The Depathologization of Everyday Life:

Implications for Philosophical Counseling

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ABSTRACT: Philosophical counseling offers a depathologizing practice that can benefit both the practitioner and the client. Philosopher Michel Foucault's account of biopower is a useful analytic of the psychopathologization of everyday life, and can show the social significance of philosophical practice. This essay critiques the conflation, by some philosophical practitioners, of the medical disease model and all psychotherapeutic methods. Foucault's conflation of human normativity and normalization is also critiqued. Historian of science Georges Canguilhem's alternative account of human normativity within the medical disease model is offered as an antidote to the conflations by these philosophical practitioners and Foucault. Philosophical practitioners ought to give up objectivist claims to value neutrality and acknowledge that the interventions of philosophical counseling in clinical diagnostic discourses are normative, theory-laden, and politically significant.

Introduction

The idea of mental abnormality has invaded everyday life. Some clinical

diagnostic categories, codified in successive editions of the *Diagnostic and Statistical*

Manual of Mental Disorders (*DSM-IV*) have become common coinage in our everyday

vocabularies. Cultural critic Lydia Davis remarks that although the "riddle of the human

condition has remained utterly impervious to solution," the *DSM-IV* is victorious in its

characterization of "human life as a form of mental illness" (Davis 1997, 67). Davis's

wry remark exemplifies the trend by many cultural critics, including philosophical

counselors such as Lou Marinoff, to critique the pervasiveness of mental health

diagnostic discourse in this culture. Philosophical counselor Shlomit Schuster coins the term "psychopathologization" to describe the invasion of clinical diagnostic terms into people's self-interpretations in everyday life. (Schuster 1999)

Philosophical critiques of clinical discourse take at least two distinct directions. One sort of critique assesses the diagnostic categories that are central to clinical mental health practice in the United States. These categories, codified in the current *DSM-IV*, are assessed in light of the scientific validity of their conceptual foundation and the political contexts of their institutionalization in clinical practice. (Risher and Greenberg 1997; Graham and Stephens 1994; Sadler and Wiggins 1993) Another distinctive direction of these critiques is scrutiny of the ways in which clinical discourse in general has expanded to become an American cultural ideology. (Kirk and Kutchins 1992)

The philosophical counseling movement emergent in the 1980s is premised on these critiques. It also draws from the anti-psychiatry impetus for the mobilization of deinstitutionalized mental health care initiated in the 1960s in Europe and the United States. (Kotowicz 1997) It is usefully viewed as a counter-movement to the hegemony which clinical diagnostic categories have attained in the psychopathologization of everyday life.

The assertions by philosophical counselors concerning the significance of the psychopathologization of everyday life are confirmed by a wide range of cultural theorists, giving persuasive force to its promise as an alternative to mental health practice. Many philosophical counselors who write and publish about their practice claim that they practice a "value-neutral" and "theory-neutral" dialogue with clients. They

describe their value-neutrality as crucial for "depathologizing" the client's self-interpretations and claim their stance to be facilitative of client autonomy.

In this essay, I argue that philosophical counseling offers an alternative practice that can help people who struggle with mental suffering. However, proponents such as Shlomit Schuster, Gerd Achenbach, and Lou Marinoff ought to give up these prescriptive claims to theory and value neutrality. They should acknowledge that the interventions of philosophical counseling in clinical diagnostic discourses are normative, theory-laden, and politically significant. Counseling practice should exercise scepticism toward some of the disciplinary norms of professional philosophy, seek to acknowledge psychotherapeutic methodologies that are compatible with a depathologizing practice, and integrate social theories into its depathologizing toolbox. By doing so, it can strengthen its philosophical service to its clients and justify its normative interventions.

In the next section I situate the philosophical counseling movement in relation to Foucault's account of biopower, which provides a rationale for philosophical counseling depathologizing intentions. Foucault's genealogical approach to the modern disciplines of knowledge and his notion of "care of the self" provide a social and historical context to understand the potential force of philosophical counseling practice. Foucault gives persuasive narratives about the origin of the power relations animating modern disciplines of knowledge. His account provides an explanatory framework for Schuster's and Marinoff's assertions regarding the psychopathologization of everyday life. The description of biopower also implies that philosophical counseling practice is inherently normative, politically significant, and theory-laden.

Foucault on Biopower

Genealogies, or "historical ontologies," are historical analyses of how people in the present have come to exist in the manner that they do, and how they have come to be constituted in relation to systems of power, knowledge, and ethics. Foucault views *The Birth of the Clinic* as a genealogy of how people exist in relation to truth as they are constituted as subjects in relation to medical knowledge; *Discipline and Punish* as a genealogy of how people exist in relation to fields of power by which they are constituted as subjects acting on others; *The History of Sexuality* as a genealogy of how people exist in relation to ethics through which they are constituted as moral agents. (Foucault 1984)

His shift from the "archaeological" narrative in *Madness and Civilization* to genealogy embodies a shift in the direction and focus of his analysis. *Madness and Civilization* argues the privileged role of Reason as the nonsubjective, historical intentionality of European practices of confinement. The story of Reason is told through its instantiations in these practices; the archaeology of unreason as the "other" of Reason in European history is revealed in the telling. His subsequent genealogical accounts replace the account of Reason and its "other" in *Madness and Civilization*, with an analytics of power that identifies "domains" formed by relations of power. These domains are specific historical milieus that are characterized with respect to specific clusters of institutional practices, ideologies, sociopolitical events, and economic processes. All, conceived as forces, interact in multiple modes of conflict, mutual reinforcement, reaction, or autonomy.

Foucault prefers to call these descriptions "analytics" of power rather than "theories" of power. He faults most theories of power in their tendency to assert relations of force as directly observable and for their uncritical acceptance of the Western tradition

of juridical-political discourses as the primary objects of examination. His analytics of

power rejects this approach as anachronistic for characterizing modern domains of power

relations. Rather, he identifies new mechanisms of power - "biopower" - which are in the

process of supplanting or subsuming the older domains of juridical-political discourse.

These new mechanisms of biopower are not all directly observable; some can only be

inferred from the characteristics of the domains themselves; hence Foucault's use of the

term "analytics" to describe his approach. (Foucault, 1999) In this regard, he comments

that "a demanding, prudent, 'experimental' attitude is necessary; at every moment, step

by step, one must confront what one is thinking and saying with what one is doing, with

what one is." (Foucault 1984, 374) Theoretical elaboration requires self-reflection,

because theories have political implications and a certain amount of social force.

Foucault claims that theories are a dynamic part of specific domains: molded by and

contributing to specific clusters of forces.

A relevant example of a domain formed by biopower is given in "The Dangerous

Individual," Foucault's 1978 address to the Law and Psychiatry Symposium at York

University, Toronto. (Foucault in Kritzman, 1988) In this lecture, Foucault uses his

genealogical approach and his analytics of power with respect to problems raised by the

increasing intervention of psychiatry into law in the twentieth century. He points to

several important criminal cases of "homocidal mania," which, in nineteenth century

France, represented a new category of crime in which certain criminal acts were argued

to be insane by virtue of their lack of motive or reasons and the excessiveness of their

violence. Psychiatric experts consulted by the judicial system urged the equation of

insanity and criminality in "homocidal mania," a category simultaneously psychiatric and

juridical. Foucault notes the use of confessional practices in trials of this kind, in which the latent homocidal tendencies of the character of the defendant became a legally legitimate source of criminal liability. Assessments of the dangerousness of the defendant's character through the use of psychiatric interrogation became a standard part of trial procedure, in addition to prior processes of determining penalties based on evidence for the offense construed as criminal action. Foucault notes that these cases ambiguate legal concepts of responsibility, motive and reasons in criminal offenses. But the most significant of his remarks for this essay is his sketch of the intervention of psychiatry as a medical discipline into the juridical system, which represents a historical moment of a larger domain that is in the process of social consolidation in the nineteenth century - termed "biopower" in *The History of Sexuality*.

Foucault claims that biopower's expanding domain is the cause of the growing capacity of psychiatric medicine to gain a permanent foothold in the criminal justice system. This expanding network of forces is aimed at the scientific, economic, and political management of the life of populations. Foucault describes the uneasy convergences of classical religious moral norms and modern rational-empiricist scientific models of knowledge, from the seventeenth century to the present. For example, Christian confessional practices - once regulated by the Church - are increasingly absorbed by the emergent social science disciplines. The social functions of confessional practices are absorbed by the scientific use of case studies and questionnaires for the scientific purposes of classifying demographic groups, measuring populations, and the nosological classifications of personality types. Foucault regards the institutionalization of these strategies of management and control as a deployment of biopower that overlays

and partially subsumes, without entirely negating, the prior entrenched strategies of juridical power. In this account, the psychiatrization of crime is a recognizable tactic within the broader deployment of biopower in eighteenth and nineteenth century Europe. This deployment gains momentum from an amalgamation of institutional forces and social needs generated by the growth of capitalist industrialist economies.

According to Foucault, the consolidation of psychiatry as a medical discipline in the nineteenth century is premised on numerous institutional and discursive antecedents. Preeminent among these is the vicissitudes of the social uses of the asylum documented in *Madness and Civilization*. In *Madness and Civilization*, Foucault locates the figure of the nineteenth century psychiatrist as a moral gatekeeper to the asylum and mystified potentate-mediator of the self-knowledge of the mentally ill client. This curious social role is the result of psychiatric convergences with the social and symbolic dimensions of the asylum. The asylum had functioned during the classical age as confinement for dangerously idle elements of the population, and morally as the containment of "contagious" immoral human qualities such as sloth and impurity. In the late eighteenth century, madness had become synonymous with the asylum itself. The religiously moralistic and patriarchal innovations of Tuke to reform the asylum structure were part of an overall medicalization of asylum space that occurred as that institution became peripheral to other increasingly hegemonic types of social management of populations. Medical and scientific discourses of heritable degeneracy, religious and moral norms that uphold the patriarchal family structure, combined with the symbolic convergence of asylums with madness. These convergences provided ballast to the physician's moral and scientific authority. Foucault writes, "What we call psychiatric practice is a certain

moral tactic contemporary with the end of the eighteenth century, preserved in the rites of asylum life, and overlaid by the myths of positivism." (Foucault 1988, 276)

Contemporary mental health clinical discourses perpetuate some of these convergences: the psychiatrization of judicial procedures and the moral prestige and scientific authority of the clinician. Psychiatric practice is viewed by Foucault as part of an overall deployment in which the individual is increasingly typologized by the nineteenth century explosion of disciplines of knowledge. According to Foucault, sexuality became the arena which focused the eighteenth century strategies for typologizing individuals. He sees this in various tactics, for example, those that thematize the hysterization of women's bodies, the pedagogical regulation of children's bodies and desires, the judicial regulation of procreative behavior, and the psychiatrization of "abnormal" desire. These tactics are unified by regulatory practices exercised by disciplinary institutions that "normalize" or regulate individuals. He writes, "a normalizing society is the historical outcome of a technology of power centered on life." (Foucault, 1999, 144)

Foucault's analytic of biopower casts light on the normativity of contemporary mental health diagnostic discourses. His analytic emphasizes that contemporary clinical diagnostic practices are not only normative in the disciplinary sense of incorporating certain standards and ideals, but normalizing in their impetus and effects, utilizing specific regulatory techniques of biopower. Foucault's analytic tend to conflate the two, for he sees disciplinary normativity as ensconced within, and molded by biopower's normalizing reach. Foucault's rhetoric in some of his texts occasionally suggests a social

determinist verdict. Counter-hegemonic practices necessarily are contaminated by the very regulatory mechanisms of biopower that they oppose.

A significant implication of this account is that the counseling practitioner who intends to counteract by her practice the domain within which her practice is exercised, is invited to extraordinary self-reflection. Rather than settling this issue for readers of Foucault, I bring forward this dilemma as a pervasive question that should explicitly haunt philosophical counseling practice. If honestly confronted, it is a dilemma that cannot be resolved by philosophical counselors' reliance on objectivist disciplinary norms of philosophy that imply the counselor's god's-eye view of the ethical and political context of client-counselor dialogue. In short, philosophical counseling practice cannot suspend, by theory-neutral and value-neutral philosophical commitments, the domain within which the psychopathologization of everyday life is countered by their practice. Rather than a suspension of the dilemma, Foucault imagines the experimental strategy of self-care that is directly relevant to philosophical counseling practice, elucidated in the next section.

The Case Against the Use of Psychotherapeutic Methods

The psychopathologization of everyday life of concern to philosophical practitioners dovetails with Foucault's description of the normalizing tendencies of the psychiatric and psychotherapeutic disciplines. It is worthwhile to review the elements of culture found problematic by philosophical practitioners such as Schuster and Marinoff. With this review, we are in a position to understand the counselor's intention to embody depathologization as part of her practice. Using the explanatory depth of Foucault's analytics of biopower, we can grasp the difficulties and importance of the task of

depathologization in the self-reflections and case studies offered by philosophical practitioners. This discussion does not assume that depathologization is, or ought to be the only aim of philosophical counseling practice. Rather, the analytic of the psychopathologization of everyday life can be beneficial by helping to clarify the significance of this social dynamic to the practice. This clarification opens ways to take responsibility for, without entirely resolving, the implicit dilemma that the analytic poses for the practitioner-client relationship.

Philosophical counselors are joined by many social theorists in their indictment of the ways that clinical discourses have permeated our everyday lives. The disease model of mental illness is typically identified by many social theorists as the major culprit whose influence has pathologized our attitudes toward ourselves and others. These critiques of the disease model of mental illness hold that the diagnostic classification system, codified in the vocabulary of syndromes and disorders in the *DSM-IV*, is fraudulent in its pretensions to a scientifically-grounded nosology. Critics point out that the *DSM-IV* is ontologically and ethically wrong-headed to view mental suffering as a disease entity inhabiting persons - to be pharmacologically and psychotherapeutically treated. For example, feminist cultural critic Elayne Rapping remarks,

> The centralized but multi-faceted addiction empire is remarkably inventive in its
> ability to sort out issues of terminology and money in ways which provide ever
> new ideas about steering people into profitable treatment centers. (Rapping 1996,
> 88)

Rapping's indignation about the vocabularies of addiction and the vested health care and insurance interests in this diagnostic discourse is echoed by anthropologist Tanya

Luhrmann's apprehensions concerning the general ubiquity of the disease model of mental illness. "Psychiatric knowledge," she writes, permeates our culture like "dye from a red shirt in hot water." (Luhrmann 2000, 20) Luhrmann evaluates the disease model of mental illness as a "tremendous asset in the fight against stigma and the fight for parity in health care coverage." But she objects that

> to stop at that model, to say that mental illness is nothing but disease, is like saying that an opera is nothing but musical notes. It impoverishes us. It impoverishes our sense of human responsibility." (Luhrmann 2000, 266)

Bioethicist Carl Elliott laments the incursion of objectivist ways of conceptualizing the person at the heart of clinical and bioethical case studies, and the normalizing uses of psychopharmacology. Elliott argues that insofar as bioethicists concede to the disease model in their moral deliberations, they are susceptible to the danger of

> widening the gap between art and life still further, of inventing creatures who live only in the pages of philosophy textbooks and medical journals, and whose world bears little resemblance to the world that we actually inhabit. (Elliott 1999, xvi)

We see that many contemporary critics of the mental health industry aim their harshest indictments at the psychiatry profession. Legal theorist Donald Downs, in his analysis of the legal uses of the battered woman syndrome, criticizes this psychiatric hegemony in the judicial and health care system. He shows its political success as the leading medical association that sets the norms and legitimacy of mental health education and practices, and the merger of the profession's use of *DSM-IV* diagnostics with health insurance coverage and judicial deliberations. (Downs 1996)

Many philosophical practitioners are wary of the ways that psychotherapies, no matter how theoretically eclectic, may be under the sway of the disease model in their approaches to the client-therapist relationship. Marinoff and Schuster argue that the disease model of mental suffering not only pervades the pharmacologically-driven practices of psychiatry, but psychotherapeutic methodologies as well. Marinoff argues that the proliferation of diagnostic categories with each successive edition of the *DSM-IV* has made America into a "therapeutic society," exploited by the health care industry, insurance companies, and the psychopharmacology industry. He shows that a veritable "zoology" of so-called mental disorders is the result of the sort of fallacious thinking evidenced in the circular definitions typically used to understand mental health syndromes. Although the medical-psychiatric profession documents hosts of syndromes, calling something a syndrome does not guarantee that the organic basis is known. The results are what "masquerades as serious science today," epidemics of disorders which correlate with the marketing campaigns of drug companies and lucrative, insured treatment programs by specialized medical clinics. (Marinoff 1999, 29)

This proliferation of diagnostic categories is perceived by both an analytics of biopower and these philosophical practitioners to create a citizenry that has incorporated views of the self debilitated by mental diseases which are named by the specific parlance of syndromes or personality disorders. Schuster claimss the psychopathologization of the self has incarnated a therapeutic that assumes mental suffering is caused by psychological syndromes, disorders, or organic abnormalities that are manifested by symptoms. The concept of mental illness perpetuated by the disease model enforces a reductive view of personal identity: one *is* one's neurosis or personality disorder. (Schuster 1999) Other

philosophical practitioners agree that psychotherapeutic concepts are hostage to the medical disease model, positing psychological processes and mental entities inaccessible to the client's conscious control, which require the interventions of the medical expert to cure. (Lahav 1995; Mijuskovic 1995)

It follows from this conceptual anchoring of psychotherapeutic discourses within the constraints of the medical disease model, that efforts to help someone back to mental health are corrupted by the medical disease model's normative definitions of mental health. To psychotherapeutically treat a client is, even against the counselor's best intentions, to assist in the normalization of that person's behaviors, attitudes, and self-concepts. In this regard, Schuster argues that the hegemony of therapeutic techniques in employment practices, education, medicine, and the judicial system is such that freedom from the influence of "clinical intelligence" and its "social verdicts" is a significant human rights issue in the twenty-first century. These techniques, including diagnostic tests, questionnaires, and clinical interviews, exercise an authoritarian pattern of communication between the client (cast as the unknowing and helpless party to her or his diseased personal identity), and the therapist (cast as the expert whose interventions will normalize the client). So, these philosophical counselors prescribe for their philosophical practice a radical rejection of these dimensions of clinical discourse, even to the point of radically suspending any methodological approach whatsoever in their practice. (Achenbach 1995, 68)

Philosophical dialogue is asserted by philosophical practitioners to be a preeminently depathologizing way of helping people. Marinoff emphasizes that the goal of philosophical counseling is to help clients find philosophical approaches that are

compatible with their own belief system yet "consonant with time honored principles of wisdom that help to lead a more virtuous and effective life." (Marinoff, 1999) Both the counselor and the client are mutually involved in an ongoing process of developing "functional philosophical dispositions" toward concrete situations in their lives. Such dispositions are based on the open consideration of many interpretations of the problematic situation, and the reasoned, informed choice by clients of those interpretations which are most prudent for them. (Marinoff, 1999)

Practitioners Ran Lahav and Maria Da Venza Tillmans call their approach "worldview interpretation," in which the client's beliefs, actions, emotions, decisions, and plans are explored by the use of critical thinking. Most clients will have a retinue of psychotherapeutic interpretations of her or his problem to be critically examined, using non-psychotherapeutic, philosophical methods that frame the client's problem differently. Such methods can include ethical or aesthetic theories which appear relevant to the problem, conceptual clarification, existential analysis of emotions and situations, logical or linguistic analysis of the client's utterances, and more. The purpose of worldview interpretation is to enrich the client's network of interpretations and meanings that encompass her or his way of conceiving and assessing the problem. (Lahav and Tillmans 1995)

Practitioner Shlomit Schuster emphasizes the depathologizing impetus of identifying, through philosophical means, the nature of clients' problems. She describes philosophical counseling as instantiating hermeneutics, in which the meaning and significance of the clients' situation is explored by finding affinities between clients and those philosophical communities which they choose through this analysis. All these

descriptions of philosophical counseling emphasize the responsibilities of the counselor to provide a respectful, confidential, empathetic, and reassuring context for these discussions. Philosophical practice claims a position of neutrality rather than polemical opposition to clinical discourse. Schuster describes this as a desirable "no man's land" between diagnostic views, free interpretations, between medicine and ethics. (Schuster, 1999)

Some False Assumptions

The foregoing accounts by philosophical practitioners argue that psychotherapeutic discourses are normatively constrained by the medical disease model. First, these critiques implicitly assume that *all* psychotherapeutic methods import normalization into the counselor-client dialogue. These critiques imply a social determinist view of psychotherapeutic counseling interventions, insofar as they assume that *all* psychotherapeutic interventions *cannot be* counter-hegemonic practices because of the causal force of the medical disease model on their interventions. This assumption appears counterintuitive in light of the persuasive evidence for the vast plethora of psychotherapeutic methods that intentionally resist the medical disease model and employ practical and, even philosophical interventions designed to circumvent this ideology. (Raabe 2001, 79-106) Secondly, descriptions of what is acceptable in philosophical counseling – worldview interpretations, existential analysis, critical thinking, linguistic and conceptual analysis, empathic listening, hermeneutics – assume that these acceptable elements are free of the dilemma imposed by the psychopathologization of everyday life, hence of the normative force of the medical disease model. This assumption is self-defeating, for it implicates philosophical

counseling as a fellow hostage to biopower, unless philosophical practitioners can show how it is that these, or other putatively acceptable elements of their practice are immune to normalization as a force with which to reckoned.

Even Foucault would deny these assumptions, insofar as his analytic of power relations proposes that there are forces which are enacted in various modes of divergency from clinical norms. In his genealogy of ethics, Foucault describes ancient practices of the care for the self, exemplifed by the Stoic tradition. He characterizes the principal aim of Stoic ethics as the individual choice of an aesthetic of existence: one's relationship to oneself is chosen in relation to a creative ideal. (Foucault in Rabinow 1984) Although Foucault dismisses the idea that we can or ought to nostalgically imitate Stoic practices, he argues that we can benefit from such a historical analysis in the sense of recognizing that there are techniques and philosophies of self-care from other epochs which are useful to our critique of clinical discourses. This point is concretely elaborated in the philosophical counselor-client relationships that are currently practiced. Some philosophical counselors concur that many of these historical resources can be revised and adapted to be beneficial measures in the present. (Raabe 2001, 43-55; Jenkins 2001) Foucault points to the possibility that we can constitute ethical practices in relation to ourselves and others which are not completely circumscribed by the normalizing discourses of the social, legal, or health care institutions of our time.

Foucault imagines non-clinical dialogues which are constituted by philosophical principles of reciprocal elucidation, in which both dialogue participants recognize the immanent rights of each to examine the other's expressions with the tools of critical reasoning. He writes,

The person asking the questions is merely exercising the right that has been given

him: to remain unconvinced, to perceive a contradiction, to require more

information, to emphasize different postulates, to point out faulty reasoning...

(Foucault in Rabinow, 1984: 381)

The contemporary philosophical counseling movement borrows these Foucaultian themes

to advocate philosophical dialogue as a way of helping others who experience mental

suffering. Philosophers such as Fiona Jenkins find Foucault's notions of an ethics of

self-care to be a resource for imagining a depathologizing dialogue. (Jenkins 2001) As

Jenkins shows, there are significant social and political effects associated with this work,

although those effects are not easily predicted or immediately identifiable.

Foucault's militaristic rhetoric in his descriptions of the force of philosophical

practice as a strategy within an overall deployment of power may detract, for some

readers, from the dimension of human relationships that is most important to some

practitioners: the dimension of philosophical friendship and love. (Schuster 1999) To

some, philosophical counseling ought to cultivate caring relationships with people;

relationships based on philosophical dialogue, intellectual and personal autonomy, and

respect for the other's philosophical outlook and interests. Clearly, Foucault's concrete

descriptions of an ethics of self-care dispense with militaristic metaphors at the level of

person to person philosophical dialogue. The most important reason why philosophical

counseling needs to remember its location within a Foucaultian analytics of power is to

be able to consistently adhere to and comprehend the dilemma and the task of

depathologizing the background beliefs and attitudes of the counselor and the client.

Critique of Foucault's Concept of Normalization

Foucault does not provide a distinction between his concept of normalization and human normativity. He allows some recognition of human normativity in his remarks on ethics, when he advocates practices of the "care of the self" by which individuals strategically loosen the constraints of the disciplinary norms of biopower. Philosophical counseling practice requires an account of its normative interventions that counters the social determinist implications of Foucault's concept of normalization.

Foucault's view of ethical practice seems to pit individual agency against systemic social forces, with no mediating social structures such as oppositional communities gathered by ethical and political affinities. Also, unlike existentialist views of human freedom, Foucault does not provide a positive ontology of human nature that describes the possible range and qualities of human freedom in ethical life. Rather, through his genealogical sketches, he shows social ontologies of the forces which circumscribe and mold human agency: a vivid social determinist potrayal. Insofar as philosophical practitioners presumably would separate their normative activity from normalization, the negative implications of his account should be addressed by an alternative standpoint. Clearly there are many alternative interpretations of human normative activity that can be part of the transformative dialogue in counseling sessions. But this essay seeks an ontological account of human normativity that dislodges Foucault's implied social determinism, within the same conceptual framework of biopower that he has posited.

Foucault's conflation of normativity and normalization is challenged by historian of science Georges Canguilhem's effort in *The Normal and Pathological* to denaturalize the concepts of disease and pathology in the biological sciences and medicine.

Canguilhem joins Foucault in revealing, through analysis, how certain scientific methodologies and concepts become the common coinage of the biological and medical professions. Canguilhem demonstrates the naturalized or self-evident status of the "normal" and the "pathological" as the historical effect of institutional standards and practices in pedagogy, physiology, biology, and medicine.

Canguilhem's overall thesis is that the dichotomy of the normal and the pathological can be dislodged by uncovering the medical disease model's original dependency on the patient's evaluative capacities. He posits "biological normativity" in which human volition is viewed as inseparable from organic preferences. By biological normativity, Canguilhem means the organism's capacity to prefer certain conditions of existence and to initiate conditions that will support the organism's preferences. He argues that science is influenced by the encounter of clinical work with disease. In the clinical encounter, "disease" is apprehended as the reduction of the plurality of the organism's norms to less than that plurality, by obstacles such as trauma, organic malfunctions, pain, and other forms of physiological *pathos* experienced by individuals. Canguilhem notes, "disease is characterized by the fact that it is a reduction in the margin of tolerance for the environment's inconstancies." He describes sickness in this regard as the diminished capacity to be normative.(Canguilhem 1991, 199) He writes

> Man feels in good health - which is health itself - only when he feels more than
> normal - that is, adapted to the environment and ist demands - but normative,
> capable of following new norms of life...man feels supported by a
> superabundance of means which it is normal for him to abuse. (1991, 200)

Although scientific methodology is putatively value-neutral in its experimental method, its legitimation of concepts of the "pathological" smuggle in the norms of clinical practice (the problem of disease) into its research designs. Pathology, with its etymological roots in the biologically normative experience of suffering, is the core of disease concepts. Thus, according to Canguilhem, there would be no science without clinical knowledge.

Although disease concepts form "judgments of virtual value," the virtuality of medical values originate in the values specified by the multitude of concepts of existence by which people live. He explains,

> As an expression of human biological normativity, not only do individual variations on the so-called civilized white man's common physiological "themes" seem interesting, but even more so are the variations of the themes from group to group, depending on the types and levels of life, as related to life's ethical or religious attitudes, in short, the collective norms of life. (1991, 165)

Canguilhem disputes that there is any legitimate consensus in medical knowledge about whether human norms of health and pathology are determinable with respect to statistical frequency, averages, or anomalies. He reviews "normality" as a polysemous expression with many different connotations and disciplinary formations in the history of science, and asserts "If the normal does not have the rigidity of a fact of collective constraint but rather the flexibility of a norm which is transformed in its relation to individual conditions, it is clear that the boundaries between the normal and the pathological becomes imprecise." (1991, 182)

The twentieth century has naturalized the heterogeneity between normal and pathological states, masking conceptual conflicts within the medical model of disease. Canguilhem debunks this heteroegeneity, noting

> the pathological is one kind of normal. Being healthy means not only normal in a given situation but also normative in this and other eventual situations. What characterizes health is the possibility of transcending the norm, which defines the momentary normal, the possibility of tolerating infractions of the habitual norm and instituting new norms in new situations. (1991, 196-197)

To depathologize everyday life, it is useful to recognize the artificial, rather than natural character of the commonly held distinction between the pathological and the normal.

Canguilhem's insight is compatible with Foucault's analytic of biopower. But his evaluation and redefinition of the concepts of health and sickness within clinical discourses provide a more substantive account of the embedded human normativity in scientific determinations of clinical concepts of sickness and health. His extended considerations of how "health" and "pathology" are concepts that are naturalized by clinical discourses lead us away from a polemical conceptual split discernible in Foucault's analytic of power. The split is between, on the one hand, clinical discourses and the medical disease models upon which they rely, and on the other hand, normative paradigms of human agency that reject the implicit ontologies upon which medical disease models are based. It is possible to recover normative capacities, in Canguilhem's sense, by philosophical conversation of a denaturalizing bent, about those particular clinical descriptions which have contributed to the creation of one's self. Putting

Canguilhem's analysis in their toolbox of critique, philosophical counselors can improve their efforts to depathologize themselves and their clients.

Dispensing with Philosophical Purity

Lacking in philosophical counseling literature is a concerted critique of the disciplinary norms of North American and European academic philosophy. The most challenging critique is offered by Schuster, who argues that the *ethos* of philosophical practice must differ from academic philosophy insofar as it must include the qualities of friendship and love on a concrete level of helping others. This ideal of helping others which is the core of philosophical practice is a sharp divergence from the disciplinary norms of western academic philosophy.

But philosophical counselors need to take account of the challenges by feminist, multicultural, and other social theorists to some of the dualisms that are endemic in the discipline of philosophy: mind/body, human being/nonhuman being, human/nature, rationality/emotion. Schuster's prescribed "no man's land" of theoretical neutrality is a remnant of these disciplinary norms. The western philosophical tradition has raised to a normative pinnacle the ideal of decontextualized objective rationality; a norm that is detrimental to the depathologizing impetus of philosophical counseling. This tradition has received the most compelling evaluations from feminist and multicultural theorists who have examined the hierarchical concepts that constitute putatively "objective" thought.

Contrary to Schuster's characterization, critical engagement with social theory and psychotherapeutic strategies can indicate an open field of self-inquiry. This field, in which nothing about oneself is considered off-limits to critical thinking, can encompass

literatures that are potentially oppositional to oppressive disciplinary norms.

Practitioners need to shun philosophical disciplinary norms that decree a disengagement

from the analysis of power relations, especially with respect to race, class, gender, and

the histories of colonial and imperialist domination. This disengagement deprives the

counselor and client of the rich array of cultural criticism that has, in recent times, altered

the disciplinary norms of philosophy itself. More importantly, this literature is

incorporated by psychotherapeutic work that attempts to integrate considerations of how

social subordination and marginalization in its myriad forms function to induce and

exacerbate mental and emotional suffering. These psychotherapeutic efforts are arguably

a significant contribution to the depathologization of everyday life. Ignoring them

seriously hampers the work of philosophical counseling. For example, feminist

psychotherapist Laura Brown explains

> a feminist model of psychopathology requires reliance on a wide variety of
>
> sources, including life stories as told by people from diverse and marginalized
>
> groups within a culture and data collected outside the framework of logical
>
> positivist empiricism. A challenge to taken-for-granted notions regarding health
>
> and illness is a central aspect of this undertaking, which asks: Who is benefited
>
> and who is harmed, in the greater social context, by a behavior being labeled as
>
> pathological or normal? Feminist models of pathology analyze the political
>
> significance of certain explanatory fictions and attempt to discover whether a
>
> particular frame for understanding behavior risks the further oppression of groups
>
> in the culture who are already at risk because of devalued social status. (Brown
>
> and Bailou 1992, 114)

The misrecognition of psychotherapeutic methods of resistance to normalization that is promoted by some philosophical counselors all too often rests on unexamined objectivist expectations that human self-knowledge can proceed solely by logical examination of the client's beliefs. If, by "value neutrality," philosophical counselors mean a quality of thought achieved by the suspension of the critical encounter with the diverse approaches and theories to mental suffering that exist, then this is a quality that comprises their task. A feasible sense of value neutrality is the state of mind which remains vigilant toward the ways that disciplinary normalization impedes the exercise of human normativity. This type of value neutrality is an essential part of the depathologizing toolbox compiled by philosophical counselors and others who battle the sinister encroachment of psychiatric diagnoses. This battle's larger stakes are conclusively expressed by sociopolitical perspectives on the successive editions of the *DSM-IV*,

> Like sexist beliefs, like the belief that the poor are responsible for their own poverty, so the belief that there are underlying, internal organic (though as yet undiscovered) causes of mental illnesses that is part of the broad organized attitudinal structure that absolves all of us from the need to correct the injustices that lead to emotional distress by blinding us to the power of social injustice. (Rothblum et. al. in Millon 1986, 170)

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