

Social Externalism and Conceptual Falsehood

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Adult language users have the ability to report the content of their beliefs. Given one's cooperation and honesty, we are in a position to suspect that if a language user endorses a belief that p and is asked to assent to p , then he will. Unlike toddlers, adults are also able to say that they *believe* that p (Stich 2008, 564). These and possibly other features distinguish beliefs as *access conscious*. According to Ned Block (Block 2002) access conscious states can be described as the kind of states that are 'broadcast for free use in reasoning and for direct "rational" control of action' and speech, where 'rational' is contrasted with 'spontaneous' or 'automated' (Block, 2002, 208). In other words, when the content of a belief is available to me in an access conscious way, then I am aware of it in my reasoning across the network of consciously accessible beliefs, as well as in my actions and utterances. Thus, for instance, from a belief 'I have arthritis' and 'Jill has never been seriously ill' I might infer 'Jill has never had arthritis'. I might also comfort Jill by telling her not to worry if she suddenly starts to think that she might have developed arthritis at some point. Alternatively, she could ask me if she had ever had arthritis, to which I would reply that she hadn't.

Nevertheless, within the network of all beliefs I entertain, there may occur some false ones. For example, I might come to believe that the initial symptom of arthritis is an inflammation of the trachea and tell Jill, when she gets a sore throat, that she should visit a doctor; perhaps I would even offer to go with her. Although false, my belief appears alongside other beliefs and in a likewise manner it affects my reasoning, speaking and acting. At least until I somehow manage to verify it. Consequently, it seems natural to say that my ability to reason does not guarantee the verity of what I believe. What it guarantees is that if someone corrects me I will be inclined to accept the correction.

In what follows I will demonstrate that social externalism about mental content conceived by Tyler Burge in his highly influential paper "Individualism and the Mental" (Burge 1979) strongly denies that the ways we reason should have *any* impact on how the content of our beliefs is individuated.

A fundamental distinction Burge relies on is that between a conceptual mistake and an empirical mistake; i.e., between beliefs that are *conceptually false* because they *cannot* be true and beliefs that are *empirically false* as they *might turn out* to be true. His thought experiment describes situations in which a person makes a conceptual mistake by reporting a belief that is conceptually false.

The structure of the experiment can be summarised as follows.

(i) It is assumed of a term that it has a standard meaning, at least in the sense that the extension of the term is sharply determined. (ii) Actual users of the term are divided into two categories: experts, or the guardians of the meaning, and ordinary users. Of experts it is assumed that they know the full extension of the term, whereas ordinary users know only partial extension of the term and are involuntarily prone to transcend the extension. (iii) There is

an ordinary user who has some true beliefs with the term. Thus, it may seem that his beliefs exploit the standard meaning of the term. (iv) Now, the key fact is that the user utters a belief which is a *conceptual falsehood*. Immediately two interrelated questions arise: (A) What should be said of his true beliefs announced in (iii), i.e., what are they about? (B) What should be said about his conceptual falsehood, i.e., what is it about? There are two main possibilities. (v) One should say of the user that (A) his true beliefs, insofar as they include a term used abnormally, are beliefs whose content is non-standard. He and experts have (B) *different* concepts. (vi) It should be said that, despite this conceptual falsehood, (A) all his beliefs, including the false one, preserve the standard meaning. He and experts have (B) *the same* concept.

Now, to the question 'What is a conceptual mistake?' Burge's answer is rather vague. He hesitates between situations in which the *dictionary definition* of a term is violated and situations in which the *established usage* of the term is violated, especially if the definition does not specify the extension (Burge 1979, 78). Importantly, he suggests that we should recognize a case of the misapplication of a term by investigating the readiness of the user to adopt an attempted *correction* by the expert. If the user is easily persuaded by the expert and withdraws from making the conceptual mistake, his understanding of the term is dim but *standard*, if the user remains stubborn his understanding is clearly *deviant*. So, the fundamental problem is this: If a person makes a conceptual mistake consisting in the transcending of the standard extension of a term, is it sufficient to evaluate his understanding of the term as *deviant*? If a person makes the conceptual mistake but is *disposed* to readily accept correction, is it sufficient to say that his understanding of the term is standard? Answers bring two radical interpretations of Burge's example: the *meaning postulate* interpretation and *deference* interpretation.

1) There are two possible worlds: W_1 , which is the actual one, and W_2 - a counterfactual world.

2) The only difference between the two worlds is that by the word 'arthritis' the W_1 experts mean 'a chronic disease of the joints', whereas by the same word in W_2 , the W_2 experts mean, rather vaguely, 'a chronic disease of joints, muscles, bones, etc.'.

3) There are two persons: E_1 and E_2 who are mentally identical: they have beliefs which they express in the same sentences. Person E_1 in W_1 believes, among others, what he expresses in: 'I have arthritis in my knees'. He also utters the sentence: 'I have arthritis in my thigh'. Person E_2 in W_2 says exactly the same. Especially, E_2 also utters the sentence: 'I have arthritis in my thigh'. Later on, E_1 and E_2 meet experts. E_1 is informed that he makes a *conceptual mistake* and, *easily* surrendering to correction, stops thinking of arthritis in his thigh. E_2 is informed that his use of the term is conceptually correct (Burge 1979, 77-79).

Meaning postulate interpretation:

4a) Before correction, E_1 's belief concerning the disease in his thigh was *not* a belief about arthritis, as well as his true belief: 'I have arthritis in my knees'. E_2 's equivalent beliefs also did not concern arthritis. Correction *essentially changed* E_1 's understanding of arthritis.

After correction, E_1 's true beliefs *are* about arthritis. Nothing changed for E_2 : his beliefs are *not* about arthritis.

Deference interpretation:

4b) Before correction, E_1 's belief concerning the disease in his thigh was a belief about arthritis, as well as his true belief about his knees, just because he was *disposed* to adopt a correction. Correction *slightly modified* E_1 's understanding of arthritis.

After correction, there is no essential difference: all E_1 's beliefs are about arthritis. Nothing changed for E_2 : all his beliefs are not about arthritis.

Burge tends to stress that social factors, such as (α) meaning postulates established by experts and (β) the disposition to defer to experts on usage of terms, are what is essential to the determination of content. One should note that this version of externalism is wider in scope from mere natural kinds externalism as it has the power to demonstrate that both the content of natural kind concepts and the content of conventional concepts is determined broadly. However, it seems that Burge makes a mistake when claiming that (α) and (β) are both constitutive of his externalism, for (α) and (β) are mutually *superfluous*. It seems that if deference is crucial, violating meaning postulates becomes inessential and vice versa. Another point worth noting is that deciding whether conventional terms such as 'arthritis' are to be construed as rigid or non-rigid designators should be given careful consideration. As Burge silently accepts their rigidity, I shall set this problem aside. I will take a closer look only at the two interpretations outlined above and try to identify the right one.

Meaning postulates: A term designating a concept in the actual world rigidly designates the concept when the term picks out the very same concept in every counterfactual world. When E_1 comes to the W_1 -doctor and says 'I have arthritis in my thigh', the doctor does not treat his utterance as a *medical hypothesis* which can be confirmed or denied by some investigation. He will never say: 'Let's see' but: 'It is *impossible* that you have arthritis in your thigh because arthritis is defined as an inflammation of the joints'. This means that the doctor classifies 'I have arthritis in my thigh' as a *conceptual falsehood*. If it were classified as an empirical falsehood, such decision would be a result of investigation. When E_2 says the same, it is natural for the W_2 -doctor to react: 'Let's see' because in W_2 the utterance is an empirical hypothesis. If E_2 makes a mistake it is an empirical mistake. In W_1 'I have arthritis in my thigh' cannot be an empirical mistake, whereas in W_2 the utterance cannot be a linguistic mistake. In linguistically different worlds the utterance belongs to two different categories. In W_1 it is forbidden, in W_2 it functions in normal use. The standard extension of the term 'arthritis' decides of its correct use. Burge assumes that there is only one standard use of the term, the actual world use whose extension is determined by the meaning postulate: 'Arthritis is an inflammation of the joints'. He diagnoses that E_1 violates the postulate, whereas E_2 does not. E_2 uses the word 'arthritis' correctly but with *non-standard meaning*. From the point of view of the standard meaning, which is the only point of reference for interpretations, E_1 and E_2 both violate the standard meaning and their utterances are not about

arthritis but about a different disease. Nevertheless, E_1 is just an incompetent speaker of a standard language, whereas E_2 is a competent speaker of a non-standard language. So, it seems that the only way for E_2 to gain the concept of arthritis is to acquire the concept from W_1 in which case he would violate the non-standard meaning of W_2 .

Deference: The basic assumptions are that E_1 and E_2 live in different social environments and E_1 's environment is essentially distinguished: this is the standard environment establishing *the one and only* meaning of 'arthritis', and, that E_1 and E_2 are perfectly *deferential*, i.e., they are absolutely vulnerable to correction. How many and what sort of false beliefs they have does not matter. As perfectly deferential, they always have concepts established in their environments and the concepts of E_1 and E_2 are of necessity different just because only E_1 belongs to the actual world.

The important question now is what interpretation describes the actual Burge's view and if the interpretations mentioned are equally persuasive. Contrary to natural kind externalists who, rejecting the descriptive theory of mental content, boldly claim that what matters is the objective causal link between an object and a concept, Burge introduces a distinction between empirical and conceptual falsehood. This makes one expect that he is going to make some important use of it, namely, one anticipates the decision that making a conceptual mistake is a criterion of conceptual difference. Somewhat surprisingly, Burge is as drastic as natural kind externalists and proposes an equally radical version of social externalism, i.e., the *deference* version (Burge 1979, 84-87). If the acceptance of meaning postulates is an important measure of intellectual closeness between a subject and experts, an implication of Burge's view is that no matter how much *rationaly distant* from experts a person is, how many false beliefs he has, his beliefs preserve the standard meaning of the terms used, on condition that the person is dispositional enough. Thus Burge chooses option (vi) as the answer. The consequences are fairly counterintuitive. First, it is not easy to agree unreservedly that intellectual dependence, not to say slavery, guarantees linguistic identity; that someone who is ready to deprecate his own beliefs has the same concept as experts, even though these concepts in fact diverge. Second, in certain circumstances inferences involving 'arthritis' might yield completely different results for ordinary language users and for experts. Given such circumstances they would also generate different behaviours. To use the same example I once used, if I really believed that the initial symptom of arthritis were an inflammation of the trachea, then having found out that Jill has a sore throat, I would advise her to visit a doctor. If Burge were right and the content of my belief about arthritis were the same as that of experts, then I wouldn't be giving that advice. Well, would anyone dare stop me?

Literature

- Block, Ned 2002 "Concepts of Consciousness", in: David Chalmers (ed.), *Philosophy of Mind: Classical and Contemporary Readings*, Oxford, Oxford UP.
- Burge, Tyler 1979. "Individualism and the Mental", *Midwest Studies in Philosophy* (4), 73-121
- Stich, Stephen 2006 "Beliefs and Subdoxastic States", in: Jose Luis Bermudez (ed.) *Philosophy of Psychology. Contemporary Readings*, New York: Routledge