

The Normal and the Pathological

A physician's thought and activity are incomprehensible without the concepts of the normal and the pathological. Yet a great deal is needed in order for these concepts to become as clear to medical judgment as they are indispensable to it. Is "pathological" the same concept as "abnormal"? Is it the contrary to or the contradictory of "normal"? Is "normal" the same as "healthy"? Is "anomaly" the same thing as "abnormality"? And what are we to think of monsters? Supposing that the concept of the pathological could be adequately delineated from its related concepts, would one consider daltonism to be a pathological situation on a level with angina pectoris, or blue baby syndrome with malaria? Would one believe that, other than the mere identity of the adjective that qualifies them in human language, there exists an identity between an infirmity within the order of the life of relation and a permanent threat to vegetative life? Human life can have a biological meaning, a social meaning, and an existential meaning. In an assessment of the modifications that disease inflicts on the living human

being, all these meanings can equally be retained. A man does not live only like a tree or a rabbit.

The ambiguity of the term *normal* has often been noted. Sometimes it designates a fact that can be described through statistical sampling; it refers to the mean of measurements made of a trait displayed by a species and to the plurality of individuals displaying this trait—either in accordance with the mean or with certain divergences considered insignificant. And yet it also sometimes designates an ideal, a positive principle of evaluation, in the sense of a prototype or a perfect form. The fact that these two meanings are always linked, so that the term *normal* is always unclear, comes out even in the advice we are given to help us avoid this ambiguity.¹ Nonetheless, it is perhaps more urgent to look for the causes of this ambiguity in order to understand its renewed vitality and to take from it lessons rather than advice.

What is fundamentally at stake is as much the object of biology as of the art of medicine. In his *Recherches sur la vie et la mort* (1800), Bichat locates the distinctive characteristic of organisms in the instability of vital forces, in the irregularity of vital phenomena—in contrast to the uniformity of physical phenomena.² In his *Anatomie générale* (1801), he remarks that there is no pathological astronomy, dynamics, or hydraulics, because physical properties never diverge from their “natural type” and thus do not need to be restored to it.³ The essentials of Bichat’s vitalism lie in these two remarks. But since for the last hundred years or so to call a medical theory vitalist has been to disparage it, these remarks have not been given the attention they deserve. However, it is time to be done with the accusation of metaphysics (hence of fantasy, if not worse) that still pursues the vitalist biologists of the eighteenth century. In fact—and we could easily show this on another occasion—vitalism rejected two metaphysical interpretations of the causes of organic phenomena: animism and mechanism. All the eighteenth-century vitalists were Newtonians, men who resisted hypotheses about the essences of phenomena and thought they had only to describe and coordinate effects as they perceived them, directly and without bias. Vitalism simply recognizes the original aspect of the vital fact. In this sense, Bichat’s remarks linking the two characteristics of irregularity and pathological alteration to vital organization as a specific fact appear to us worthy of careful reconsideration.

In essence, the question is whether, when considering the living being, we should treat it as a system of laws or as an organization of properties, whether we should speak of the laws of life or of an order of life. Too often, scientists hold the laws of nature to be essentially invariant. They treat singular phenomena as approximate copies, which fail to reproduce these laws' supposed lawful reality in its entirety. From this perspective, the singular—that is, the divergence, the variation—appears to be a failure, a defect, an impurity. The singular is thus always irregular, but that is at the same time perfectly absurd, for no one can understand how a law whose reality is guaranteed by its invariance or self-identity could be at once verified by diverse examples and powerless to reduce their variety, that is, their infidelity. This is because, despite modern science's substitution of the notion of law for that of genus, the first of these concepts carries over from the second (and from the philosophy in which the latter held an eminent place) the meaning of an immutable and real type, such that the relationship of law to phenomenon (the law of gravity and the falling shard that killed Pyrrhus) is always conceived on the model of the relation between genus and individual (Man and Pyrrhus). We thus see, without any intentional paradox or irony, the reappearance of a famous problem of the Middle Ages, the problem of the nature of Universals.

This did not escape Claude Bernard's attention. In his *Principes de médecine expérimentale*, Bernard dedicates to the problem of the reality of the type and the relations of the individual to the type (as a function of the problem of the individual relativity of pathological facts) some pages richer in invitations to reflection than in responses proper.⁴ We intentionally invoke Claude Bernard, rather than anyone else, because we know how much effort, in the *Introduction à l'étude de la médecine expérimentale* as well as in the *Principes de médecine expérimentale*,⁵ he put into affirming the legality of vital phenomena, their consistency as being as inflexible, under defined conditions, as that of physical phenomena: in short, the effort he put into thus refuting Bichat's vitalism, which he considered an indeterminism. Well, precisely in the *Principes* Bernard observes that if "truth is in the type, reality is always outside this type and constantly differs from it. To the physician, this is very important, for he always deals with the individual. There is no medicine of the human type, of the human species." The theoretical and practical issue thus becomes to study "the relations between the individual and the type." This relation appears to be as follows: "Nature has an

ideal type for all things, this is certain; yet this type is never realized. If it were realized, then there would be no individuals, and everyone would resemble one another.” The relation that constitutes the particularity of each being, each physiological or pathological state, is “the key to the idiosyncrasy upon which all medicine rests.”⁶ But at the same time as it is a key, this relation is an obstacle. The obstacle to biology and experimental medicine resides in individuality: one does not encounter this sort of difficulty when experimenting on purely physical entities. For this reason, Claude Bernard tried to enumerate all the causes that are linked to the fact of individuality and that alter, in space and time, the reactions of apparently similar living beings to apparently identical conditions of existence.

Despite Bernard’s prestige among physicians and physiologists,⁷ we will not hesitate to formulate certain limitations in the aforementioned reflections. The recognition of individual, atypical, irregular existents as the basis of the pathological case is, all in all, a fine if involuntary homage to Bichat’s perspicacity. But this homage could never be total, on account of Bernard’s belief in a fundamental lawfulness of life, analogous to that of matter. This belief does not necessarily bear witness to all the sagacity for which he is usually recognized. After all, to affirm that truth is in the type but reality outside of it, that nature has types but that they are not realized—is this not to render knowledge powerless to grasp the real? Doesn’t it justify Aristotle’s objection to Plato—namely, that if one separates Ideas from Things, one cannot account for the existence of things or for the science of Ideas? What’s more, to see individuality as “one of the most considerable obstacles to biology and experimental medicine”—isn’t this a somewhat naïve misunderstanding of the fact that science’s obstacles and objects are one and the same? If the object of science is not an obstacle to overcome, a “difficulty” in the Cartesian sense, a problem to solve, then what is it? We might as well say that the discontinuity between whole numbers is an obstacle to arithmetic. The truth is that Bernard’s biology includes a fully Platonic conception of laws, coupled with a deep sense of individuality. Since this sense does not accord with that conception, we have reason to wonder whether the famous “experimental method” is not merely an avatar of traditional metaphysics. And we could find an argument in support of this proposition in Bernard’s well-known aversion to statistical calculations, which, as we know, have long played an important role in biology. This aversion is a symptom of his inability to conceive the relation of the individual to the

type as anything other than the alteration of an ideal perfection, posited as a fully realized [*achevée*] essence prior to any attempt at production by reproduction.

We will now inquire whether by considering life as an order of properties we might not come closer to understanding certain difficulties that cannot be solved from within the other perspective. By “order of properties,” we mean an organization of forces and a hierarchy of functions whose stability is necessarily precarious, for it is the solution to a problem of equilibrium, compensation, and compromise between different and competing powers. From such a perspective, irregularity and anomaly are conceived not as accidents affecting an individual but as its very existence. Leibniz baptized this fact—without really explaining it—the “principle of the identity of indiscernibles,” affirming that no two individuals are completely alike and differ *solo numero*.⁸ From this, we understand that, if individuals of the same species remain distinct and not interchangeable, this is because they are so de jure. Only within a hypothesis that conceives the laws of nature to be generic, eternal essences is the individual a provisional and regrettable irrationality. That hypothesis presents divergence as an “aberration” that human calculation cannot reduce to the strict identity of a simple formula; its explanation makes of divergence the error, failure, or prodigality of a nature considered at once intelligent enough to proceed in simple ways and too rich to resolve to conform to its own economy. However, for us a living species is viable only to the extent that it shows itself to be fecund, that is, productive of novelties, however imperceptible these may be at first sight. It is well known that species near their end once they have committed themselves to irreversible and inflexible directions and have presented themselves in rigid forms. In short, individual singularity can be interpreted either as a failure or as an attempt, as a fault or as an adventure. In the latter hypothesis, the human mind makes no negative value judgment, precisely because, as attempts or adventures, living forms are considered not beings referable to a real, pre-established type but organizations whose validity (that is, value) must be referred to the eventual success of their life. It is because value is in the living being that no value judgment is made on it. Therein lies the profound meaning of the identity between value and health, to which language attests: *valere*, in Latin, means “to be well.” At this point the term *anomaly* takes back the same, nonpejorative meaning as the corresponding (and no longer in use) adjective *anomal*, which was frequently

utilized in the eighteenth century by naturalists, notably Buffon, and even late into the nineteenth century, by Cournot.⁹ Etymologically, an anomaly is an inequality, a difference in degree. The anomal is simply the different.

In support of the preceding analysis, we would like to invoke two interesting orientations in contemporary biology. We know that today experimental embryology and teratology consider the production and study of monstrosities to offer insight into the mechanisms of egg development.¹⁰ Here we find ourselves at the true antipodes of the Aristotelian theory of monstrosity, which is fixist and ontological. Aristotle would not have sought a law of nature in what he considered failures of living organization; for a conception of nature as a hierarchy of eternal forms, this is logical. Inversely, however, if we hold the living world to be an attempt at the hierarchization of possible forms, then there is no in itself a priori difference between a successful form and a failed form [*forme manquée*]. Properly speaking, there are no failed forms. Nothing can be lacking [*manque*] to a living being once we accept that there are a thousand and one different ways of living. Just as in war and politics there is no definitive victory, but only a relative and precarious superiority or equilibrium, so in the order of life there are no successes that radically devalorize other attempts and make them appear failed. All successes are threatened, since individuals and even species die. Successes are delayed failures; failures are aborted successes. What decides the value of a form is what becomes of it.¹¹ All living forms are, to use Louis Roule's expression in *Les poissons*, "normalized monsters."¹² Or, as Gabriel Tarde puts it in *L'opposition universelle*, "the normal is the zero of monstrosity," with zero here meaning the vanishing point.¹³ The terms of the classical relation of reference are thus inverted.

It is in the same spirit that we should understand the relationship established by certain contemporary biologists between the appearance of mutations and the mechanism of the genesis of species. Genetics, which originally served to refute Darwinism, is today widely used to confirm and renew it. According to Georges Teissier, every species, even in the wild, includes, along with "normal" individuals, some original or eccentric ones, carriers of certain mutant genes.¹⁴ Within any given species, we must allow for a certain gene fluctuation, on which depends the plasticity of the species' adaptation, that is, its evolutionary power. Without being able to decide whether there exist mutation genes, whose presence would multiply other

genes' latitude for mutation (as some have thought can be identified in certain plants), we must note that different genotypes—the lineages of a given species—present different “values” in relation to ambient circumstances. Selection, that is, screening by the milieu, is sometimes conservative in stable circumstances and sometimes innovative in critical circumstances. At certain times, “the riskiest attempts are possible and licit.” Taking into consideration novelty and unforeseen circumstances—and the tasks they impose—an animal may inherit apparatuses that support henceforth indispensable functions, or it may inherit organs that have become devoid of value. “Animals and plants merit admiration as much as criticism.” But they live and reproduce, and this alone matters. In this way we understand how it is that many species have become extinct, while others “that were possible were never realized.”

We can therefore conclude that the term *normal* has no properly absolute or essential meaning. In an earlier work, we proposed that neither the living being nor the milieu can be called “normal” if we consider them separately.¹⁵ Only by considering them in relation can we maintain the guiding thread without which we would necessarily have to treat as abnormal (that is to say, we believe, pathological) every anomalous individual, every carrier of anomalies—every individual aberrant in relation to a specific, statistically defined type. Insofar as the anomalous living being ultimately reveals itself to have been a mutant at first tolerated and then invasive, the exception becomes the rule, in the statistical sense of the word. But even as biological invention appears to be an exception to the current statistical norm, this invention must be normal in a different, though unknown sense. Otherwise, one would arrive at the biological contradiction that the pathological could engender the normal through reproduction.

Through the conjunction of genetic fluctuations with oscillations in quantitative and qualitative conditions of existence or their geographic distribution, we can grasp that the normal sometimes signifies an average trait, from which any divergence will be rarer the more perceptible it is, and sometimes a trait whose vital importance and value will be revealed by reproduction, the maintenance and multiplication of beings. In the latter sense, the normal must be called an institutor of the norm, or normative: it is prototypical and no longer simply archetypal. And this second sense must normally underlie the first.

We are not losing sight here of the fact that what interests a physician is man. We know that the problems of anomaly, monstrosity, and mutation are posed in man in the same terms as in the animal. It is enough to mention some of the most common cases: albinism, syndactylia, hemophilia, daltonism. We also know that the majority of these anomalies are regarded as inferior, and we might be surprised at not seeing them eliminated by selection if we did not know, on the one hand, that mutation incessantly renews them, and, on the other (and above all), that the human milieu always somehow shelters them and compensates, with its artifices, for the manifest deficit these anomalies represent with respect to their corresponding “normal” forms. Indeed, it should not be forgotten that, in human conditions of life, social norms of custom are substituted for biological norms of practice. Already the consideration of domestication as a biological milieu, as Edmond Dechambre calls it, shows us that the life of domestic animals tolerates anomalies that would have been pitilessly eliminated in the wild. Most domesticated species—the dog, for example—are remarkably unstable. This has made some authors wonder whether this instability might not be the sign of something that causes these species’ domestication: the sign, for example, of a hidden lower resistance that would explain the elective success of domestication for these species as opposed to others, at least as well as would man’s pragmatic aims. If, then, it is true that anomaly, an individual variation on a specific theme, becomes pathological only in relation to a milieu of life and a kind of life, then the problem of the 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. The history proper to man modifies problems. In a sense, there is no natural selection in the human species, to the extent that man can create new milieus instead of passively submitting to changes in the old ones. And in another sense, selection in man has reached the limit of its perfection, to the extent that man is the living being capable of existence, resistance, as well as technical and cultural activity, in all milieus.

We do not think that the form of this problem changes when we go from morphological anomaly to functional disease, for example, from daltonism to asthma, for it is possible to find multiple intermediaries between the two.¹⁶ In particular, one can find cases of constitutional or essential diseases (e.g., hypertension) for which a possible relation to certain as yet undiscovered “microanomalies” cannot a priori be denied and which may one day

reveal a link between teratology and pathology. Just as a morphological anomaly (a simple factual difference) can become pathological—that is to say, can take on a negative vital value when its effects are assessed in relation to a defined milieu in which certain tasks have become unavoidable for the living being—so the divergence of a physiological constant (e.g., cardiac pulsations, arterial tension, basal metabolic rate, nycthemeral temperature rhythm) does not in itself constitute a pathological fact. But it becomes one at a moment that is very difficult to determine objectively and in advance. This is why authors as different from one another as Henri Laugier, Henry Sigerist, and Kurt Goldstein think 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.¹⁷ On this point, no author seems as instructive as Goldstein. A norm, he tells us, must help us understand concrete individual cases. It is thus worth less for its descriptive content—as a summary of phenomena, symptoms on which a diagnosis is founded—than for its revelation of the total comportment of an organism, which has been modified in the sense of a disorder, in the sense of the appearance of catastrophic reactions. An alteration in the symptomatic content does not appear to be a disease until the moment when the being's existence, hitherto in equilibrium with its milieu, becomes dangerously troubled. What was adequate for the normal organism, in its relations to the environment, becomes inadequate or perilous for the modified organism. It is the totality of the organism that reacts “catastrophically” to the milieu, as it becomes henceforth incapable of actualizing the possibilities of activity essentially belonging to it. Adaptation to a personal milieu is one of the fundamental presuppositions of health.¹⁸

Such a conception may appear paradoxical, since it tends to direct the physician's attention to facts subjectively experienced by the patient or to events (such as disturbance, inadequacy, catastrophe, or danger) more apt to be appreciated than measured or objectively disclosed. According to René Leriche, who defines health as “life lived in the silence of organs,” it does not suffice to define disease as that which impedes men in their occupations. And doubtless we could think that his formula “to define disease we must dehumanize it” constitutes a refutation of Goldstein's theses. Yet it is hardly so simple—Leriche also writes that “Under the same anatomical exterior one may either be sick or not. . . . In itself, a lesion does not constitute a

clinical disease, a disease of the patient.” This is an affirmation of the primacy of the physiological over the anatomical. But it is not a physiology that takes the rabbit or the dog as its object; it is a physiology of the total man, who suffers, for example, in “the conflict between a stimulant and the entire individual,” a physiology that necessarily leads to a consideration of man’s overall comportment in the world.¹⁹

A possible mediation between Goldstein’s and Leriche’s theses can be found in the works of Hans Selye.²⁰ Selye observes that when failures and deregulations of comportment (e.g., emotion or fatigue) repeatedly engender states of organic tension, they provoke a structural modification in the suprarenal cortex. This modification is analogous to the one caused by any insertion of pure hormonal substances in massive doses or of impure or toxic substances into the interior milieu. Every organic state of stress or unordered tension provokes this suprarenal reaction. If it is normal, given the role of corticosterone in the organism, that every situation of stress causes a suprarenal reaction, it is conceivable that every prolonged catastrophic comportment could result first in functional disease (e.g., hypertension), and then in a morphological lesion (e.g., a stomach ulcer). From Goldstein’s point of view, disease lies in the catastrophic comportment; from Leriche’s point of view, it lies in the production of a histological anomaly by a physiological disorder. These two points of view are by no means exclusive—quite the contrary. It is no use appealing to a reciprocal causality here, for we have no clear knowledge of the effect of the psychic on the functional and the morphological, or vice versa; we simultaneously observe two sorts of perturbation.

In any case, when we individualize the norm and the normal, we seem to erase the boundaries between the normal and the pathological. In so doing, we seem to be strengthening a commonplace that is frequently invoked because it has the invaluable advantage of actually suppressing the problem in the guise of finding a solution to it. If what is normal here can be pathological there, it is tempting to conclude that there is no boundary between the normal and the pathological. Fine—if by this we mean that from one individual to the next the relativity of the normal is the rule. But this does not mean that for a given individual the distinction is not absolute. When an individual begins to feel sick, to call himself sick, to comport himself as a sick man, he has passed into a different universe and become a different man. The relativity of the normal must in no way encourage the physician,

in confusion, to nullify the distinction between the normal and the pathological. This confusion is often decked out with the prestige of a thesis essential to Bernard's thought, according to which the pathological state is homogeneous with the normal state and differs from it only as a quantitative variation. This positivist thesis, whose roots go back beyond the eighteenth century and Scottish physician John Brown to Francis Glisson and the first sketches of the theory of irritability, was popularized before Bernard by François Broussais and Auguste Comte. In fact, if one examines pathological facts in the detail of symptoms and anatomo-physiological mechanisms, there indeed exist numerous cases where the normal and the pathological appear to be simple quantitative variations on a phenomenon that is homogeneous in the two forms (e.g., glycemia in diabetes). Yet this atomistic pathology, though perhaps pedagogically inevitable, remains theoretically and practically contestable.²¹ Considered in its entirety, an organism is "other" when it is diseased and not the same save for certain dimensions (e.g., diabetes must be thought of as a nutritional disease, in which glucid metabolism depends on multiple factors coordinated by the indivisible action of the endocrinal system—and, in general, nutritional diseases are functional diseases related to deficiencies in dietary regimes). This is what Leriche recognizes when he writes: "In man, disease is always an ensemble. . . . What produces it touches the ordinary forces [*ressorts*] of life within us in such a subtle fashion that their responses are less a deviated physiology than a new one."

It now appears possible to respond with some hope of clarity to the questions posed at the beginning of these considerations. We cannot say that the concept of the "pathological" is the logical contradictory of the concept "normal," for life in the pathological state is not the absence of norms but the presence of other norms. Rigorously speaking, "pathological" is the vital contrary of "healthy" and not the logical contradictory of "normal."²² In the French word *abnormal*, the prefix *ab-* usually indicates distortion. To be convinced of this, it is enough to relate the French term to the respective terms in other languages: in Latin, *abnormis*, *abnormitas*; in German, *abnorm*, *Abnormität*; or in English, *abnormal*, *abnormality*. Disease—the pathological state—is not the loss of a norm but the aspect of a life regulated by norms that are vitally inferior or depreciated, insofar as they prevent the living being from an active and comfortable participation, generative of confidence and assurance, in the kind of life previously belonging to it and still

permitted to others. One could object, as has been done, that by speaking of inferiority and depreciation we are bringing in purely subjective notions. Yet this is a matter not of individual but of universal subjectivity. If there is any objective sign of this universal subjective reaction to divergence, that is, to vital depreciation in disease, it is precisely the existence, coextensive in space and time with humanity, of medicine as a more or less scientific technique for healing diseases.

As Goldstein puts it, the norms of pathological life are those that oblige the organism to henceforth live in a “shrunk” milieu, which differs qualitatively, structurally, from its former milieu of life; the organism is obliged by its incapacity to confront the demands of new milieus (in the form of reactions or undertakings dictated by new situations) to live exclusively in this shrunk milieu. Now, to live, already for animals and even more so for man, is not merely to vegetate and conserve oneself. It is to confront risks and to triumph over them. Especially in man, health is precisely a certain latitude, a certain play in the norms of life and behavior. What characterizes health is a capacity to tolerate variations in norms on which only the stability of situations and milieus—seemingly guaranteed yet in fact always necessarily precarious—confers a deceptive value of definitive normalcy. Man is truly healthy only when he is capable of several norms, when he is more than normal. The measure of health is a certain capacity to overcome organic crises and to establish a new physiological order, different from the old. Health is the luxury of being able to fall ill and recover. Every disease is, by contrast, a reduction of the power to overcome others. The economic success of life-insurance policies depends fundamentally on the fact that health is, biologically speaking, insurance in life—which usually remains within its range of possibilities but is potentially superior to its “normal” capacities.²³

We do not think that these views on the problem of physiopathology are refuted when confronted with the problem of psychopathology. On the contrary—it is a fact that psychiatrists have better reflected on the problem of the normal than physicians have. Among them, many have recognized that a mentally ill person is an “other” person, not merely a person whose disturbance is an extension or enlargement of the normal psyche.²⁴ In this domain, the abnormal is truly in possession of other norms. But most of the time, when speaking of abnormal directions or representations, the psychologist or psychiatrist has in mind, as “normal,” a certain form of adaptation

to the real or to life, one that has no absolute meaning—except, that is, for those who have never had an inkling of the relativity of technical, economic, or cultural values, who adhere without reservation to the value of these values, and who, in the end, forgetting their own conditioning by their surroundings and by the history of these surroundings, and thinking in too good faith that they themselves incarnate the norm of these norms, show themselves to any thinking even a bit critical to be the victims of an illusion very near to what they denounce as madness. And just as in biology one sometimes loses the guiding thread that allows one to distinguish between progressive anomaly and regressive disease in the case of a somatic or functional singularity, so it also often happens in psychology that one loses the guiding thread that allows one to distinguish between madness and genius in the case of inadaptations to a given milieu of culture. Thus, just as it has seemed necessary to recognize in health the normative power to question the usual physiological norms by seeking a debate between the living and the milieu—a search that implies a normal acceptance of the risk of illness—so it seems to us that the norm in matters of the human psyche is the reclamation and use of freedom as a power of revision and institution of norms—a reclamation that normally implies the risk of madness.²⁵ Who would argue, in questions of human psychology, that the abnormal does not obey norms? It is perhaps abnormal only because it is too obedient to such norms. Thomas Mann writes that “it is not so easy to decide when madness and disease begin. The man on the street is the last to be able to decide on this.”²⁶ Too often, physicians’ lack of personal reflection on these questions, which give meaning to their activity, means that they are hardly better equipped than the man on the street. How much more perspicacious seems Mann, when, doubtless via an intentional encounter with Nietzsche, the hero of his book pronounces that: “Never have I heard anything more stupid than that only sick can come from sick. Life is not squeamish, and cares not a fig for morality. It grasps the bold product of disease, devours, digests it, and no sooner takes it to itself than it is health. Before the fact of life’s efficacy . . . all distinction of disease and health is undone.”²⁷

In conclusion, we hold that human biology and medicine are, and always have been, necessary parts of an “anthropology.” But we also hold that there is no anthropology that does not presuppose a morality, such that the concept of the “normal,” when considered within the human order, always remains a normative concept of properly philosophical scope.