drawing much influence from abroad.

Cultures, especially those based on religions, are tricky to analyze. Religion can be considered a culture, but there are subcultures created from religion based on interpretations of the religion. For example, within Buddhism are three major branches: Theravada, Mahayana, and Vajrayana. Within the three major branches, there are a myriad of subcultures each with their own languages. Since we do not have the time or ability to study every scripture of Buddhism and Hinduism, this essay will give a brief overview of cultural health conceptions within Buddhist and Hindu practices to show their implementation through examples and case studies. This way, the theory is shown, and its practical application is established to create ideas on dealing with health and wellness. It is important to take note that translations of texts from the written language can reshape its original and intended meaning.

## Buddhism

Starting with Buddhism, it is important to understand that natural laws govern Buddhism, and one of those natural laws is the law of *kamma*. This aspect governs human actions that inhibit a moral or ethical value, and it is a law that determines the results of actions. It is the idea of doing good to receive good or doing bad to receive bad (Chaiyasuj, 2015, pp. 299–300). The importance of *kamma* regarding health is that in Buddhism, health is taken on a community basis. Doing good for oneself and

for others, is encouraged, and this translates into good health for all.

In Buddhism, practicing mindfulness is the proper way to protect and strengthen an individual's health (Mahanarongchai, 2015, p. 265). Mindfulness means training in emotional balance, where "one can learn to be happy by distinguishing between the way things are and the conceptual superimpositions one projects upon them" (Mahanarongchai, p. 276). Happiness is understood in Buddhism as "a state of flourishing that arises from the mental balance from which an insight into the nature of reality... is derived" (Mahanarongchai, p. 276). In other words, it is not a sensual pleasure, but rather a deep sense of well-being, compassion, and interconnectivity with community and nature (Mahanarongchai, p. 276). This indicates an early origin point for the derivatives of health in Buddhism, as mindfulness is the practice of sustaining happiness. This shows how the Buddhist ideals of healthcare are more about the societal impacts when combating personal health. It is expected then that the practice of health in Buddhism has a focus on community healing and current affairs, even if it is through one patient or individual. This implies that Buddhism includes well-being as a component of health.

The practice of health in Thailand is rooted in Buddhism. Naturalism is the main attitude this branch of Buddhism places towards human beings and health (Sirikanachana, 2015, p. 284). Broken down into different sub-positions, naturalism is the idea that nothing exists beyond the laws of nature. One of the sub-positions is the composite nature of human beings, which is under the idea that every person possesses a mind-body connection that is governed by both internal and external causes (Sirikanachana, p. 284). It is the belief that the mind and body are interrelated entities, where deterioration of health is caused by either an imbalance of the natural elements that make our body or a mental attachment to pain and suffering (Sirikanachana, p. 287). Another is the belief in the law of nature,

which postulates that "one needs to understand all the natural causes of one's experience to be free from both physical and mental problems" (Sirikanachana, p. 286). This means that a person must always be aware of themselves, including their actions and habits, since these will always pertain to their health. This idea is supported by a fundamental principle of Buddhism — the principle that "one is taught to suffer only physically but not mentally," (Sirikanachana, p. 286). This concept shows that proper care of the mind will translate to care of the body. From this, we gather that Thai Buddhism takes in all worldly and natural factors as health and that people must maintain their health through understanding and knowing themselves, which is first and foremost a mental aspect.

Buddhist culture in Thailand attends to health uniquely. Instead of following the Buddhist scriptures, which emphasize wisdom and critical thinking, Thai Buddhism focuses more on holding faith in certain people or beings (Sirikanachana, p. 287). This can be translated as the work of doctors. A doctor would usually recommend their patient to meditate along with their treatment. On top of that, they are "encouraged to take an optimistic view of life and cheerful spirit to maintain his/her good health and to speed up his/her recovery from illness" (Sirikanachana, p. 287). This usually involves other practices of mindfulness that are prescribed alongside medicinal treatments (Mahanarongchai, p. 278). It is not reckless happiness, but an optimism that finds balance between the mind and body. Doctors have a strong connection to their patients through Thai Buddhism, and this is bounded through faith in the doctor, but also through the doctor's ability to understand Buddhist teachings such as meditation, yoga, and medicine (Sirikanachana, p. 290).

In the *Vinaya*, which are the precepts of Buddhist scripture, we can find the concept of holistic treatment. "Holistic" refers to "the circular relationship of mind and body as well as their simple interaction" (Sirikanachana, p. 290).

Not only does it mean caring for both the physicality and mentality of a patient, but it means that they should be treated without comparison to others. Everyone has their journey of changing nature, so therefore, everyone's mind and body connections are different and require specific care and treatment (Sirikanchana, pp. 288–289).

The difference between Thai Buddhist perspectives of health and Eurocentric views of health can be summed up with one sentence: “Unlike Western medicine in which medical techniques and methods can be generalized, Thai Buddhist medicine needs knowledge of a micro-world of human life in which everything is changing according to reality constructed by human experience” (Sirikanchana, p. 291). This is connected with holistic treatment. Eurocentric medical practices have a set standard for who is to receive treatment and how much of it, usually almost always based on the body and not the mind. Thai Buddhist methods are dependent specifically on the individual and their ability to balance their mind and body connection. This shows a unification of health and well-being that counters the argument proposed by Barnes.

There are four healthcare systems in Thailand: Western medicine, Thai Traditional Medicine (TTM), Indigenous or folk medicine, and alternative medicine. Western medicine mostly replaced all other types of medicine in the early 20<sup>th</sup> century, but in the 1970s, a revival of TTM began (Chaiyasuj, 2015, pp. 293–294). Through Buddhist Principles, medicine, and philosophy, TTM treats people through indigenous Thai practices rather than through Western consumerist methods. The limitations of its applications, as they were not holistic, drew people away from Western notions of health (Chaiyasuj, p. 299). Through TTM, illnesses are categorized by five factors, including powers of nature, powers of the universe, supernatural powers, behavior, and Kimijati, meaning microorganisms or parasites (Chaiyasuj, p. 300). TTM is a holistic form of medicine that encourages a focus on balancing

bodily and mental needs, but most importantly, it focuses on the origin and causation of illness or sickness. Instead of simply treating a patient, Buddhism searches for the ontological questions surrounding an individual's health to determine treatments and also preventative measures for the future to connect everyone back to the laws of nature.

To summarize, Buddhist notions of health have both a selfless and selfish component. The health of an individual has effects on the community they are a part of, as the community is always involved with health, but it is only possible to become healthy again through taking care of oneself. It is a responsibility to focus on oneself through personal and holistic methods of healthcare, and only then will one be able to benefit society. There are many practices of mindfulness to maintain health and happiness that are encouraged throughout communities. Buddhist understandings of health are based on all surrounding factors in a person's life.

## Hinduism

Of the many Hindu texts, the *Vedas* are the main and most studied. In the journey for happiness, the Vedic approach is non-dualism, or the holistic approach (Bhargava, 2016, p. 3). This means that the soul and the body exist in harmony, rather than in conflict or “duel” with each other. Additionally, in Hinduism, there are two aspects of life: internal and external. Internal consists of the intellect and the soul, and external consists of the body and mind. These are considered the four philosophical ends of human life, and each has its own needs (Bhargava, p. 4).

Physical objects are needed for the body, while fulfilling desire is the demand of the mind. The body is the least respected, as it is fulfilled through shelter, food, and clothing, usually met with money. The mind has necessities as well, but also wants luxuries (differing from Buddhism, where desires are pushed away). Together, the mind and body, which are the

external aspects of life, make up what is called the secular aspect of life (Bhargava, p. 4).

The internal aspects of life, which are intellect and soul, are the foundational aspects of health. Intellect oversees the activities and desires of the body and mind. This keeps the mind and body from desiring unnecessary materials and items (Bhargava, p. 4); in other words, a knowledgeable intellect will keep one from greed. With health, this can translate in numerous ways. Being knowledgeable about drunk driving makes one drive sober and safer. Being knowledgeable about tooth decay makes one brush one's teeth. This is the internal mechanism of Hinduism.

*Dharma* is just as important. In short, “*Dharma* means service before self” (Bhargava, p. 4). This is the concept of selflessness that is a major aspect of Hinduism. It is the path to liberation, which is the ultimate end of human life (Bhargava, p. 4). What this means for health is that society comes before the self. It does not indicate that one should sacrifice oneself, but rather that when there is an issue of health, it becomes an issue for the whole community. This also ties in the idea in Hinduism that sinful activities lead to suffering (Bakre, 2016, p. 11).

Understanding a message in the Yajurveda, part of the *Vedas*, is necessary for understanding health in Hinduism:

*One who devotes himself to knowledge and action both, simultaneously, he gets over death by action and attains immortality by knowledge.’ Death stands for change, immortality stands for stability; both go together. The difference between sentient and the insentient is not of fundamental nature, the sentient beings have senses, where as, the insentient have no sense except touch. This means obliteration of distinction between individual and God (Bhargava, p. 4).*

The idea of no distinction between individuals and God is often misunderstood. The idea of Gods in Hinduism is that the Gods are projections of oneself. It is self, or a projection of self, and not literal Gods that rule from

above. They are incarnations that represent a reflection of us that are invoked or summoned. This recognizes the interconnectedness of every person in society. Specifically, it shows how a health problem of one person can manifest to affect every person, as every person under this belief is connected through projections of Gods.

The Vedic view on health includes two unique concepts: well-being and moral features. To the *Vedas*, a community state of being morally righteous and properly behaved helps an individual move forward to meet their goals. Health itself is an end, called *moksa*, and it is embodied through teleological notions (Balan, 2016, p. 28). For example, to obtain the “highest state of Brahman,” one needs a healthy body and mind, as the mind and body are instruments to attain *moksa* (Balan, p. 32). The *Vedas* show us that the health of the mind and body requires a balance of both earthly and spiritual needs. This includes a balance of diet and lifestyle by the laws of nature to help us obtain our goals of bringing health, happiness, and prosperity (Balan, p. 32). Going back to *Dharma*, liberation is a necessary factor for health. It is a teleological and spiritual liberation through knowledge that highlights moral righteousness and virtue (Balan, p. 32).

Happiness is an important virtue in Hinduism. The narrow sense of happiness is the fulfillment of selfish desires. In a wider sense, happiness is to love and be loved (Bakre, p. 13). Good health is necessary to maintain happiness, and it starts with the body. Specifically, the main parts of physical health and happiness in Hinduism, according to the *Vedas*, are diet, a daily routine, and benevolent conduct, meaning studying the *Vedas* (Pandey, 2016, pp. 40–42). A disregard for these parts is deemed as carelessness, laziness, or negligence (Pandey, p. 40). The famous Indian book, the *Kama Sutra*, has a section that specifies a proper gentleman routine in the morning and throughout the day (Vatsyayana, 2011, p. 16). The *Vedas* even include specifics for the three parts of maintaining physical health. The idea behind studying the *Vedas* as a factor of health is community. If everyone is

dedicated to the *Vedas* and studies it as a way of life, the community will better understand the health and well-being of everyone.

Health in Hinduism is a revolutionary prospect that is built on discipline and dedication to study. Happiness is therefore also discipline, where well-being is factored into health. To give and receive love requires good health for someone and the people around them. The focus on health throughout the *Vedas* is based on well-being. The *Vedas* indicate a community aspect to health and happiness that is attained through services, balancing desires with necessities, and care of the body throughout everyone. Hinduism's most unique feature is its combination of health and well-being with morality. The focus is as much on the individual person looking to improve their health as it is on the impacts their treatment will have on the community.

## Comparisons with Barnes

Buddhism and Hinduism's most noticeable commonality is that well-being is a part of health. This goes against the concepts Barnes established, as she argues for the two to be seen as distinct. For Buddhists and Hindus, when one's well-being is disrupted, the overall state of mind and being is also disrupted. This can cause breaks in routine, new desires, or even issues such as poor dietary habits. The effect may only be marginal, but as Hinduism and Buddhism show, disrupted well-being still affects health. This means thinking about the temporal properties of health and well-being.

We can utilize Barnes' soccer example. Barnes states that one can sacrifice health to increase well-being. For example, imagine someone wants to play soccer, but is more prone to injury due to age and past injuries. Barnes states that if that person chooses to keep playing anyway, it sacrifices health for well-being. Buddhism and Hinduism would disagree; they would state

that both health and well-being are disrupted. Remember in Hinduism, intellect is supposed to control the desires of the mind and body. If one properly follows Hinduism, which would mean continuing a path of accumulating knowledge, one would be able to distinguish that playing soccer is not the brightest idea healthwise. One may have great well-being in the beginning, but in the future, when an injury occurs, it will drop right with health. From a Buddhist perspective, playing soccer despite the risk would show a mental attachment to pain and suffering. Like Hinduism, it would think of the future rather than the state of positive well-being in the present.

The challenges of health and well-being are strongly divided between Western and Eastern practices. The divide is how they value and treat health, not just in its components and appendages. Hinduism and Buddhism share the quality that health, and therefore well-being and happiness, involve the whole community. Although they have different ways of experiencing and handling their health, these two cultures share a bond with health that manifests in the entire community. The holistic bonds created build community as they encourage health to be a fluid and open conception to live in harmony. Western practices are based on individual encounters with health problems that are established broadly. The community aspect of health is not emphasized, instead, the focus is specifically on how the individual feels. There are set treatments for specific illnesses, and the health practices have become so commercialized that it has become less about assisting a patient and more about selling pharmaceutical drugs. There is more emphasis on curing the current situation and less on preventing it from happening in the future (Mckee and Stuckler, 2012, pp. 238–239).

The difference between the two practices could make it almost impossible to implement knowledge from one field of practice to another. Buddhism and Hinduism are based on community values of discipline, liberation,

selflessness, and cooperation, which are completely lacking in Eurocentric practices of health. The skills and knowledge would not transfer properly or would be met with frustration or confusion as they are meant for a different cultural climate. I propose two paths to take in handling the mess of health. It is either through an acceleration of Barnes' ameliorative skepticism, or a rejection of it.

To say that there needs to be an acceleration of ameliorative skepticism means that Barnes could've gone further. In regards to health, ameliorative skepticism says that there is no coherent or non-messy way of conceptualizing health (Barnes, p. 223). This idea is like both the Buddhist and Hindu concepts of holistic treatment. Holistic treatment, as previously stated, is the treatment of a patient individually from others. Each patient, or simply, each person with a health problem, is seen only from their situation without comparison. This will push the boundaries of Barnes' ameliorative skepticism because health is not only a mess to conceptualize, but also it is even broader than she initially comprehended. The holistic approach opens new possibilities for health that focus on the intrinsic value of how a person views their health through their goals and community.

The second option is a complete rejection of ameliorative skepticism. This option would be to adopt community values of Eastern cultures that have a defined and studied definition of health in Western society. Why is ameliorative skepticism even an option when there are communities that have successfully figured out how to define and study health? There would not be a need for ameliorative skepticism in places where Hinduism and Buddhism are practiced because health already has its definition and practice that has been in effect for hundreds of years. This option would be a restructuring of the health system in Eurocentric nations entirely to a system that would establish and promote stronger community bonds. Health would be based not just on an individual suffering, but throughout the connection that has to the

environment and society altogether.

The second option is less realistic. It would completely restructure everything most people in Eurocentric areas know about health. It would be difficult to change because it would require education for decades of education to shift the culture of health. With that being said, the methods shown by Buddhism and Hinduism have been in practice for hundreds of years. They have been effective through their existence and practice into the present day. It might even be an indication that the West's inability to define health is a catastrophe in its health development.

## Conclusion

Elizabeth Barnes provides insight into the issues surrounding perspectives of health in Eurocentric contexts. Ameliorative skepticism allows for open and creative solutions on how to work with health, a concept muddled by contested definitions. While Barnes has struggled with the idea of defining health and landing on ameliorative skepticism as the solution, Hindu and Buddhist views of health have defined health and have practiced it effectively across the world for millenia. Hindu and Buddhist practices unify the concepts of health and wellness in their practices, something that Barnes had fervently argued against. Moving forward, especially with a subject as broad as health, it is necessary to compare ideas and theories through practices across the world before assigning conclusions.

If Barnes had considered the views of health models outside the Eurocentric frame, this essay would have taken a different turn. Implementing the Hindu and Buddhist concepts of health into Eurocentric models of health would open a radical conversation on the healthcare industry. Hospitals would have to function differently, medical students would have new curriculums, and present doctors would have to relearn a new culture of health to properly treat their patients. While the work to

accomplish that is monumental, it would allow patients to be treated not just in their illness, but in the future prevention of their illness. A revolutionary change in healthcare is the only way to have a societal and personal protection of health and well-being.

Eurocentric health authorities distinguish “outside” practices and views of health as “alternative” or “complementary” rather than taking on the work to implement it within their own practice. It is as if those practices are not adequate in answering complex assessments of health and well-being. The irony is that many of them have already developed systems that work to answer the questions raised by Barnes thousands of years ago. It is time to be skeptical of those who claim authority over conversations on healthcare that lack knowledge of the global, interconnected practices of health and well-being. We must go beyond the practices that remain isolated to one model of healthcare founded on notions of superiority that “other” different interpretations.

## References

Bakre, A. (2016). An Approach to Health and Happiness as reflected in the Atharvaveda. In S. Tiwari (Ed.), *Health and Happiness in Indian Tradition* (pp. 9–15). Pratibha Prakashan.

Balan, S. (2016). Vedic View on Health: Some Reflections on the Intricacies. In S. Tiwari (Ed.), *Health and Happiness in Indian Tradition* (pp. 28–38). Pratibha Prakashan.

Barnes, E. (2023). *Health Problems: Philosophical Puzzles About the Nature of Health*. Oxford University Press.

Bhargava, D. (2016). The Holistic Approach of the Vedas towards Happiness. In S. Tiwari (Ed.), *Health and Happiness in Indian Tradition* (pp. 3–8). Pratibha Prakashan.

Chaiyasuj, A. (2015). Thai Traditional Medicine in Thailand Health System. In F. Lan, F. Wallner

(Eds.), *The Concepts of Health and Disease: From the Viewpoint of Four Cultures* (pp. 293–307). Traugott Bautz.

Mahanarongchai, S. (2015). The Wheel of Life and Buddhist Understanding of Health. In F. Lan, F. Wallner (Eds.), *The Concepts of Health and Disease: From the Viewpoint of Four Cultures* (pp. 265–307). Traugott Bautz.

McKee, M., & Stuckler, D. (2012). The Crisis of Capitalism and the Marketisation of Health Care: The Implications for Public Health Professionals. *Journal of Public Health Research*, 1(3), 236–239. <https://doi.org/10.4081/jphr.2012.e37>.

Pandey, N. (2016). Divine Message of Vedas for Health and Happiness. In S. Tiwari (Ed.), *Health and Happiness in Indian Tradition* (pp. 39–43). Pratibha Prakashan.

Sirikanchana, P. (2015). Thai Buddhism on Health. In F. Lan, F. Wallner (Eds.), *The Concepts of Health and Disease: From the Viewpoint of Four Cultures* (pp. 283–292). Traugott Bautz.

Vatsyayana. (2011). *The Kama Sutra: A Guide to the Art of Pleasure* (Deluxe ed.). (A. N. D. Haksar, Trans.). Penguin Group.