In a Materialist Way
Selected Essays by Pierre Macherey

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Contents

Acknowledgments vii
Notes on Abbreviations and Original Sources ix

I Introduction by Warren Montag 1

II In a Materialist Way 15
1 Seiteresi 17
2 Philosophy as Operation 28
3 For a Theory of Literary Reproduction 42

III Philosophy à la française 53
4 The Hegelian Lure: Lacan as Reader of Hegel 55
5 At the Sources of Histoire de la Folie: A Rectification and its Limits 77
6 Foucault: Ethics and Subjectivity 96
7 From Canguilhem to Canguilhem by Way of Foucault 108

IV Spinoza 117
8 Defense in Spinoza 119
9 Spinoza's Philosophical Actuality (Heidegger, Adorno, Foucault) 125
10 Spinoza, the End of History, and the Ruse of Reason 136

V Appendix (1964) 159
11 Georges Canguilhem's Philosophy of Science: Epistemology and History of Science 161

Bibliography 189
Index 195
Aside from the personal and particular considerations that lead us to relate the theoretical approaches of Georges Canguilhem and Michel Foucault, such a connection is justified above all for one basic reason: these two bodies of thought have developed around a reflection devoted to the problem of norms; reflection in the strong, philosophical, sense of the expression, even if in these two authors it has been directly associated with the use of materials borrowed from the history of the biological and human sciences and from social and political history. Whence this common questioning which, in very general terms, could be formulated as follows: Why is human existence confronted with norms? From where do norms derive their power? And in what direction do norms orient this power?

For Canguilhem these questions take shape around the concept of "negative values," taken from Bachelard and reworked. This point is clarified in an exemplary way by the conclusion to the article "Vie" in the Encyclopédie Universel, which, on the basis of a reference to the death drive, states this thesis: life becomes known, and recognized, only through the errors of life that, in every living thing, reveals its constitutive incompleteness. And this is why the power of norms becomes apparent at the moment that it stops over, and eventually fails at, the limits it cannot pass and toward which it is thus indefinitely returned. In this sense, before quoting Borges at length, Canguilhem presents the question: "Is not the value of life, along with the acknowledgment of life as a value, rooted in knowledge of its essential precariousness?"

The problem that is thus at stake will be here placed in a narrowly delimited framework, on the basis of a parallel reading of the two works of Canguilhem and Foucault that address precisely this question: the intrinsic relationship of life to death, or of the living to the mortal, such as it is experienced on the basis of the clinical experience of illness. To begin, let us briefly recall in what chronological space this confrontation is deployed: in 1943 Canguilhem published his medical thesis, Essai sur quelques problèmes concernant le normal et le pathologique; in 1963, "twenty years later," in the "Galien" collection, devoted to the history and philosophy of biology and medicine, which he directed at the Université Paris, Canguilhem published Foucault's second great work after Histoire de la folie: Naissance de la clinique; the same year, at the Sorbonne he offered a course on norms, preparing the reedition, in 1966, of the Essai of 1943, combined with Nouvelles réflexions concernant le normal et le pathologique. Let us rehearse the successive stages of this journey.

The 1943 Essai opposes the objectifying perspective of a positivistic biology—at that time represented in an exemplary way in the works of Claude Bernard—to the actual reality of illness: the latter having essentially the value of a problem presented to the individual and by the individual, on the occasion of the failures of his own existence; a problem taken charge of by a medicine which is not first a science, but an art of life, illuminated by the concrete consciousness of this problem considered as such, apart from attempts at solutions which try to suppress it. This entire analysis revolves around a central concept: that of the "living," the subject of an "experience"—this notion is found throughout the Essai—through which it is exposed, in an intermittent and permanent way, to the possibility of suffering, and more generally, of living badly. From this perspective, the living simultaneously represents two things: it is first the individual or the living being, grasped in its existential singularity, as it is revealed in a privileged way by the conscious lived experience of illness; but it is also what one could call the living of the living, that polarized movement of life which, in every living thing, pushes it to develop to the maximum what there is in it that is or exists. In this latter aspect, no doubt one can find a Bergsonian inspiration; but one could equally see in it, although Canguilhem does not himself mention the possibility of such a connection, the shadow cast by the Spinozist concept of omnis.

This living (thing) is defined by the fact that it is the bearer of an "experience," which itself appears simultaneously under two forms: a conscious and an unconscious form. The first part of the Essai, in opposition to the procedures of the biologist who tries to turn him into a laboratory object, insists above all on the fact that the sick person is a conscious subject, by striving to express what makes him feel his experience by declaring his disease through the lived lesson that links him to the doctor; in this sense, Canguilhem writes, referring to Leibniz's conception: "We think that there is nothing in science that has not first appeared in the consciousness, and that . . . it is particularly the sick man's point of view which forms the basis of truth." But the second part of the Essai takes up the same analysis by deepening it, which leads to the rooting of the experience of the living in a region situated short of or at
the limits of consciousness, where it is affirmed, in a confrontation with the obstacles opposed to its complete disappearance, what we have just called the living of the living, and which Canguilhem also designates as being a "spontaneous effort, peculiar to life," an effort that is spien-
taneous and thus prior—and perhaps external—to its conscious reflec-
tion: "...we ask ourselves how the normativity essential to human
consciousness would be explained if it did not in some way exist in
embryo in life."

Emphasizing this "experience," with its two dimensions—conscious and unconscious—leads, in opposition to the objectivism characteristic of a positivistic biology willfully ignorant of the values of life, to the
following conclusion: "It seems to us that physiology rather than search-
ing for an objective definition of the normal, ought better to recognize
the original normativity of life."

This means that since norms are not objective data, and as such directly observable, the phenomena to which they give rise are not the static phenomena of a "normality," but the
dynamic phenomena of a "normativity." One sees that the term "experi-
ence" here again finds a new meaning: that of an impetus which tends
toward a result without any guarantee of attaining or maintaining it; it is
the erratic being of the living, subject to an infinity of experiences, that is
in the case of the human living thing the positive source of all its
activities.

Thus the traditional perspective concerning the relationship of life and
norms is reversed: it is not life that is subjected to norms, the latter acting
on it from outside; but it is norms that are produced by life's very
movement in a completely immanent way. Such is the central thesis of the
Essai: there is an essential normativity of the living, the creator of
norms which are the expression of its constitutive polarity. These norms
account for the fact that the living is not reducible to a material datum
but is a possibility, in the sense of a power, that is, a reality which is
given from the beginning as incomplete because it is confronted intermitt-
tently with the risks of ill, and the risk of death permanently.

To read Naissance de la clinique, the book published in 1963 by Michel
Foucault under the authority of Georges Canguilhem, is to note shared
views without excluding the difference, indeed the opposition, of points
of view. These two works criticize on all sides biological positivism's
claim of objectivity. We have just seen that Canguilhem had carried out
this critique by committing himself to the side of the concrete experience
of the living, and thus had been led to open up a perspective on the play
of norms which could be called phenomenological, grasped at the point
that it issues from the essential normativity of life.

But for the consideration of this essential origin, Foucault substitu-
tes that of a historical "birth," situated precisely within the development of

FROM CANGUILHEM TO CANGUILHEM

a social and political process: he is thus led to carry out an "archaeol-
ogy"—the opposite of a phenomenology—of medical norms, seen from
the side of and even from behind the doctor, from the side of medical
institutions much more than from the side of the sick person, who thus
appears as the great absence in Naissance de la clinique. In this way
Foucault explains the deployment of a medical space in which illness is
subjected to a simultaneously normed and norming "gaze," which
determines the conditions of normality by being subjected to those of a
common normativity:

Medicine must no longer be confined to a body of techniques for curing ill
and of the knowledge that they require; it will also embrace a knowledge of
healthy man, that is, a study of normal health and the definition of the well
man. In the ordering of human existence it assumes a normative posture, which
authorizes it not only to distribute advice as to healthy life, but also to dictate
the standards for physical and mental relations of the individual and of the
society in which he lives.

It might be said that the living has ceased to be the subject of
normativity in order to become no more than the point of application, if
Foucault did not practically erase from his analyses every reference to
the notion of the living, which is as rare in Naissance de la clinique as it is
frequent in the 1943 Essai. It is at this cost that a genesis of normality—in
the dual sense of an epistemological model, governing knowledge, and
of a political model, governing behaviours—can be presented.

The concept of "experience" recurs as often in Foucault's analyses as
in Canguilhem's; but, in relation to the requirement formulated by
Foucault of "taking things in their structural severity," this concept
is given an entirely different meaning. It is no longer a question of an
experience of the living, in all the meanings this expression can have, but
of a historical experience, simultaneously anonymous and collective,
from which the completely deindividualized figure of the clinic is freed.
Thus, what Foucault calls "clinical experience" proceeds at several levels
at once: it is what allows the doctor to perfect his experience, by putting
him in contact with experience through the mediation of observation (the
"medical gaze"), and this within the institutional framework that deter-
mines a socially recognized and controlled experience. In the preceding
sentence, the term "experience" intervenes in three positions and with
different meanings: the correlation of these positions and these meanings
precisely defines the structure of clinical experience.

This is the triangle of experience: at one vertex, the sick person occupies
the place of the object gazed upon; at another vertex, one finds the
doctor, a member of a "body," the medical body, recognized as compo-
tent in order to become the subject of the medical gaze; finally, the third
position is that of the institution that makes official and socially legitim-
izes the relation of the object gazed upon to the gazing subject. Thus one sees that the play of the "said" and the "seen" through which such an "experience" is established passes over the sick person and the doctor himself, in order to realize this a priori historical form which anticipates the concrete lived experience of the illness by imposing its own models of recognition on it.

This analysis profoundly differs, and perhaps even diverges, from the analysis presented by Canguilhem in his Enqueste of 1943. And yet, in an unexpected way, it leads to some rather similar conclusions. For clinical experience as it has just been characterized, at the same time that it offers the sick person a perspective of survival by restoring him to a normal state whose criteria it itself defines, the latter being validated only after the fact by the constructions of objective knowledge—this experience conditions the sick person with the risk and the necessity of a death which then appears as the secret or the truth of life, if not as its principle. This is Bichat's lemma, laid out in chapter 8 of the Naisance de la clinique, which Canguilhem has often cited.

It is thus the historical structuring of clinical experience that establishes the great equation of the living and the mortal: it inserts morbid processes into an organic space whose representation is precisely informed by the conditions that promote this experience; and these conditions, by virtue of their historicity itself, are not reducible to a biological nature which is immediately given in itself, as an object permanently offered to a knowledge whose truth values would be by this fact unconditioned.

This is why the concern to describe the vicissitudes of the doctor/patient duo in terms of encounter, distance, or "understanding" should be left to phenomenologia... At the original level takes shape the complex figure that a psychology—even depth psychology—is hardly able to master; since pathological anatomy, the doctor and patient are no longer two cumulative and external elements, like subject and object, observer and observed, eye and surface; their contact is only possible on the basis of a structure in which the medical and pathological corpse to the interior in the fullness of the organism... the opened and externalized corpse to the internal truth of disease is the displayed depth of the doctor/patient relation.9

In the conditions that make the clinical experience possible, death—and with it too, life—ceases to be an ontological or existential absolute, and simultaneously acquires an epidemiological dimension: as paradoxical as this might seem, death "clarifies" life.

It is from the height of death that one can see and analyze organic dependences and pathological sequences. Instead of being what it had so long been, the night in which life disappeared, in which even the disease became buried, it is now endowed with that great power of elucidation that dominates and reveals both the space of the organism and the time of the disease.9

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FROM CANGUILHEM TO CANGUILHEM

Let us note that it is here regarding Bichat that, with a view to relativizing the concept, Naisance de la clinique makes one of its very rare references to the notion of the "living".

The irreducible of the living to the mechanical or chemical is secondary only in relation to the fundamental link between life and death. Vitalism appears against the background of this "masculine."

For this reason, to decompose this clinical experience by revealing the structure that supports it is also to expose the rules of a kind of art of living, in relation to everything included under the notions of health and normality, the latter no longer having anything to do with the representation of what Canguilhem would himself call a "biological innocence." And one could see here the outline of what, in his final writings, Foucault will call an "aesthetic of existence," so as to explain how one defines norms by playing with them, that is, by making them function, and at the same time by opening up the margin of initiative that frees their "play." This art of living presupposes, on the part of one who exercises it, that he knows himself to be mortal and that he learns how to die: Foucault also developed this idea during the same year 1963 in his work on Raymond Roussel, in which the experience of language to some extent has taken the place of clinical experience.

In 1963, at the same time he read Foucault's book, Canguilhem reread himself and prepared his Nouvelles réflexions, which would be published three years later. In this later text Canguilhem does not cease to insist on the fact that he saw no reason to return to the theses he had sustained in 1943 in order to inflect or depart from them. But if this is really so, how can one explain the necessity of presenting these reflections, in which it was indeed necessary that something "new" come to light? Yet their novelty first of all has to do with the fact that these reflections again present the question of norms by shifting it to another ground, which considerably enlarges the field of functioning of norms. To put it briefly, this enlargement proceeds from the vital toward the social. Whereas this question which is in fact found at the centre of the Nouvelles réflexions can the effort to think the norm on the basis of normality instead of on the basis of normality—which had characterized the 1943 Enqueste—perhaps be extended from the vital to the social, in particular when all the phenomena of normalization concerning human labour and the products of this labour have been taken into account.

On the whole, the response to this question would be negative, owing to the impossibility demonstrated by Canguilhem of inferring from the vital to the social, that is, of aligning the functioning of a society in general, in so far as it carries out a project of normalization, with that of an organism. In this argument, one can see a resurgence of the traditional
debate between internal finality and external finality. Does this mean that it would be necessary to distinguish radically between two types of norms, by refusing to favour either the vital or the social?

Yet to this last question, the response will also be in the negative—essentially for two reasons. First, the Neurélis affirm that the fact that vital norms, in the world of man at least—and isn’t man the being who tends to make all things enter into his own world?—are not the expression of a natural “vitality,” abstract because strictly confined within its order, whereas these norms express an effort to surpass this order, an effort having meaning only because it is socially conditioned. On the other hand, the Neurélis affirm also that the idea of a social normativity, proceeding by means of the “invention of organ,” in the technical sense of the term invention. This suggests the necessity of overturning the relationship of the vital to the social: it is not the vital that imposes its unsurpassable model on the social, as the metaphor of organism would have us believe; but it is rather, in the human world, the social that draws the vital before itself, if only because one of the “organs” that pertains to its “invention” is the knowledge of the vital itself, a knowledge that is social in its principle.

To think norms and their action is thus to reflect a relation of the vital and the social which is not reducible to a unilateral causal determinism. This evokes the very particular status of the concept of the “knowledge of life” in Canguilhem, who used it, of course, as the title of one of his books.12 This concept corresponds simultaneously to the knowledge one may have of the subject of life considered as an object, and to the knowledge produced by life which, as subject, promotes the act of knowledge and confirms its values on it. That is, life is neither completely object nor completely subject, nor is it entirely intentional consciousness, nor is it matter to be worked on, unconscious of the impulses at work on it. But life is power, that is, as we said at the beginning, incompleteness: and this is why it is experienced only by being confronted with “negative values.”

The following can be read at the end of the Neurélis affirm: “It is in the rage of guilt as in the clamor of suffering that innocence and health arise as the terms of a regression as impossible as it is sought after.”13 Michel Foucault could perhaps have written this sentence to illustrate the inevitable myths of normality: those myths which, through their idealized expression, speak of nothing but suffering and death, that is, of the threat that reminds every living thing of itself, both of its individuality of living and of its living of living.

FROM CANGUILHEM TO CANGUILHEM

Notes
2. Canguilhem 1949, 55-5.
3. Ibid., 126.
4. Ibid., 127.
5. Ibid., 128. (Translation modified.)
6. Foucault 1952, 34. (In this essay Macherey quotes from the first edition of Naissance d’une science, published in 1963. Unfortunately, the English translation, which appeared in 1972 as Birth of the Clinic, was based on the revised second edition of Naissance, published in 1972. Where possible, then, I have used the English translation; otherwise, I have translated directly from the original French. [Trans].)
7. Foucault 1963, 139. (This phrase appears only in the first edition of Naissance; [Trans].)
8. Ibid. (These sentences appear only in the first edition of Naissance; [Trans].)
9. Ibid., 144.
10. Ibid., 145.
12. Id., La connaissance et la vie (1952); (Trans.)