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GEORGES CANGUILHEM AND THE NEW 'NORMAL'

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The Normal & Its Orders

Reading
Georges Canguilhem

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Originally, I titled this chapter “Disease in the Information Age” while in America where I live less than three miles from one of the world’s premier medical centers and in the heart of Silicon Valley, a well-known catalyst for the creation of the Internet and the Information Age. Yet, after spending time in South Africa at a women’s health clinic in the notorious Khayelitsha Township bordering Cape Town proper, I renamed it, as I find it difficult to make sense of health and disease in the framework of these contrasting venues given the globalizing undertones the title “Disease in the Information Age” suggests. Nevertheless, I believe there are commonalities between such radically different contexts for health and disease that can be identified through Georges Canguilhem’s observations about the effects of information theory on the conceptual environments it has engendered.

Before making this point, let me begin by dismissing a simplistic glossing of the relationship between the modern and the traditional in which they exist on a continuum with development tracing progress from traditional healing to the high-tech conglomerate and capitalist venture

that modern medicine has become in some places. In the center of such a developmental progression we might imagine the medicine practiced in the townships surrounding Cape Town, South Africa, where traditional healing as well as Western medicine influences its inhabitants. In the women's health clinic I visited in Khayelitsha, the Swedish doctor was just one source for treating the estimated one-third of a million people in this township infected with HIV. Despite the presence of this Western clinic, anti-retroviral therapy only recently became widely available. An anxious and sometimes frenetic search for information about how to treat AIDS-related diseases continues to exist in which medical advice competes with traditional healing and daily gossip as the wellspring for cures to AIDS. Besides anti-retroviral therapy, cures for AIDS have been associated with purification and protection rituals; the ground bones of giraffes; various herbal remedies; and most horrifying, sexual intercourse with a virgin. This last notion has led to rapes of infants and young children.

These last approaches may sound more like the 'Misinformation Age,' perhaps reflective of the early development of Western medicine. We might wonder if they are not significantly different from the reliance on ideas such as the miasma of free-floating disease that existed in the West before disease became localized in the body and Rudolf Virchow's subsequent discovery of cellular pathology. The continuum model of the relationship between the modern and the traditional assumes the displacement of one, tradition, by the other, modernity. Or at least this is how the story of the development of modern medicine is sometimes told.

I will use the rest of this chapter to examine a different dialectic between the modern and the traditional in which tradition represents the aversion and opposition of what constitutes normal and acceptable modern medical science and practice while being necessary for its production. As Canguilhem stressed, "Every preference for a possible order is accompanied, most often implicitly, by the aversion for the opposite possible order."

Like some South Africans, many of us in the West also respond to disease with anxiety, although we often do so without the impending siege of death. It is in the anxious pursuit of medical information that tradition exists side-by-side with modern medicine, while also being denied by it. In what follows, I will demonstrate it is not the absence of tradition that

distinguishes modern medicine from developing world medicine, but the *sublimation* of tradition into the anxious pursuit of information about health and disease, even in the absence of illness or injury.

To make this point, I begin with the observation that the Enlightenment Project and the creation of modern societies are largely based on a cognitive revolution in which tradition has been sublimated into our emotional worlds. A rigorous division between the rational and the emotional cleaves our experience of individuation in modern societies. This does not mean that modern society lacks emotional character, but rather that its emotional character is developed in response to the aversion of tradition.

Tradition, according to the sociologist Anthony Giddens, is an organizing medium of collective memory whose "integrity" is derived from the commitment to repetition of shared practices and beliefs rather than their sheer "persistence over time." Giddens argues that it is this commitment to repetition that leads to the continual creation of tradition. When tradition is sublimated into emotions, the collective practices may be lost, yet the need for repetition continues. Giddens observes this to be the compulsive character of both modern society and our experience of individuation. He states,

The past lives on, but rather than being actively reconstructed in the mode of tradition it tends to dominate action almost in a quasi-causal fashion. Compulsiveness, when socially generalized, is in effect *tradition without traditionalism*...."

Constant compulsion leads to anxiety. Sigmund Freud made this observation in his book, *Civilization and Its Discontents*. Here, he theorized that heightened anxiety is the outcome of a civilization that relies on its members' instinctual repression for advancement and development. Today, anxiety seems to have reached epidemic proportions. In America, the diagnostic category psychiatrists and psychologists most often assign their patients is anxiety disorder, which is as likely a prevailing social condition as evidence of the presence of individual pathology. Indeed, many modern societies, if not all, are going through transformation and upheaval reflected in the increased expression of anxiety. The sociologist Ulrich Beck identifies this new era as the second wave of modernization, and others have

referred to it as the postmodern. This new era continues the sublimation of tradition, although in a context of heightened individuation, choice, and uncertainty.

Beck labels this second phase of modernization as “risk society,” in which the defining attribute is that modern society has become problematic for itself. The phrase *risk society* distinguishes the point at which the threats associated with the development of industrial societies determine the future progression of modernity. Environmental degradation, global pandemics such as AIDS and tuberculosis, econocides, diasporas, and even genocides can be linked to the industrialization of societies. These problems have become so encompassing that they have changed the path of modernization. Modern societies are now required to progress *reflexively* rather than *expansively*. Rather than conquering nature and creating alternative, assumedly controllable environments, what constitutes development, particularly in the sciences, has changed to become more dependent on social norms for the production of acceptable environments and technologies.

Furthermore, rationality in many contexts has become questionable as a foundation for decision-making. Persuasion through politics, witnessed in the proliferation of special interest groups, now holds as much sway as scientific argumentation, although the former often rely on the latter to support their positions. More often, we witness experts contradicting experts in the search for culturally acceptable solutions to the problems modernization has incurred. With the emerging uncertainty for how to proceed, we begin to witness the inversion between the modern and the traditional destabilizing. As confidence in rationality decreases, it is worth examining how we are making choices in the face of uncertainty and ask if the emotional character associated with our decision-making processes is what is often determining the choices we make.

The reflexive search for solutions extends to the process of individuation. The disintegration of certainty about the future progression and expansion of Western societies and ideology aggravates our compulsion to find, and more frequently, *create*, certainty in our individual lives as well. In few circumstances is the search for certainty witnessed with as much clarity as in the search for certainty around health and disease. Before expanding this point, a brief

comment about the relationship between the development of risk society and the dissemination and application of information theory is required, for the two are inseparable.

Of profound influence is how Claude Shannon originally developed information theory. Shannon defined *information* internally, basing it on relational differences between bits of messages without regard for the context that gives meaning to the information sent. As technologies and scientific theory became more dependent on information theory for their development, the cultural context was similarly altered. Without a consensus on meaning, and because of the emerging possibility of manipulating and reconstituting informational texts at will, a new understanding of environment as *context* emerged in which the arbitrary quality of situations and events is an operative condition of the worlds we inhabit.

In the 1960s, Canguilhem observed the impact of information theory on both the development of molecular biology and the Western experiences of health and disease. In an addendum to his book, *The Normal and the Pathological*, Canguilhem pointed out that before molecular biology, distinctions between the normal and the pathological were made by examining a person's interactions with her or his environment, and most often, it was the social environment that was most influential in determining what constituted normal behavior. In that milieu, what Beck might identify as the first wave of modernization, tradition influenced through the largely implicit expectation that social norms were the final arbiters of individual ascriptions of the normal and the pathological.

Molecular biology, however, heralded a shift in focus away from the environment to the physiology of the organism, initiating the identification of norms in the *structure* of the living being. Canguilhem identified this change as primarily a conceptual shift that occurred with the introduction of the term *hereditary biochemical error*. With the term “error,” Canguilhem stated, “a new nomenclature of disease is thus established, referring disease not to the individual considered in its totality but to its morphological and functional constituents.” As a result, the psychosocial environment was subordinated to the supposedly neutral information theoretic conception of error.

For Canguilhem, information theory implied sufferers of disease were no longer responsible for their illness, but rather were victims of fate. He stated,

Disease is no longer related to individual responsibility; no more imprudence, no more excess to incriminate, not even collective responsibility as in the case of epidemics. As living beings, we are the effect of the very laws of the multiplication of life, as sick men we are the effect of universal mixing, love and chance.

For Canguilhem, this lessened our reliance on traditional methods for organizing our behavior according to social and cultural norms. It initiated a shift from a predefined environment to a more fluid conceptual context of the individual's making. Canguilhem observed,

...the environments in which the living beings find themselves are carved out by them, centre on them. In this sense the organism is not thrown into an environment to which he must submit, but he structures his environment at the same time that he develops his capacities as an organism.

The shift to a context of our own making also increases our dependency on information about health and disease. Once again, tradition is not lost, and its impact is arguably redoubled in the information age in which anxiety about health and disease is linked to the seemingly exponential proliferation of information through the media and the Internet.

Canguilhem associated health and disease in the information age with the ceaseless search for information. Both health and disease, he observed, require moving around a conceptual space, finding the necessary information for maintaining life, while continually searching for more information. Disease, in part, is related to receiving incorrect information. According to Canguilhem, “Man makes mistakes because he does not know where to settle. He makes mistakes when he chooses the wrong spot for receiving the kind of information he is after.” Health, in contrast, is equated with the greatest amount of information with the most variety, motivated by the anxiety to keep searching.

Because of the commitment to the constant search for disease, the healthy person is not healthy in the sense of health as defined by the French surgeon René Leriche in the nineteenth century in which health is “life lived in the silence of the organs.” The individual inhabiting risk society can never abandon anxiety about being diseased. Health is known only in relation to the possibility, often statistical, of falling into disease. Canguilhem observed about this driving anxiety that it creates a new sense of disease as the lack of biological confidence in oneself. It sends the otherwise healthy person searching for the most information possible to assure that she or he is shielded from disease. Health then becomes the experience of “...an anxious quest for the greatest possible quantity and variety of information.” The person in this conceptual context could be said to suffer from *chronic health*—the new ‘normal’—for which “the menace of disease is one of the components of health.”

Michel Foucault has pointed out that to live in our world of conceptual uncertainty is not a diversion from life but rather affirms our commitment to living. In the Introduction to Canguilhem’s *The Normal and the Pathological*, he stated,

That man lives in a conceptually architected environment does not prove that he has been diverted from life by some oversight or that a historical drama has separated him from it; but only that he lives in a certain way, that he has a relationship with his environment such that he does not have a fixed point of view of it, that he can move on an undefined territory, that he must move about to receive information, that he must move things in relation to one another in order to make them useful. Forming concepts is one way of living, not of killing life; it is one way of living in complete mobility and not immobilizing life....

The problem may not be for the individual who must make a life in a context of uncertainty and choice. Rather, the threat may well lie with the institutions that must rely on individuals’ creative use of information to guide their institutional development. As Beck argues, in risk society, more often institutions appear unreal, and even anachronistic, in their programs and foundations. Not surprisingly, the tactical approach to information use and meaning-making witnessed with individuals is beginning to influence, if not at times, determine, institutional strategies for survival.

With regards to this point, I'll conclude by sharing a bit more with you about my neighborhood. Asian approaches to healing are present where I live in America. In fact, next to my neighborhood cleaners stands not one, but *two* acupuncture clinics. In response to overwhelming patient demands, the HMO that insures me recently began subsidizing acupuncture treatments at such clinics as well as massage therapy and chiropractic treatments at other local facilities. In this bricolage of health care, we might ask: *What is modern medicine? What is traditional healing?*, and sadly wonder if in the information age access to health care, like access to information, is the decisive difference between significant parts of the 'modern' West and many 'traditional' developing countries.

Endnotes

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