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Georges Canguilhem's Normativist's Perspective to Healthy and Diseased States

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Abstract: Health is a fundamental and irreplaceable value in human life and a substratum to our human existence and daily activities. Whereas other values are contingent and dependent on other higher values, some theorists do agree that health and disease and healthy and diseased states are concepts and statements of values based on our socio-cultural judgments as desirable or abhorrible conditions. Our daily experiences show that some conditions in life are neither biologically diseased, nor could they be explained by biological sciences. Therefore, several theories and theorists have inquired into some deviations, deviant behaviors and abnormalities concerning health, one of which is normativism and Georges Canguilhem respectively. Normativism and its advocates strongly defend that the utilization of the terms, health and disease reflect value judgments in which healthy states are those conditions that we desire, and diseased states, those that we want to avoid. Georges Canguilhem is an advocate of this school. He defends that "normative" in philosophy means every judgment which evaluates or qualifies a fact in relation to a norm, but this mode of judgment is essentially subordinate to that which establishes norm. Since "healthy" and "diseased" states are conditions in life, it can, therefore, be argued rightly that the concepts of health and disease are normative, judged by man in accordance with his standards and preferences. This paper examines Canguilhem's arguments for health and disease as a judgement of values from the normativists' perspective. It employed the qualitative method of critical analysis with the appendages of our understanding and use of health and disease as states of our being. The paper discovered that Canguilhem's normativist position on health centers on value as socio-cultural preference and disease as abhorrible conditions. Normativism is challenged as its weaknesses fail to explain certain deviant behaviors that are neither desirable nor pathological. Normativism is insufficient to solely explain the concepts of health and disease despite its defense.

Keywords: Health, Disease, Normativism, Georges Canguilhem, Value Judgments, Socio-Cultural Preferences, Deviant Behaviors

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INTRODUCTION

Normativism could be understood as the setting up of standard or rule of behavior. Normativism is connected to "normal" and "abnormal" which in turn could be linked to health and disease and hence, healthy and diseased states which are concerns of biology. Historically, the idea of biology as the basis for modern medicine seems to be resent. Furthermore, the understanding of the terms "health" and "disease" under which domain they fall is subject to debate and hence, has provoked speculations from many theorists. In this context, disease has much broader meaning and scope which surpasses that of the ordinary medical usage. For instance, "disease is an umbrella term that encompasses all conditions which impair health, including traumata, disabilities and minor or temporary pathology not normally considered healthy, such as bruises, short sightedness, a slight cold or tooth decay" (Kingma, 2010: 242). The above perspective cohere with the notion that disease and health have far reaching implication as noted here "Health and disease are critical concepts in bioethics with far-reaching social and political implications. For instance, any attempt to educate physicians or regulate health insurance must employ some standards that can be used to assess whether people are ill or not. Concepts of health and disease also connect in interesting ways with issues about function and explanation in philosophy of the biomedical sciences, and theories of well-being in

ethics" (SEP). This view seems to agree with the normativist's outlook. The concept reveals that although a disease or abnormal condition may remain yet occluded, it nevertheless implies that the person in such condition could be considered healthy in the strict sense of the word.

In the light of the above, the definition of health and disease is challenging and problematic in the philosophy of medicine and in bioethical studies. Accordingly, several theories including normativism, naturalism and hybrid theory among others attempt to explain these concepts. The proponents of naturalism who approach health and disease from scientific facts and theories posit that health and disease are not determined by the subjective evaluation of our physical, psychological and mental states but that it is purely matters of biological facts and explanations. On the other hand, advocates of normativism strongly defend that the utilization of the terms, health and disease reflect value judgments in which healthy states are those conditions that we desire, and diseased states are those that we want to avoid. But the hybrid theorists amalgamate the aspects of naturalism and normativism whereby their definition avoids the challenges of both naturalism and normativism and captures their virtues.

This paper argues that in the explanation of health and disease, Georges Canguilhem's arguments are

in support of normativism. These arguments are evident in his texts; *The Normal and the Pathological, Knowledge of life and A Vital Rationalist*. For instance, in *The Normal and the Pathological* Canguilhem maintains that normativity is specifically norm-establishing normativity and not norm-following normativity located within nature, revealed in biology and yet not reducible to physio-chemical mechanism. Canguilhem declaratively states that "...life is in fact a normative activity. "Normative", in Philosophy means every judgment which evaluates or qualifies a fact in relation to a norm, but this mode of judgment is essentially subordinate to that which establishes norm" (Canguilhem, 1991: 126). Since "healthy" and "diseased" states are conditions in life, it can therefore be argued rightly that the concepts of health and disease are normative, judged by humans in accordance with his standards and preferences.

The weakness of normativism lies in its failure to capture our use of 'health' and 'disease' because there is more to health and disease than understanding them just from the perspective of value judgments. This paper affirms that Canguilhem has argued for normativism. This paper provides arguments for confirming Canguilhem as a normativist in the discussion on "healthy" and "diseased" as human existential conditions.

This work proceeds as follows: 1) an analysis of the notion of normativism and Sedgwick's normativist position followed by, 2) an examination of some normativists' arguments and criticisms, 3) an examination of Canguilhem's arguments, and 4) evaluation, stating the merits and the demerits of Canguilhem's arguments and 5) conclusion.

Analysis of the notion of Normativism

Normativism is coined from the term "normal" which means that which conforms to the rule or that which is regular. Normal is that which bends neither to the left nor to the right, but which remains in a happy medium. Two meanings are derived from this explanation: firstly, normal is that which is what it ought to be. It does not deviate and has no defects. Secondly, normal, in most usual sense of the word is that which is met within the majority class of a determined kind, or that which constitutes either the average or the standard of a measurable characteristics, (Canguilhem, 1991:125). The concept of "normal" is closely associated with but opposed to anomaly- that which deviates or has deviated from the rule or the regular state.

Anomaly comes from the Greek, *anomalia* which means unevenness or asperity. *Omalos* in Greek means that which is level, even, smooth. In a strict semantic sense, anomaly points to a fact, it is a descriptive term, while abnormal implies reference to a value and it is an evaluative and normative term. From the above explanation, "normal" is equivocal because it

has more than one meaning, hence understood in many ways. In this context, its equivocality demonstrates firstly, factual evaluation and secondly, value consideration.

In philosophy, normative refers to "every judgement which evaluates or qualifies a fact in relation to a norm, but this mode of judgment is essentially subordinate to that which establishes norms. Normative, in the fullest sense of the word, is that which establishes norms. And it is in this sense that we plan to talk about biological normativity" (Canguilhem, 1991:126-127). Normativism therefore, is the philosophical school of thought or position which expounds that every judgement evaluates or qualifies a fact in accordance with norms. In philosophy of medicine, normativism as applied to the concepts of health and disease refers to our value judgments which may underlie some sociological or cultural considerations. Hence, those physiological and psychological states which we desire are called 'healthy' and those we want to avoid are labeled 'diseased' (Ereshefsky, 2009: 223). This seems to agree partially with the notion that disease is not some conditions that are permanent in one's life, but it is a process across people, it is ideas and they occurs in nuance of ways two authors agree that: one dominant strand in modern medicine sees a disease as essentially a process that recurs across individuals in slightly different forms: a disease is an abstract kind that is realized in different ways (Carter, 2003: Whitbeck, 1977). Normativists are proponents of this position, and they believe that a proper analysis of the concept of health and disease should also explain our use of the terms. Therefore, they reject the claim of objectivity and maintain that health and disease are essentially value laden.

Discussing the concepts, "disease" and "health" which implies normality and abnormality gets deeply intermingled with social and cultural standards, considerations and values instead of biological judgements alone. Conformity to social and cultural values is not reasonably thought as relevant to a model that wants to claim empirical objectivity. This normativist's position is heavily and concretely supported by Lester King and Peter Sedgwick. Peter Sedgwick is one of the influential normativists who understands sickness as a deviation from a more desirable state. He also sees illness as resulting from a compilation of gaps between the presented behavior (or feeling) and some social norm, (Sedgwick,1982: 32). This notion shall predominantly be used in asserting the normativists' position. The duo questioned the notion of disease as value- neutral instead of asserting that disease is historical and socially contingent. They, therefore, agree that facts and values are inseparable, and that all knowledge is formed by human interest of those constituting it. Our knowledge of disease and health is invested with human values which influence our thinking on this matter. The concept of disease itself is, therefore, particularly human, expressing our interest in survival

and flourishing of the human race. Disease is a peculiar human existential *modus* of comprehending living functions. To think that disease entities exist apart from our thinking is to anthropomorphize life in a quite transparent way. In his objection to the quest for causes of diseases and protection of life, Claude Bernard protests, “neither psychologist nor physicians need imagine it their task to seek the cause of life or the essence of disease. That would be entirely wasting one’s time in pursuing a phantom. The words, life, death, disease, have no objective reality” (1927: 67). This protestation explains that the reality of life, death and disease could only be intelligible when they are related to a human person. Thus, it seems to agree in a way with the condition of health and disease as value creation informed by our social and cultural standings.

In accord with the nominalist’s view, Sedgwick and King opine that there are no illness or disease in nature and that it takes a human observer to discriminate illness or diseases in nature from other sources of pains and enfeeblement. Sedgwick observed:

Out of anthropocentric self-interest we have chosen to consider as illness or diseases those natural circumstances which precipitate the death (or failure of function according to certain values) of a limited number of biological species: ourselves, our pets and other cherished livestock, and the plant varieties we cultivate for grain or for pleasure (Sedgwick, 1982: 31).

From the above standpoint, Sedgwick understands all sickness from the normative perspective, as deviance that results in undesirability as far as human life is concerned. Disease expresses the presence (of unwanted) new norm. This implies that sicknesses are not discovered but agreed upon. This position being purely normative comes against the naturalist’s *credo*.

Sedgwick further argues that instead of prescribing the natural sciences to psycho pathology, it makes more sense to reveal “the character of all illness and disease, health and treatment as social construction” (Sedgwick, 1982: 29). Furthermore, he argues that:

Each culturally specific account of illness must involve the theory of the person, of the boundaries between the person and the world outside and the ways in which adverse influences can trespass over these limits and besiege the individual. If the current theory of the person is positivistic and physical, the agencies of illness will be seen as arising from factors within (or at the boundaries) of the body; in cultures with an animalistic tradition, the invasion

will be one of the spirit or soul (Sedgwick, 1982: 35).

Sedgwick’s point is an emphasis on the position that value judgement determines what we call health or disease. Evidently, Sedgwick traverses the domain of social and cultural values to ascertain what is desirable and what is abhorred. So, fever and madness, broken limbs or broken spirit are aspects of the same normative frame, situated in one explanatory theory. Every illness expresses the same social value judgement and an attempt at explanation guides us in our effort at controlling our unwanted, undesired or disvalued condition. With this analysis, this paper progresses to examine Canguilhem’s notion and defense of normativism.

Canguilhem and normativism

In *The Normal and the Pathological*, Canguilhem situates the idea of “normal” into a set of socially constructed and historically contingent ideas. This conception of the normal is a break from the positivistic idea of the normal proposed during the enlightenment and theorized by August Comte. This is because contrary to the positivists’ criterion, normality in Canguilhem’s sense is not based on test since it has to do with value judgement.

To clarify Canguilhem’s position, Gane observes that Canguilhem’s interest in the work of Comte was not only because Comte coined the term sociology and provided it with its first content but also because it played an important role in the emergence of biological science. Gane observed that “more specifically, Comte took from Broussais’s conception of the relation between the normal and the pathological phenomenon which was to have wide ramifications in medical and sociological thought in the nineteenth century” (Gane, 2003: 126). Furthermore, Canguilhem’s renowned discussion in *The Normal and the Pathological* brings an insight into two problems which Gane cites thus: “is the pathological state merely a quantitative modification of the normal state? Do science of the normal and the pathological exists?... and the aim of the work is to provide an attack on the very possibility of a scientifically based study of pathology” (Gane, 2003:127).

Canguilhem challenged the idea that science can produce knowledge of the state which could be described as normal. He argues that the ‘normal’ state is controversial and is constantly changing. He states it thus: “the normal is dynamical and polemical concept” (Canguilhem 1991: 239). Canguilhem seems to opine from the above, that what we describe as normality is in a state of flux. This coheres with the intuition that our social and cultural values change and as such what was previously considered normal can lose its normalcy. Arguing against biological normativity, Canguilhem continues, that: a norm is in effect a possibility of a

reference only when it has been established or chosen as expression of a preference and as an instrument of a will to substitute a satisfying state of affairs for a disappointing one” (Canguilhem 1991: 240). Canguilhem further, implies by this argument that a norm is a social creation which is recalcitrant to the logic of natural science but understood in relation to other expressions of quality and value.

Furthermore, Canguilhem devotes the first part of *The Normal and Pathological* to respond to August Comte’s and Claude Bernard’s conception of science. He argues that Comte’s speculative idea of science attempts to determine the normal without offering a decisive criterion of what could be called a “normal” phenomenon. Claude Bernard on the other hand, goes on the opposite direction but came out with the same result as follows that “Claude Bernard sets out to assert not only that efficacious action is the same as science, but also, and analogously that science is identical with the discovery of the laws of phenomenon” (Canguilhem, 1991: 107), as well as “the laws and determinism of pathological facts are the same laws of physiological facts” (Canguilhem, 1991: 108). To this end, Canguilhem seeks a trajectory that will deepen and advance the method and comprehension of science that will offer it more accurate medical information, “but we want to contribute to the renewal of certain methodological concepts by adjusting their comprehension through contact with medical information” (Canguilhem, 1991: 34).

In the second part of *The Normal and the Pathological*, “New Reflection on the Normal and the Pathological”, Canguilhem started by confirming his earlier analysis of the normal. Further explaining the concept, “norm” and “normal” Canguilhem states “to set a norm (normer) to normalize is to impose a requirement on an existence It is in effect, a polemical concept which negatively qualifies... the concept of right ...quantifies what offers resistance to its application of twisted, or crooked or awkward” (Canguilhem, 1991: 239).

The following arguments of Canguilhem cohere and assert and uphold him as a normativist. He explicitly defended against the biological claims of normativity posited by August Comte and Claude Bernard that rather than being inference of positive tests, it is a preference of an accepted state of being. He argues “unlike the law of nature, a norm does not necessitate its effect. That is to say a norm has no significance as norm pure and simple A norm is in effect...a preference and the instrument of a will to substitute a satisfying state of affairs for a disappointing one” (Canguilhem, 1991: 240). Canguilhem seems to imply that since every social *cum* cultural preference for something new and possible invariably imply a rejection and aversion of the opposed one, a norm, then, is the accepted and satisfying state of being as opposed to the misnomer or the abnormal. This

argument means that a norm is a social creation which is understood only in the context of its relation and expression of other qualities and that an individual preference could change over time. This argument asserts and upholds the strength of the normativists’ defense namely, that “normal” underpins the preference of desirable value judgement to scientific evaluation. In this context, Canguilhem alludes to industrial norm and maintains that it assumes a unity of plan, direction of work and a stated purpose of material construction (1991: 245). Also referring to sanitation norm, Canguilhem states that it is the norm which determines the form of a normative decision and that such a decision is always relational, that is, in context of other norms (1991: 245-246). The argument here is that if the question of normality is relational, then there is always preference to a desired one. Canguilhem argues that norms are created in a system and can, therefore, change over time. This again explain his claim that the idea of normativity is dynamic. He avers that the conglomeration of norms creates a social system which in turn creates larger social organizations. Canguilhem’s submission here is that a norm is a social creation, and that normality is a relational concept which admits of preference based on desirability.

Additionally, Canguilhem opines that “the state of any living thing in a given situation is, in general always normal...if by the term we mean merely the absence of a previous positive condition or state” (Canguilhem, 2000: 351). He maintains that a pathological state from the biological, social and psychological points of view is not a state without norms since there is always the presence of norms in life. And that life is capable of establishing norms since life is a polarized activity and a dynamic polarity. These arguments are not referring to scientific or statistical data but values that are connected to social and cultural contexts.

Canguilhem claims that the normal has no absolute or essential meaning and for this reason, he posits that neither the living thing nor a milieu can be described as normal exclusively, but it could only be ascribed in an inclusive sense, that is by considering them in relation to other things. In biological sense, abnormality is only a possible ascription when evaluated in relation to other lives. It is in this context we can talk about pathology as abnormality. He avers, “only by considering them in relation can we maintain the guiding thread ...but even as biological invention appears to be an exception to the current statistical norm....” (Canguilhem, 2008: 127). Here, Canguilhem establishes a divide between the biological sense of normality and the statistical. Biological normality for him is informed by value judgement whereas the statistical has to do with figures which are still dependent on mutation and defined types. Further disapproving of statistical data and analysis in biological science, Canguilhem reminds us that: “it should not be forgotten that in human conditions

of life, social norms of customs are substituted for biological norms of practice (Canguilhem, 2008: 128). He strongly maintains that if anomaly, an individual variation on a specific aspect is pathological relationally, “then the problem of pathological in man cannot remain strictly biological, for human activity, work and culture have the immediate effect of constantly altering the milieu of human life” (Canguilhem, 2008: 128). Here Canguilhem’s point is that change in value caused either by human activity, work and culture certainly affects the concept of pathology and normativity. Hence, biological statistical data is insufficient to account for this. Canguilhem confirms this insufficiency by using the position of Henri Laugeir, Henry Sigerist, and Kurt Goldstein which he quoted thus: “we cannot determine the normal by simple reference to a statistic mean but only by comparing the individual to itself, either in identical successive situations or in varied situations” (Canguilhem, 2008:129). It is understood that the aim of the comparison here is to make a choice based on preferred value judgment on the different situations and at different times of the individual’s life. This indeed is a strong point for normativism. But on the other hand, Canguilhem will not deny the fact that the opposite condition is detested. What do we call it or what should we call it?

The borderline between normal and pathological is another way of dislodging the fact that “healthy” and “diseased” states among individuals considered simultaneously do not conform strictly to scientific statistics except for one individual at various times. Canguilhem asserts that “it is the individual who is the judge of this transformation because it is he who suffers from it from the very moment he feels inferior to the task which the new situation imposes on him” (Canguilhem, 1991:182). It is clear from this statement that the individual, in judging his situation would give preference and value to the desirable state and call it the normal state. With this point Canguilhem strongly espouses normativism without external relations.

The much emphasis on relational evaluation of normality by Canguilhem points to the fact that pathology does not exist in itself and that being relational, it is ipso facto value laden and that the value may be based on various variables: society, work etc. This point is anchored on this statement “there is no pathological disturbance in itself: the abnormal can be evaluated only in terms of relationship” (Canguilhem,1991:188). This means that an individual existing in any given situation in time is always normal in relation to himself.

Evaluation

Normativism derived from the term “normal” connotes conformity to rules or that which is regular. Normal refers to a condition which does not bend; neither to the left nor to the right but situates in a medium. It is that which balances. Normativism, therefore, must be

understood as the setting up of standard or rule of desirable and acceptable behavior. Furthermore, normativism is associated with the understanding and use of “normal” and “abnormal” in which this paper evaluates the conditions of healthy and diseased states. It must be emphasized that our understanding and discussion of the concept of health and disease goes beyond a simple understanding of biological functions of the human body as presented by the competent theories. To think that a healthy person is that whose systems work in accord with relevant theories can simply be referred to as “functional efficiency” (Hausman, 2015). This is a simple juxtaposition. This paper, however, tries to refute the resent historical idea which biology is regarded as the basis for modern medicine. Following this understanding of the terms “health” and “disease” under which domain they fall is subject to contention and hence, provoke speculations from many theorists. Evidently, disease has much broader meaning and scope which surpasses that of the ordinary medical usage. It is for this reason that this conception of the normal is a break away from the trajectory of the positivistic idea of the normal proposed during the enlightenment and theorized by August Comte. This is because contrary to the positivists’ criterion, normality in Canguilhem’s sense is not based on test since it has to do with value judgement in conformity with social and cultural desirability and acceptance. However, there seems to be an agreement by some schools of thoughts, for example, nominalism, which favours the understanding that there is an underlying idea that make a condition to be called disease, namely, something natural or real, but it is not a given by nature (Hofmann, 2001:220). This view could be seen to entail the position of the normativist’s school of thoughts. But Lester King posits that “disease is the aggregate of those conditions which, judged by the prevailing culture, are deemed painful, or disabling, and which at the same time, deviate from either the statistical norm or some idealized status” (1954: 197). This definition indicates that King is a normativist.

Virtues of normativism

From the above analysis, normativists believe that their approach exonerates them from standard counterexamples to naturalism and thus reflects better our use of ‘health’ and ‘disease’. This normativists’ claim is supported by the following arguments:

- 1) The desirability of a suitable behavior is the operative criterion of the normativists’ explanation of the concepts of health and disease and not the exhibition of proper biological function. A case in point here is “the brain lesion that causes gourmet behavior – a case where biological dysfunction is nevertheless viewed as healthy” (Ereshefsky, 223). In this case, while naturalism labels it diseased, normativism appeals to the desirability of gourmet behavior as the standard of judgment not whether there is proper

biological functioning. In view of this, normativism does not consider it a diseased state, therefore, counting it a virtue.

- 2) Again, the evaluation of behavior based on desirability and acceptability is normative and it is the basis of judgement. This is seen in the case of homosexuality, which was at a certain time considered diseased by the naturalists and at another time healthy. But the normativists did not consider it disease; hence, they indict the naturalists on this because they cannot account for such cases as there is no correspondent alteration in medical knowledge. Basing their argument on change in value, they explain that a change in disease designation corresponds to a change in value.
- 3) Cross-cultural disagreement is another strong point in favor of the normativists. This idea questions the disease status of this case, for example, disagreement whether attention defected behavior is a disease as there are no biological or psychological data in its support. Thus, normativists would explain that variation depends on how the state of being is valued at the time. Therefore, if the state is valued, it is not a disease but if it is not wanted, it is a diseased state.

In all, it is seen that normativists' view to health and disease, healthy and diseased state is value dependent. In other words, the normativists' position is hypothetical so long as the value is desired and accepted at the time. The hypothetical nature of the normativists' standpoint also generates some concerns for our understanding and appropriation of health and disease, healthy states and diseased states.

Weakness of normativism

Normativism, by subsuming health and disease in value judgments and desirability is susceptible to certain challenges which may be challenging to resolve. For instance, in a case which a value judgement is not desired, but we disagree about its diseased status. Normativism finds it difficult to resolve it. A case in point is alcoholism which is not a value and is not desired by a general consideration but then to call it a diseased state is equally controversial (Ereshefsky, 2009: 224). The weakness of normativism in this regard is that if there is a universal understanding and agreement about a valued and a desired state as healthy, there should also be a universal acceptance of undesired and invaluable state as diseased. Associated with this challenge are cases of obesity, theft (stealing), and promiscuity. Normativism, by describing these states as undesired cannot uncritically address them as diseased states because they are not desired.

In a case of drapetomania described by Wakefield and Murphy where slaves who tried to escape from their masters in order to regain freedom, which

were described as showing symptom of mental illness and hence, were considered by some American doctors as being sick. But drapetomania was neither a disease then nor now (Ereshefsky, 2009: 224). If the normativists would describe the slaves' action as diseased based on value judgement, it becomes controversial since we know that drapetomania was neither a sickness then nor now. If they do not, it questions and may refute the consistency of normativism as theory in this context.

Again, in the case concerning the Soviet Union official who labeled political dissidents as mentally ill, the officials called the political dissidents "sick" because they (officials) did not desire them. Could we say that the dissidents were really sick? Certainly no! But yet, normativism would exonerate the officials for calling the dissidents sick based on its position. This makes normativism problematic because it fails to account for common views and consistency of its position. As it is seen, value judgement alone is insufficient to draw a line between our description of "healthy" and "diseased" state.

This paper can draw its conclusion based on the counter positions of normativism regarding our judgements of health and disease, healthy and diseased conditions. Before then, it is necessary to question the sufficiency of the normativists' arguments to defend its judgements on health and disease. "Disease is a complex concept and does not easily lend itself to definition" (Hofmann, 2001: 211). This above view underscores the challenging position of theorists in their efforts to define disease and to state which conditions are healthy and diseased.

CONCLUSION

Canguilhem's works have been of immense value to medical anthropology and philosophy of biology and have emerged with the above movements. Canguilhem is a critic of the biological paradigm's totalizing claims. As a philosopher he engaged in discussing the question of the value of living human beings and invested in defending it against medical rationalization.

From the above textual exploration, the arguments and the analyses of Canguilhem's views on normativism, it is arguable that Canguilhem without doubt favors normativism and by so doing, he is a normativist. The virtue and strong argument of normativism bothers on the desirability of behavior anchored on value judgment as the operative criterion of explaining the concept of health and disease. He is cognizant of the understanding that values fluctuate over time. Again, value is socially created and evaluated, and it is the individual who makes a preference of one value over the other. In this way those desired by him, he calls "healthy" and those unwanted, he calls "diseased." However, normativism is still problematic for its failure

to capture a universal judgmental view to “health” and “disease.”

Canguilhem’s arguments in *The Normal and the Pathological* seek to assert that human life is value laden and should be exonerated from crass medical rationalization where he questioned the problem of pathological variation, for example, is an individual in some respect at variance with a defined statistical type, a sick individual? He claims that the challenges involved in an affirmative answer to the question is why medical rationalization is inaccurate and dangerous. He maintained this argument throughout his discussions. Canguilhem states that normality is a preference, an instrument of will, a social creation which is relational and temporal. Human activities such as, work and culture sustain effects on human life; it invariably means that biology alone cannot explain pathology in life. This conclusion makes health and disease normative; desired or abhorred, either or. Canguilhem being a normativist, and normativism as a theory does not offer a conclusive judgement on health and disease, healthy and diseased states.

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