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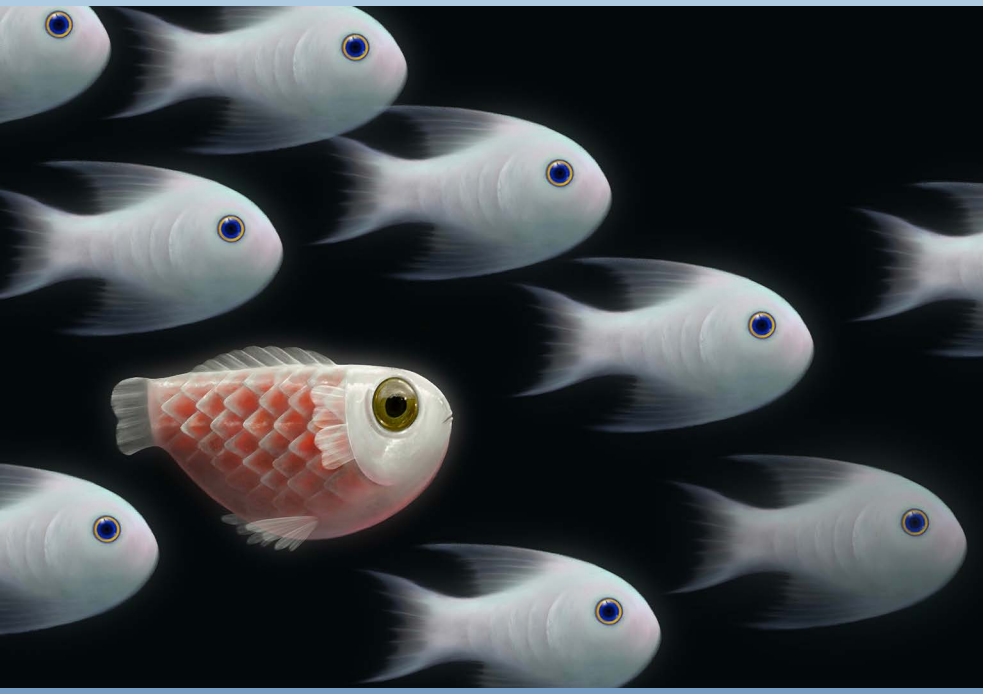

Normality as a Process

IMPULSE PAPER

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16 October 2024

Published by the German Ethics Council

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Title of the original German edition: Normalität als Prozess

English translation: Birgit Bayerlein
Layout: Torsten Kulick
Cover illustration: Jorm Sangsorn/Shutterstock.com

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1 NORMALITY AS A AN ETHICALLY RELEVANT TOPIC

Time and again – especially in the context of health-related debates – we are confronted with the judgement that something is "normal", is seen as "normal" or is considered "normal". This reference to "the normal" has considerable persuasive power. Accordingly, it has a normative effect and requires ethical reflection.

As ubiquitous as the term is, it is not used unambiguously – "commonplace, yet enigmatic"[1]. Rather, what characterises the use of language and the ideas behind it is that the reference to the normal remains implicit: Normal is what is not brought into question.[2] Nevertheless, it is not something that could just be found. Normality is not merely an empirical category; as will be shown, it is (also) an expression of normatively influenced normalisation processes.[3] The very phrase that something is "considered" normal is at least ambiguous. It refers both to customs, conventions that are established in society and widely accepted, as well as to normative demands, i.e. claims on what ought to be the case. In this sense, the qualification as "normal" presupposes a specific definition, an explicit or implicit understanding. These processes of communication are not independent of normative (background) assumptions. Nevertheless, normality is a dimension of the social that is rarely explicitly discussed and treated from an ethical perspective. However, ethics does not only refer to morals and customs, but also to habit, familiarity and conventionality. There is thus a clear link to quantitatively dominant – in this sense

1 Link 2013, 9 ff. This source also takes up the "tricky" question of whether or when the term should be placed in inverted commas.
2 Cf. Waldenfels 1998, 10 f.
3 From a cultural and social science perspective, cf. fundamentally Link 2006.

"normal" – behavioural expectations that have evolved over time.[4] In view of this, the topic of normality should not only be investigated from a legal, social and cultural perspective, but also from a philosophical and, in particular, ethical point of view.[5] It can influence ethical debates, and processes of normalisation can be guided by ethical assumptions, insights and demands. This explains normality's ethical relevance that is only latent and rarely manifest.[6]

Concepts of normality have also received attention in Opinions by the German Ethics Council, but have not yet been at the centre of its ethical analyses. To name but a few examples from the recent past, traditional ideas about the relationship between humans and animals and their links to our understanding of a good life play an important role in the Opinion "Respecting Animal Welfare" (2020). In its deliberations on the challenges associated with big data (2017) and artificial intelligence (2023), the Council refers, among other things, to the risks that might arise for individuals if statistical stratification is based on average values. The Opinion on the issue of suicide and assisted suicide (2022) even explicitly addresses changing concepts of normality (normalisation) and the associated ambivalences. This reveals an emotive dimension of normality in the sense of familiarity, which contributes to the fact that an increasing social, media-mediated acceptance of

4 In this sense, the philosopher Odo Marquard (1979, 333) describes morals as an "ensemble of conventionalities".

5 For references from these disciplines cf. for example Ahrens 2022; Augsberg 2020; Enders 2014; Hoffmann 2002; Kelly 2022; Link 2018; 2013 and the contributions in Bühler et al. 2015; Czycholl et al. 2010; Bartz/Krause 2007; Sohn/Mehrtens 1999. The contributions to the annual conference of the German Society for Phenomenological Research, which was held in 2023 under the title "Unsettling Normality", had not yet been published when work on this Impulse Paper was finalised.

6 As a general reference, see for example Horstmann 2016. The topic has received particular attention in specialised areas of ethics, for example in the context of the inclusion movement (cf. Kuhlmann 2011; Rösner 2002; Seelmeyer 2008; Waldschmidt 1998; Waldschmidt 2008 and the contributions in Kelle/Mierendorff 2013; Kessl/Plößer 2010).

the "normal" can have a considerable impact on individual decision-making processes.

Even this brief sketch illustrates how the talk of normality oscillates between descriptive statements of statistical accumulations and the prescriptive designation of a desirable or rejectable standard. In what follows, the German Ethics Council provides its first explicit enquiry into the interrelationships between normality and normativity in the context of changing concepts of normality as well as their ambivalent effects – which have only been hinted at before.

The question of how concepts of normality and normalisation processes are characterised by their interconnection with different normative requirements is of central importance here. In order to better understand these processes of reciprocal influences, to make them more transparent and thus enable their more precise and deliberate reflection, it is first necessary to clarify the specific practical and semantic manifestations of normality (section 2.1) and to present some more general theoretical assumptions (sections 2.2 to 2.5). However, in view of its complexity and multifacetedness, it is not possible to give an even remotely comprehensive account of the phenomenon of "normality". Instead, a rather abstract approach is deliberately chosen, which will be selectively deepened in certain health-relevant reference areas. This shall be done by providing exemplary illustrations from the healthcare sector (chapter 3).

It is the aim of this thought-provoking Impulse Paper to raise awareness about the normatively charged processuality, context dependency, dynamics, transience and constitutive ambiguity of concepts of normality. In line with the German Ethics Council's statutory task of promoting discussion, these considerations are intended to highlight the relevance of normalisation dynamics and contribute to a more critical use of the concept of normality, especially in debates in (medical) ethics. In doing so, the Council is aware that taking a stand in this matter is not discourse-neutral, i.e. it provides more than

just a structuring, neutral observation/description of a tense and changing discourse. Anyone who emphasises the ambiguities of normalisation processes by writing about their preconditions, progressions and consequences inevitably influences future discourses on normality. Bearing this in mind, we want to emphasise why in-depth reflection and increased awareness of the problem are important. At the centre of these considerations are the implications and consequences as well as the internal complexity and diversity of the relevant discourses, which shape the (often implicit) discussion and, conversely, are shaped by it. The paper concludes with summarising remarks on how to deal with normalisation conflicts in the future, particularly in ethical debates (chapter 4).

2 APPROACHES TO NORMALITY AND NORMALISATION

"Normality" is a term that is often used but which is complex and by no means uniformly applied and understood. As will be shown, it is used in very different contexts and with very different meanings and intentions. It is not possible to speak of a consistent, clearly consensual and fixed understanding of normality, either socially or scientifically. This insight alone – which is actually surprising given the omnipresence of the term – helps to better understand its discourse-shaping power.

2.1 Applications and manifestations of normality

In order to better classify the phenomenon of (talk of) normality, it is helpful to pursue a typological approach by identifying different understandings and uses of the term. The list begins with ideas of normality as something given and progresses to models of normality as something that can be shaped, first from a collective and then from an individual perspective. It is not exhaustive in nature, but serves primarily to shed some light on the complexity of the subject under investigation. The following aspects illustrate the dimensions and dynamics hidden in the omnipresent, colourful and vague concept of "normal":

- The normal as the usual, familiar and self-evident: Normality is not being questioned here and therefore has a socially stabilising effect. Familiarity can refer to very different aspects. It covers not only natural factors such as mental or physical functionality, but also cultural aspects such as emotional or social affiliation. This ranges from gestures and behavioural patterns to life plans and complex ideas of

what is a successful life. In this respect, normality is a storehouse of experience and thus provides important orientation. This explains resistance to denormalisation processes, which are perceived as irritating or even destructive.

- The normal as a paraphrase of the "natural": Naturalness is in itself an ambiguous concept and is based on predetermined conditions such as natural laws and standards of biological functioning, but which also always takes into account cultural superpositions (even in the case of supposed "nativeness"). This can be illustrated by diets that are sometimes intuitively rejected even if they are objectively harmless, physiologically suitable and in this sense "natural" (e.g. insects as a source of protein).
- The normal as the "healthy": This concerns the phenotypically inconspicuous (e.g. "unremarkable" clinical findings), i.e. that which appears sufficient in terms of general physical and mental functional requirements and that which is beneficial to this inconspicuousness or functionality (e.g. a "healthy" diet).
- The normal as the empirically determined average range: Context dependency, deviations and blurred boundaries are often already reflected here. The links to statistics as a medium of the normal are obvious in this regard (e.g. Gaussian normal distribution). Average values may change over time (e.g. "normal earners").
- The normal as the typical: Here, instead of measuring, a typification of the normal is obtained by comparing patterns or clusters of traits. The term "typos" already implies exemplariness – including the methodical neglect of individual or unit-related characteristics (e.g. assessment of creditworthiness based on the neighbourhood).
- The normal as an explicitly defined standard: This is about contingent standardisation that makes functional sense due to harmonisation (e.g. units of measurement or DIN standards by the German Institute for Standardization, such as for container sizes). The closeness of their reference

to "reality" varies (e.g. tunnel sizes and bridge clearance heights). If the deviations from the reference size or the intended functionality become too large, predefined "normal dimensions" are rendered questionable.

- The normal as a source or consequence of action-guiding (moral or legal) norms: On the one hand, what is perceived as socially customary or sensible (e.g. showing courtesy on the road) can be normatively secured. On the other hand, normality can also be based on standards that have been established and imposed against traditional mainstream views (e.g. introducing the obligation to wear a seat belt).
- The normal as a cipher for describing norm compliance: "That is how you do it." The "you" disguises the very large group of people who perceive a certain behaviour as normal. Unconscious deviations and even more so intentional deviance thus become identifiable and discussable (even below the threshold of legal regulations) (e.g. dress conventions, netiquette).
- The normal as the merely conventional, ordinary, common in a derogatory sense: Those who want to honour the extraordinary, the exceptional, such as a sporting, artistic or technological achievement, see the normal as something that must be overcome. This means that the aim is not to seek a new normality, but that deviations are considered innovative and productive (e.g. twelve-tone music).
- The normal as a result of habituation: This process can be determined by conscious practice or imitation or also by unconscious appropriation of actions, behaviours or ideas that were previously considered unfamiliar or even foreign (e.g. foreign language acquisition and dialect appropriation).
- The normal as a positive point of reference for individual or group self-concepts: This concerns internal definitions of normality as a correction of external attributions (e.g. insiders' views of living with chronic diseases). Classification as individually normal ("my normal") legitimises and

stabilises self-perceptions – albeit in a potentially confrontational manner.

» The normal as the negative display of social differentiation: Here, group-specific concepts of normality serve as an identity- and community-building element (e.g. subcultures, youth cultures) in contrast and in tension to majority concepts. This also shows how normalisation processes can shift the mainstream society's core distinction between normal and abnormal towards a recognition of diversity (possibly at the expense of its avant-garde, subversive character).

2.2 Normality as a practice of understanding

In the discourse on normality and normalisation practices, it should be borne in mind that all communication presupposes mutual expectations. This example in particular illustrates the intertwining of normativity and normality-related elements and the resulting ambivalences. Everyday linguistic communication is based on rules of language use, without which the meaning of the terms used in ordinary language would constantly shift, resulting in confusion and misunderstandings. The ordinary language philosophy emphasises that everyday language practice forms the basis of all communication. Initially strongly influenced by the late writings of Ludwig Wittgenstein[7], ordinary language philosophy was then further developed through the speech act theory initiated by John L. Austin[8] and systematically elaborated by John Searle into a linguistic analysis of everyday communication practice. According to

7 Cf. Wittgenstein's lecture notes from 1933 to 1935, "The Blue and Brown Books" (1958), which mark the transition from his early to his late philosophy, and then the mature version in the "Philosophical Investigations" (1953), published posthumously.

8 Cf. Austin's categorisation of illocutionary and perlocutionary speech acts in "How to Do Things with Words" (1962).

speech act theory, every utterance can be assigned to a certain type of action that follows certain rules. If these are violated, the speech act will fail (*fallacy*) or at least be misused, raising false expectations in the addressees. The latter would be the case, for example, if a promise was made with the intention of breaking it (*infelicity*). Uttering such an intention makes the attempt to make a promise fail. "I promise to come to the World Time Clock at Alexanderplatz tomorrow at 4.00 pm" is a promise or an offer of a promise even if the person does not intend to keep their promise. However, if the person informs about their lack of intention in the speech act by adding "but I don't intend to come" or even just "I don't know yet whether I can come", the speech act of the promise fails and no promise is made. At best, what is being communicated is the more or less vague intention to come.

From a broader philosophical perspective, one can say that everyday communication practice is embedded in certain "normal" expectations of regularity that constitute the shared form of life. People involved in everyday communication practices are often only partially aware of these expectations of regularity. They can often only be illustrated by examples and cannot be expressed in general rules. Radical scepticism towards our everyday convictions and practices may be countered by referring to the shared form of life, in which any communicative act is embedded. This form of life is not fixed once and for all, but in constant flux. Matters of course, unavailabilities and expectations of normality are subject to cultural and social dynamics and can always be called into question. However, the shared form of life as a whole is never up for discussion, as this would make everyday communication impossible. Truthfulness, trust and reliability are constitutive norms of communication practice; in other words, norms that make successful communication possible in the first place, regardless of the language spoken and the shared form of life.[9]

9 Cf. Nida-Rümelin 2016, especially the chapter on "humanistic semantics".

2.3 Interrelationships between normativity and normality

If in ordinary language philosophy obviously morally imbued attitudes such as truthfulness, trust and reliability play a constitutive role in linguistic communication, then the medium in which we communicate about the interrelationships between normativity and normality is itself already permeated by these relationships. This insight can be linked to the manifestations of the "normal" described above. This makes it clear that no uniform definition of "normal" can be given. Instead, a context-sensitive determination of what "counts" as normal at a certain point in time, for certain groups of people and in a certain area is required – this refers to the challenging interrelationship between normality and normativity.[10] "Normativity" is understood here as a generic term for an internal or external, hetero- or autonomous ought, whose claim to validity – depending on whether we are talking about moral or legal norms – can, but does not have to, result from the connection with a certain sanction.[11] Normative attempts at control can therefore take a wide variety of forms and accommodate a wide range of objectives. Characteristic and particularly worth emphasising in the present context, however, is their specific relationship to normality and concepts of normality: Normative claims are both aimed at a certain normality and informed by it. At the same time, it is logical for them not to only include behaviour that is already consistently present ("normal"), but also not to expect complete homogeneity of behaviour. The normative dimension thus makes it clear that normality is not limited to quantitatively measurable effects. Rather, it is precisely in the

10 Cf. previously Augsberg 2020; Friedrich/Schleidgen 2017; Wehrle 2022; 2015.

11 Cf. in more detail Möllers 2018; Kelsen 1979. For deviating norm-theoretical concepts, cf. MüKoStGB/Freund, 3rd ed. 2017, preliminary remarks on Section 13, para. 28; Lagodny 1996, 78 ff.; Renzikowski 2022, 15; Rostalski 2019, 68 ff.

(partial) non-observance, in the contradiction, that the claim to enforcement and thus the specific nature of normative requirements becomes apparent.[12] This applies to moral normativity insofar as its fundamental principles are not called into question by factual violations, but are often emphasised in their social relevance. Legal standards do not lose their validity as a result of violations of these norms. Furthermore, even where they are subject to sanctions, legal provisions do not always pursue the goal of comprehensive, complete punishment.[13]

In brief, "normality" is not merely a descriptive concept, but a relational and orientational concept that is understood in different dimensions and with variable normative scope. Depending on the point of reference, it can be used more or less affirmatively or critically. It is important to realise that, as a rule, normality is not simply found, but constructed or at least defined.[14] Different processes of development must be distinguished. Something can be intuitively perceived as normal, but can also be understood as normal on the basis of in-depth reflection. In any case, normality is not a purely natural concept, but a social one, even if it is influenced by natural conditions.[15] In addition, understandings of normality typically arise from the observation of social heterogeneity. In a completely uniform society (fictitious, of course), they would be superfluous. The need to define normality often arises precisely from the confrontation with deviation and the resulting mutual influences. Again, the ambivalence of the understanding of normality is evident: In art scandals, for example, the reference to the degree of deviation as a breach of taboo from the normal is an important criterion, as is the suspicion that nothing new can be created in the "normal". What is "abnormal" in this sense, however, is quickly canonised and, as a canonical form, becomes itself normal and is the target of new criticism.

12 Clearly Ortmann 2003.
13 Popitz 1968 remains instructive in this regard.
14 Cf. also the contributions in Huizing/Schaede 2020.
15 Cf. also Augsberg 2019 on equality.

This type of normalisation points to a dynamic according to which something that was extraordinary a moment ago quickly becomes the norm. Normality can therefore be assessed as positive or negative.

When discussing normalisation, it should also be noted that such discussions can take place quite explicitly. Often, however, they will have a more subliminal, subtle or unconscious character. When it comes to influencing the emerging model of normality, it is even true that the normative implications, which in principle are indispensable, are also and especially effective where they are not manifest, but only latent. This is because unconscious-implicit normativity is categorised less as an additional construction element with the potential for contradiction or conflict. Instead, it can become an almost self-evident part of the "normal" as an unquestioned standard. Accordingly, a discourse analysis of normalisation procedures and concepts of normality should also focus on influencing factors which are only recognisable upon closer inspection. The same applies to positions of power and the associated opportunities to exert influence. This is because the link with the normative also draws attention to interests and the respective opportunities to impose these (see section 2.5).

From an ethical-philosophical perspective, the complex relationship between "being" and "ought" or else between purely descriptive and normative or evaluative statements also calls for a number of differentiations. For example, a careful distinction must be made between a purely formal-logical perspective (in the sense of Hume's law), a semantic perspective (in the sense of George Edward Moore's critique of naturalism) and an ontological perspective (cf. the debate on moral realism and anti-realism), each of which addresses completely different questions. Since concepts of normality can be characterised to varying degrees by factual as well as evaluative or normative aspects depending on the context, they oscillate between the two poles of "being" and "ought", without necessarily considering this as a naturalistic fallacy. At the same time, they

point to the fact that these poles are neither in theory nor in the lifeworld strictly separated, but should also be considered in their "tricky" connection. In this sense, normality does not describe a third, clearly definable category, but rather stands for a blurring of boundaries and their continuous questioning. Considered in this way, normalisation processes are ambivalent developments. Tracing these ambivalences and working them out in relation to specific topics in the life sciences will be the task of the illustrations developed in chapter 3.

2.4 Contingency and emergence of normalities

The above sections make it clear why normality is not a fixed entity, but rather a term that needs to be defined in ever more detail, and a dynamic concept that tends to change constantly. At the outset, its complexity and ambiguity can be explained in more detail by means of an everyday language distinction: The colloquial German term "Normalos" [translator's note: used to denote ordinary people] identifies an anti-ideal type. It is characteristic of this expression that it is obviously meant pejoratively ("Who wants to be normal?"). However, if something is considered "no longer normal", normality becomes a positive reference point. Normality is therefore a context-dependent relational concept. Statistical variables play a certain role here. For example, the term "Normalo" initially refers to an average person, and "normal" behaviour also often refers to numerically dominant or majority positions. "Normal subjects" are "fundamentally determined by the 'gravitation' of the average".[16] However, what is "normal" is not only determined empirically. Rather, a judgemental element almost inevitably resonates at the same time. This juxtaposition, confusion, interplay and opposition of prescriptive and descriptive

16 Link 2006, 354.

elements is characteristic of the more modern understanding of normality. In contrast, Émile Durkheim, for example, who established normality (interestingly in contrast to the "pathological") as one of the basic concepts of sociology,[17] largely limited its meaning to the quantitative dimension: "A social fact is normal for a given social type, viewed at a given phase of its development, when it occurs in the average society of that species, considered at the corresponding phase of its evolution."[18] The reference to development phases already indicates a certain dynamic. "However, the basic and decisive distinguishing feature of the normal state is quite simply its frequency."[19]

In contrast, normality is understood here – in line with more recent studies[20] – "as a process", i.e. it is detached from outdated notions of apparent immutability, dynamised, made more flexible and proceduralised. Normality is therefore not only characterised by intersections with normative requirements (cf. section 2.3), but also by a specific fluidity. This in particular can be used as a criterion for differentiation from normativity, especially in the form of law and morality: Even if most normative standards do not claim to have irrevocable and absolute validity, they do feature a certain permanence. It is the result of their production in communicative-spontaneous as well as in special, institutionally organised (legislative) procedures. Even if the latter are equipped with internal possibilities for modification, they create obstacles to all too frequent and rapid adjustments by linking them to certain preconditions. On the other hand, it would be wrong to understand normality as something static resulting from a dynamic process of normalisation. In fact, the term normalisation refers to a more or less long-term, spontaneous or even (co-)controlled process in which something that was previously classified as abnormal is transformed into a different state. A variety

17 Cf. Durkheim 1982, 85 ff.
18 Ibid., 97.
19 E.g. Aron 1979, 63; cf. also Link 2006, 258.
20 Cf. Link 2006, 111 ff., especially on "flexible normalism".

of factors that influence this process must be differentiated. In particular, the aspects of power, customisation, imitation and the description of the enforcement of other standards should be examined more closely. However, these (normalisation) processes are not clearly pre-structured. Above all, they lack the finalising function that is decisive for the normative order: What constitutes normality is typically not determined once and for all, and not even for a defined period of time, but is constantly up for renegotiation. This also applies if, from a historical perspective, certain concepts of normality have a relatively long expiry period, i.e. are comparatively permanent. In a nutshell, normality cannot be reconstructed as a conclusion, but only as a connection that is open in both developmental directions, past and future. It is therefore not a solitary entity, but basically always an ephemeral part of an ongoing development process. This does not mean that normality does not exist – but only in the sense of a temporary, time-bound and contextualised condensation of something seemingly self-evident. Since normality is also inherently related to certain social groups and their social expectations, it does not occur in the singular. Understanding normality means thinking of it in the plural.

More or less transparent processes must be observed and analysed for the emergence, disappearance and change of normalities. These are social dynamics of varying degrees of organisation, ranging from informal interactions to the targeted influence of clearly identifiable actors such as social movements or institutions. Hence, when it comes to the controllability of normalisation dynamics, very specific power structures must also be taken into account (see section 2.5). However, it falls short of the mark to refer only to open discourses on normality; rather, the relevant factors to be taken into account are precisely those assumptions of normality that are not at all categorised as conscious influences by those affected. This can help to challenge or articulate and integrate latent states; corresponding condensation effects do not necessarily require

explicit reference. In addition, people and institutions that shape the discourse have a specific "normalising power". They make targeted use of their opportunities to exert influence (e.g. as influencers) in order to bring certain previously marginalised positions to the centre of society. In this respect, the processes that need to be analysed are by no means just diffuse. They also provide illustrative examples on how social communication skills and (power) asymmetries are dealt with.[21] This can sometimes lead to overlaps between normality and legal understandings, for example when structural framework conditions are used in the context of so-called strategic litigation to help certain ideas and interests gain greater attention.

Because normalisation processes are of a social nature, they are inevitably dependent on the cultural views existing in a specific society, a social subsystem or a social subgroup. They are therefore culturally "coined". At the same time, this runs counter to overarching models of homogeneity in plural societies. This is because social diversity is also expressed in diverse concepts of normality. The context-dependency of concepts of normality thus creates a plurality and diversity of (conflicting) concepts of normality or "degrees of normality"[22]. Normality is not totality; rather, the normal appears "as something that remains behind when the whole disappears"[23]. This cannot be meaningfully countered by "prescribing" a certain form of normality by virtue of a superordinate hegemonic order. Firstly, this would cross the boundary towards normativity, and secondly, it would disregard the characteristic contingency of normality. Instead, it is important to pay close attention to how, by whom and in what context "normal conditions" are called into question or demanded.[24] The specific references to

21 Foucault (2003a, 38 f.) even speaks of "normalizing procedures are increasingly colonizing the procedures of the law".
22 Cf. Foucault 1995, 184.
23 Waldenfels 1997, 167.
24 Using the COVID-19 pandemic as an example, Maren Wehrle (2023) examines how clinging to an "old normality" has led to a veritable struggle for reality.

(still) prevailing models of normality also play an important role in the processes that influence concepts of normality. For example, it makes a significant difference for society's willingness or resistance to normalisation processes whether it is a question of maintaining, supplementing or replacing normality(ies). Concepts of normality are not static, but they vary in stability. In order to be able to determine the "limits of denormalisation processes" (e.g. as a result of social resistance) more precisely, it is therefore also necessary to examine what certain beliefs in normality are based on. At this point – without denying their fundamental constructive character – the references to and distinction from the "natural" can be meaningfully addressed. It is also necessary to differentiate here between formalised (democratically legitimised, institutionalised) and more informal (civil society) normalisation processes. This by no means only applies to parliamentary legislation. Rather, in the above-mentioned context of administrative law enforcement, the uncircumventable normality of deviations from (legal) rules refers to "the administration's scope for manoeuvre, which goes beyond the dutiful exercise of discretionary powers defined by law. This scope for manoeuvre is based on local experience and habit."[25] In addition, concepts of normality generally play a central role in normative assessment processes; here (subjectively) unbearable-abnormal conditions are often linked to the criterion of reasonableness.

2.5 Power of normalisation

Normalisation processes are dependent on events of empowerment and power relations. Power is not only a guiding political concept, but also genuinely ethically relevant, because power structures influence values and are measured against them. Normalisation power refers to the power to normalise,

25 Ellwein 1992, 26.

i.e. to initiate processes in which concepts of normality are developed, confirmed, rejected, supplemented or modified in a society.[26] In other words, it is about the power to either counteract social change by clinging to outdated concepts of normality or to force it by establishing new concepts of normality. In this context, power is not meant pejoratively, but rather used in accordance with Max Weber's widely accepted definition, whereby "'Power' (*Macht*) is the probability that one actor within a social relationship will be in a position to carry out his own will despite resistance, regardless of the basis on which this probability rests".[27] This definition leaves room for the realisation that power processes are often imperceptible, subtle and non-transparent. Notably, it reminds us that the power to normalise means a real opportunity ("chance") to effectively enforce a certain concept of the normal intentionally ("own will") and by any means that appear suitable ("regardless of the basis of this chance") within the network of interactions of a society composed of individual and collective actors ("social relationship") against "resistance" – in particular against prevailing interests or interests whose self-evidence ("normality") is threatened.

Power is therefore not only the majority's means of shaping society because it may be afraid of losing its socially dominant role. At the same time, power is the vehicle of action of minorities who want to change the hegemonic order of a society and use opinion-changing instruments that establish a new "social mood"[28], especially in the long term, through persistently repeated public agenda-setting. Strategic campaigns that promote the change (or confirmation) of a concept of normality play a key role here. This means that the issue in question must become a side noise of the public discourse that cannot

26 Cf. fundamentally Foucault (1995, 184): "Like surveillance and with it, normalization becomes one of the great instruments of power at the end of the classical age."
27 Weber 1978, 53.
28 Fleck 1994, 104.

be ignored because of its pervasive presence in everyday culture, media (not just journalistic), academia and politics. In this way, the increasingly unquestioned understanding emerges – usually less disruptively than evolutionary – that a certain concept of normality is still correct regardless of the doubts expressed by dissenters or, on the contrary, that it must be replaced by a different concept of normality, or at least expanded to include it. It is crucial to create or realign attention for a topic in a targeted manner – for example by establishing a paradigm through personalisation ("attention economy"). Both traditional and novel ("social") media play an important role here as vehicles and amplifiers of positions aimed at changing conventional concepts of normality. This does not mean that a centrally controlled master plan for social change is being implemented. Rather – and in plural societies inevitably so – we are dealing with the mutual reinforcement of decentralised initiatives whose interests partially converge. The consonance of social groups that join together to promote a common cause for different reasons can lead to an accumulation of effects that ultimately affirm a long-dominant concept of normality or help a competing or complementary concept of normality to break through. Deliberately initiated strategies can encounter social moods that seem to have arisen tacitly, but merely appear to be "in the air" because the atmospheric change is understood as non-intentional, although this is regularly the remote effect of initiatives to change normality which do not appear out of the blue.

Power structures are regularly characterised by asymmetries, i.e. also by the absence of power. In this sense, we must speak of "powerlessness" when those who strive for social change do not have the means, or only insufficient means, to successfully initiate or implement campaigns to challenge concepts of normality. Both majorities and minorities can be powerless if they lack the ability to secure threatened hegemonic claims (powerless majority) or establish new ones (powerless minority). The expression "silent majority" shows

that even a numerical predominance does not automatically equate to power. Where the minority accumulates and utilises means of power, it gains counter-power.[29] It is directed against the majority, which is still dominant but whose dominance is threatened, and its concepts of normality, also by means of a counter-law[30], which secures the new normality as the new law. In the modern constitutional state under the rule of law, fundamental and human rights in particular guarantee the protection of minorities (who otherwise tend to be powerless), and in this respect the coexistence of different, sometimes conflicting normalities. In this way, individually or collectively exercised human rights can prove to be "power in powerlessness".[31] However, even human rights discourses are determined by power relations.

If power can be exercised in such a way that a new concept of normality is challenged less and less, this can contribute to creating a situation where voices that have previously been unheard or little heard in public discourse are acknowledged for the first time or gain new weight; at the same time, other voices are heard less. Counter-power can lead to "counter-politics"[32]. It then solidifies by means of innovative "avant-garde" counter-law into binding, i.e. recognised as binding – and thus society-changing – normality of a now recognised counter-conduct. Those who succeed in doing the opposite – fending off claims to recognition or even hegemony by the counter-power, some of which stabilised in legal form – secure the endangered, prevailing concept of normality and contribute to the continued exclusion of voices rarely heard all along.

Normalisation processes therefore prove to be a complex struggle for normative orientations in which "minority normalities" oscillate between provocative, avant-garde positions on the one hand and recognised positions that reflect plurality

29 Cf. Beck 2009.
30 For this term cf. already Foucault 1995, 222.
31 Mandry 2005, 63.
32 Cf. Möllers 2021, 196.

on the other. They can even develop into a new majority normality, which in turn, of course, potentially activates new counter-power – such as forces that want to re-establish the former normality or at least the endangered still-normality or protect it against the challenges of new concepts of normality – or leads to new powerlessness, which, mediated via fundamental and human rights, can lead to counter-power. Our plural society has democratic procedures at its disposal for this struggle for its normative centre. What is established in this way in terms of law and counter-law is, however, always only of temporary finality.[33] This applies likewise to acts of parliament and judgements of a supreme or constitutional court, which, like laws, can change over time. Even more, there is no legitimate authoritative body that could establish concepts of normality as permanently binding. The mechanisms of power and counter-power that strive for effective social recognition, i.e. the sometimes contradictory interrelationships between social change and social persistence, are therefore unavoidable.

In plural societies, the exercise of (counter-)normalisation power described above inevitably affects almost all aspects of life. Nevertheless, from a normative point of view, the question arises as to whether the exercise of normalisation (counter-) power is accepted as a quasi-natural, conflict-prone process, or whether it is challenged in order to achieve a fair arrangement, i.e. with equal opportunities or free of excessive asymmetries. The latter would presuppose that we do not tolerate unrestrained favouritism and discrimination with regard to attention economy. The coexistence and opposition of normalisation power and counter-power, which does not only take place in parliaments, should ideally be organised in a fair manner. An arrangement that ensures fair competition in the exercise of normalisation (counter-)power does not necessarily have to be developed and prescribed authoritatively (especially by state institutions), but can also arise spontaneously. Obviously,

33 Cf. Rixen 1999, 351.

however, this does not free us from the need to identify possible dysfunctionalities and negative externalities – such as oppression and discrimination – and to counteract them.

3 ILLUSTRATIONS

In order to better understand the interconnections of normativity and normality that have just been explained in abstract terms, it is helpful to take a closer look at the development of normality in different contexts. For this purpose, some paradigmatic but certainly not conclusive observations are presented below. In principle, normalisation phenomena permeate and shape all areas of life.[34] Nevertheless, they can be illustrated particularly clearly in the context of health-related debates. This is related to fundamental parallels that need to be addressed in a first step, namely to the discussion on health and disease, which is at least partially comparable and intertwined with the debate on normality (see section 3.1). However, in order to fully grasp the complex relationship between concepts of normality and normative and descriptive understandings of disease, an even more detailed analysis is required. To this end, various health-related discourses shall be explored (see sections 3.2 to 3.5). This shows that the intricate effects of normative specifications on concepts of normality do not follow a uniform pattern. Rather, depending on the subject matter, different focal points can be recognised in both factual and normative terms. This also illustrates why the inclusion of statements on "normality" is so important for ethical investigations: Whether and under what conditions it is accepted also depends on the underlying ethical principles (or the ethical principles taken as a basis). In this sense, for example, respect for self-determination, i.e. a person's lived ability to shape their life according to their own ideas, urges them to understand self-chosen or accepted concepts of normality, related e.g. to the functioning of their own body, as part of a normatively

34 This Impulse Paper deliberately leaves out certain particularly polarising socio-political debates, for example on gender issues, lifestyles or sexual identity. There is already a fairly intensive and broad research literature on this (cf. for example Schütze 2010 and the articles in Riffer et al. 2022).

desired and in this respect ideally normal self-determined lifestyle. At the same time, elements such as the principles of non-maleficence and beneficence, which are often seen as two sides of the same coin, have an impact on concepts of normality; this can result in limits to the acceptance of and respect for deviating, (self-)harming models of normality. In this sense, concepts of normality can help determine what is understood and conceptualised as well-being in the first place. Accordingly, there can be a lively debate about what harm should be averted from the individual or certain groups and how – linked here, too, to the question of who should ultimately be granted this power of definition and why. Furthermore, understandings of normality give rise to references and challenges with regard to questions of justice and solidarity. It should only be pointed out here that, for example, in the distribution of healthcare services – but also analogously in other areas of society – underlying understandings of normality can also determine which entitlements to which services can, should or must be granted to whom within an allocation scheme that is deemed fair.[35] Similarly, the limits of solidarity-based support can be defined along the lines of understandings of normality.

3.1 Normality, health and disease

There are recognisable parallels between the concepts of normality described above and the discourse on what constitutes health or disease: Also with regard to health, the idea persists that it could be determined purely statistically, according to objective measurement methods or otherwise "value-neutral". However, it should be emphasised that the distinction between healthy and ill also presupposes a stipulation that cannot be made without value judgements. As with the understandings

35 Cf. Deutscher Ethikrat 2016, especially section 4.6.

of normality, this also involves a complex interweaving of normative and descriptive elements.[36]

The philosopher and psychiatrist Karl Jaspers has already pointed out cases that speak against simply equating health with statistical frequency. Thus, on the one hand, dental caries provides an example of a condition that should be categorised as pathological, even though it affects the vast majority of people. On the other hand, there are deviations from the statistical average which, despite their rarity, would not be described as pathological. Jaspers mentions, for example, unusual longevity or physical strength.[37] Here, like in other areas of life such as artistic talents, an "upward" deviation from statistical averages can even be considered the ideal of human existence.[38]

Whether and to what extent health and disease can (also) be differentiated on the basis of normative judgements is nevertheless still an intensively debated topic in medical theory. In simplified terms, there are two opposing positions here: Naturalistic theories are based on the assumption that the criteria for distinguishing between health and disease can be retrieved from nature and thus objectified. From the point of view of normativist positions, on the other hand, attributions of disease are ultimately an expression of individual values or social norms, for example in the sense of an impairment in the pursuit of central life goals[39] or a "deviation from the model of the healthy person"[40]. They are thus always linked to a specific historical or cultural context, including conditions that were only perceived as "pathological" in certain epochs (e.g. "hysteria"

36 See also Waldenfels 1998, who devotes an entire chapter to the topic of health and sickness in the context of normalisation under the heading "Der Kranke als Fremder" (The sick person as somebody alien).
37 Jaspers 1923, 5.
38 The idea that mankind's task lies in surpassing oneself and overcoming the "normal" human condition, which is perceived as deficient, runs through intellectual history in different variations and has found a particularly powerful expression in Friedrich Nietzsche's concept of the "superman" (especially in "Thus Spoke Zarathustra").
39 Cf. Nordenfelt 1995.
40 BSGE 26, 240 (242).

at the turn of the 20th century).[41] Interestingly, the so-called naturalistic theory of disease clearly refers to concepts of normality in its efforts to define a "value-neutral" concept of disease. Christopher Boorse, for example, initially defines health negatively as the "total absence of pathological conditions"[42] and then describes it more precisely as *normal* species-typical functioning.[43] This normality is to be determined by comparison with other individuals of the same (biological) sex and similar age. Reference classes would therefore have to be formed in order to decide which specific deviations from the statistical norm can be considered pathological in an individual.[44] According to Boorse, this amounts to a value-neutral understanding of health because the question of which deviations from the species-typical functional profile are diseases can be answered by scientific concepts and procedures alone.[45]

This biostatistically based (re)construction of health as normality has subsequently been criticised by advocates of a "value-neutral" understanding of health. For instance, Peter Hucklenbroich argues that it is "not suitable as a *primary method* for defining the concept of disease" because "criteria must already be available with which the healthy can be separated from the sick *before the statistical survey*".[46] He proposed a prominent alternative model[47] in which disease criteria for the identification of pathological cases are established as a first step, rather than deriving an area of the pathological from a correspondingly narrow concept of normality. All cases not covered by these criteria should then be regarded as lying

41 For a concise description, see Radkau 2005, esp. 234 ff.
42 This is the revised wording from his most recent article on the subject (Boorse 2014, 683 f.).
43 Cf. Boorse 1977.
44 Boorse (2014, 691 ff.) defends the selection of these parameters for creating reference classes against a number of objections.
45 Boorse 1977, 543.
46 Hucklenbroich 2008, 18 (emphasis in the original). Cf. also Hucklenbroich 2019, 41 ff., where reflections on the concept of normality in medicine are set in the context of a detailed critique of Boorse's theory of disease.
47 These cannot be presented here. Cf. also Hucklenbroich 2008, 5 ff. (with further references).

within the range of variation of normality. Interestingly, the reference to normality thus has the central function of upholding the claim of a purely descriptive medical theory of disease[48] that is not dependent on subjective judgements. Although it is emphasised that the medical notion of normality is not congruent with lifeworld concepts of normality,[49] it is precisely this concession that indicates that the claim to objectivity can only be made at the expense of ignoring the inherent normativity of normality, at least in specific areas. Why this falls short shall now be shown by discussing specific exemplary cases.

3.2 Genetics / predictive medicine

The way society deals with genetic analyses shows that even where reliable, objectively measurable scientific parameters are available, meaningful concepts of normality cannot be derived form these alone.[50] Even here, descriptive and normative elements are intertwined in the diagnostic categorisation of the findings. In view of the rapid progress in diagnostic technology, normalisation processes with regard to the assessment of genetic information are driven by increases in knowledge, literally taking place in fast motion. This increased normalisation dynamic intensifies conflicts and uncertainties for the individual. Ethical debates and possible standardising confinements can hardly keep pace with this speed.

48 Hucklenbroich 2008, 21. Cf. also his detailed critique of the influential normativist theory of disease by Bernard Gert, Charles M. Culver and K. Danner Clouser in Hucklenbroich 2019, 57 ff.
49 Hucklenbroich 2008, 6.
50 Cf. on this issue already Link 2003.

3.2.1 Genetic normality and normativity

The concept of eugenics that extends from ancient Greece (Plato's "Politeia") through the Renaissance (Campanella's "Solar State") to modern times represents the idea that it is desirable and also possible to improve individual and collective health and performance in humans in a similar way to animals by the targeted selection of pairs that are considered most suitable for reproduction. In the 20th century, the idea of "hereditary health" proved to be scientifically unreal as the understanding of the mechanisms of heredity increased, but was simultaneously rigidified into the inhumane Nazi ideology that culminated in the forced sterilisation and murder of people with genetic disabilities. Although biologically disproved long ago, the normatively charged misconception that genetic normality can be objectively described and used as a benchmark for social inclusion or exclusion is still widely held in the non-scientifically trained collective consciousness.

3.2.2 Biological foundations of genetic variability

Contrary to widespread assumptions, genetic analyses do not even at the level of individual constitutional parameters (inherited and heritable, affecting the entire organism) always allow for an objective distinction between normal and mutated or pathological status that does not leave scope for interpretation. It is even less possible to define a comprehensive "normal status" for a person's genetic material, which comprises more than 20,000 individual genes. It is true that at the level of sequence variants of individual genes, it is possible to identify the statistically most frequent forms of expression ("normal alleles") associated with typical gene function in the respective population and, at the other end of the spectrum, mutations that clearly impair gene function, i.e. pathological alleles. In between, however, there is a wide range of so-called

VUS (variants of uncertain significance)[51] that are objectively measurable but cannot be clearly interpreted in terms of their functional relevance.

Furthermore, the majority of autosomes (genes for which there are two parental copies regardless of sex) have a recessive effect, so that a mutation that is clearly pathogenic but heterozygously affecting only one of the two gene copies is compatible with complete health. Presumably, every person carries the predisposition for several recessive hereditary diseases – such as metabolic disorders – and yet is clinically healthy, even though they have a hidden genetic deviation from the norm. Statistically and in the lifeworld, it is therefore not only "normal to be different"[52], but even normal to be abnormal in individual aspects of one's biological constitution. In usual life contexts, such a status has no normative – discriminatory – implications. These can, however, suddenly occur – for example in connection with the risk of recurrence in further offspring of a parent couple with a child with a recessive metabolic disease.

Accordingly, in the context of whole exome sequencing, in which all known active genes of a person are analysed, the detection of numerous VUS as well as the detection of hidden predispositions for severe, recessive hereditary diseases, which would be fatal in the homozygous state, must virtually always be expected.[53] As soon as a genetic diagnosis goes beyond a specific clinical question, a complete genetic "normal finding" is therefore already impossible at the laboratory-bioinformatics level. If it were possible to raise awareness of this inherent genetic imperfection in all people – in other words the "normality of the genetically abnormal"[54] – through targeted education, this could have a protective effect against social discrimination of the visibly different.

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51 Cf. Richards et al. 2015.
52 Weizsäcker 1993.
53 Cf. Bell et al. 2011.
54 Henn 2006, 39.

Moreover, hereditary disorders defined entirely or predominantly by individual genetic changes are much rarer in the population than multifactorial diseases, which are caused by a complex interaction of inherited and acquired (*nature/nurture*) influences that cannot be reduced to single genetic factors. All common "widespread diseases", from diabetes mellitus to dementia, are, with the exception of rare monogenic hereditary special forms, genetically co-determined in this sense, but not predetermined. This opens up the opportunity to both normatively accept the sectoral imperfection of every human being and to pragmatically point out the remaining preventive corridors for action.

From the perspective of evolutionary biology, it is not a uniformity defined as normality, but rather a wide variety of genetic variants in a population that is beneficial for its health-related resilience. The health effect of gene variants is context-dependent, and in particular epidemiological constellations even gene variants that are initially functionally meaningless can predispose to a disease (example: susceptibility to prion diseases such as bovine spongiform encephalopathy, better known as BSE) or, conversely, have a protective effect (example: genetically determined resistance to the human immunodeficiency virus, better known as HIV).

Genetic data and diagnoses are therefore not fundamentally different from physical and psychological phenotypes: Functionally clearly relevant deviations from the norm can be labelled as pathological by consensus, but a normal range cannot be defined objectively, especially in the statistical border zones to rare phenotypes. Genetic normality can therefore only be described, if at all, in relation to individual functional areas of the organism, and *ex negativo*.

3.2.3 Genetic analyses in the context of prevention and prediction

Genetically defined predisposing factors that are statistically normal in terms of their prevalence in the general population also contribute (not monocausally, but) to a relevant extent to common diseases in the population. Irrespective of this, the possibility of late-manifesting monogenic hereditary diseases, which is comparatively rare but particularly prevalent in the neurological context, opens up a time window of up to several decades for individual genetic prediction. This is ethically recommendable for the – so far only few – clinical questions where an expedient preventive strategy can be derived from the genetic diagnosis. As matters currently stand, this is particularly important for familial cancers, where the identification of a massively increased risk for a certain type of cancer can lead to a targeted preventive strategy, including prophylactic surgery, with evidence clearly established by clinical trials. The diagnosis of mutations in individual genes, the early detection of which can prevent the future manifestation of a late-onset disease, is only at the beginning of its development, but is expected to become increasingly important.[55] To date, this form of therapy-orientated predictive genetic diagnostics is only being offered to relatives of affected families and for specific diseases. In view of the ever decreasing costs of obtaining individual genetic information, population screening for treatable genetic diseases, even in adulthood, could soon become both technically and financially feasible. This increasingly raises the question of their usefulness and thus also whether they should actually be introduced within the medical-ethical framework defined by the World Health Organization[56] – i.e. analogous

55 An example of this is hereditary transthyretin amyloidosis, the genetic detection of which (TTR mutation) in young adults enables targeted preventative medication to avert the risk of heart muscle and nerve damage that might occur if left untreated.

56 Cf. Wilson/Jungner 1968.

to the biochemical newborn screening that has been firmly established for many decades. Such health policy classifications exert considerable normalisation power.

This is another reason why, at the level of clinical guidelines, but also with regard to the considerable cost aspects for the healthcare system[57], a careful regulatory balance must be struck between the increasing opportunities to prevent or mitigate certain diseases through early genetic diagnosis on the one hand, and the systemic risks and individual burdens resulting from the generation of unwanted predictive knowledge on the other.

3.2.4 Genetic analyses in the context of the desire for children and pregnancy

This is all the more true as the inherited nature of genetic variants can also be significant for the reproductive decisions of their carriers. Around three to four percent of all newborn children – even those from families with an unremarkable medical history – are ill or live with disabilities. These estimated figures, however, are significantly influenced by normative ideas as to which statistical deviations from the norm are to be classified as pathological. The vast majority of these anomalies are acquired prenatally or perinatally, so that, in principle, they cannot be detected through genetic diagnosis before or during pregnancy. Conversely, it is part of the medical information provided for every pregnancy as well as general knowledge that even the most extensive genetic diagnostics could never guarantee a healthy child for a couple. Nevertheless, parents of children with disabilities often feel guilty about not meeting the normality expectations of their social environment.[58]

57 Cf. for example Münkler 2015; Huster/Held 2015.
58 Cf. Lenhard et al. 2007.

These normalisation dynamics are the result of advancements in medical technology, but also of social expectations and normative regulations. One example of this is the non-invasive prenatal test (NIPT), which can detect spontaneous foetal chromosomal abnormalities in the blood of pregnant women from as early as the tenth week of pregnancy. During the first ten years after its market launch, this procedure had been available as a self-pay service. Thereafter, in 2022, it was included in the range of services offered by statutory health insurance. The fact that the offer is free for most pregnant women is probably a significant step towards normalisation in the sense of routine implementation.[59] Even if the offer of NIPT is medically and legally clearly differentiated from the generally recommended screening tests during pregnancy, its already advanced social normalisation can create considerable pressure to conform, with a perceived reversal of the burden of justification from taking the test to not taking it.[60]

The ethical and legal difficulties associated with this, particularly in connection with the issue of abortion in the event of abnormal findings, will be exacerbated if, as technical progress suggests, the tests are extended to other alleged anomalies. It is to be assumed that this will soon lead to expectant parents being offered or advised to determine the entire active genetic make-up of the foetus from maternal blood.[61] Any strategy of selectively passing on such information leads directly to complex normative considerations. Which gene variant shall be classified as "abnormal" in the sense of pathological and must therefore be communicated to the pregnant woman? What consequences does this have for the pregnant woman or the parents? What further consequences does this have for our

59 Against this background, an inter-party group of members of the German parliament has called for a systematic investigation into the consequences of the NIPT's accreditation with statutory health insurance (cf. Deutscher Bundestag 2024).
60 Cf. Rehmann-Sutter et al. 2023.
61 Cf. Schmitz/Henn 2022.

concept of living with a disability? Drawing up abstract criteria or even specific lists of characteristics of unborn children that are worthy or even obligatory of prenatal notification leads to a situation where medical associations in particular, but also individual doctors, exercise a normalisation power that is neither discussed nor controlled by society as a whole.[62] This poses challenges for the statutory right not to know.

For several decades now, attempts have been made to reduce the probability that a future child will be affected by a recessive hereditary disease resulting from an unknown hidden hereditary predisposition of both parents by carrying out heterozygote testing before the desire to have children is realised. This is established practice, for example, for thalassaemia (genetic anaemia) in West Asia. Those in favour of such a strategy point to the strengthening of reproductive autonomy.[63] On the other hand, there are concerns about state interference or social discrimination. Furthermore, and in the context of this Impulse Paper in particular, the question arises as to what extent the sense of normality and self-esteem of people who are identified as carriers of a certain hereditary disease are affected.

Based on experience with the implementation of NIPT in pregnancies, normalisation dynamics also appear realistic with regard to broad-based carrier screening for heterozygosity for a large number of up to several hundred recessive hereditary diseases[64]. Theses dynamics may range from technical establishment in studies to issues of financing and relevant cataloguing, right up to pressure from societal expectations with their corresponding normalisation power. In summary, this example shows that normalisation dynamics cannot be explained solely by objectively measurable criteria, but rather presuppose normative definitions.

62 Cf. Diderich et al. 2023.
63 Cf. e.g. Matar et al. 2020.
64 Cf. Gregg et al. 2021.

3.3 Mental health

The subject area of mental health in particular offers ample illustrative examples for the complex relationships that arise when competing concepts of normality clash. Not only the – often ambivalent – social development and learning processes are instructive in this context. Rather, tensions between the internal view of those affected and the external, social perspective on them should also be considered. Because both people who feel mentally ill and, in particular, people who reject a corresponding diagnosis for themselves, have to relate to external attributions of disease and expectations of normality. Conversely, the external perspective of the social environment should be responsive and appropriately integrate the self-attribution of being ill or, on the contrary, the rejection of a medical diagnosis in order to avoid one-sidedness and experiences of powerlessness.[65] The normalisation power of special interest groups and influential players, such as the pharmaceutical industry, gives this area of tension an additional dynamic.[66]

3.3.1 "Normality" as a yardstick for mental health

In the area of the human psyche, it is particularly difficult to determine what should be considered "healthy". In contrast to the somatic disciplines, there are hardly any instrumental examinations or biomarkers that allow to reliably diagnose psychiatric diseases.[67] For this reason, the distinction between disease and health is not only particularly context-dependent in this area, but also strongly personalised. This can lead to conflicts between individual and social concepts of normality. With regard to (alleged) mental states of normality and

65 In the specialist debate, this phenomenon is also known as the "second disease" (see e.g. Bühring 2022).
66 Cf. for example Frances 2014, passim and esp. 89 ff.; Finzen 2018.
67 Cf. Fuchs 2020, 256; Frances 2014, 10 f.

deviations from them, the question "Is he or she normal?" overlaps with a person's internal question "Am I normal?". Concepts of normality thus intervene in the understanding of a person's existence from outside as well as from inside. In both self-perception and the perception by others, observed or assumed deviations from normality can lead to the assumption that a person is mentally unhealthy – at the same time, of course, the perception of a mental health problem can be influenced by the problem itself. The experience of mental suffering, the degree of distress and the relationship between self-perception, perception by others and perception of the world are relevant for the necessary differentiations, always bearing in mind the ambivalence of the terms used in this context.[68]

It is the merit of the debates on "psychiatric power"[69] (and the powerlessness of patients) that they have drawn attention to the associated dangers of imposing care that is not patient-orientated but society-orientated. At the same time, the psychiatric reforms that have taken place since the 1970s have also had repercussions on the experienced "normality" of mental disorders. They intended to offer alternatives to simply locking people with mental disorders away and making them invisible in large "institutions". Among other things, this led to the establishment of social psychiatric services and the expansion of other outpatient services. As a result of the change in treatment options, people with behavioural problems that could be due to a mental disorder are more present in the public sphere than before. Moreover, the public is better informed about mental illness as a result of media coverage. Consequently, the attitudes towards some – but not all – mental disorders have changed. (Social) media and public insight into the everyday lives of people with depression, eating disorders or addictions

68 Cf. the contributions in Stanghellini et al. 2019.

69 Foucault 2006; specifically on the "power of normalisation" by (psychiatric) experts, see also idem 2003b, 42.

have contributed to the removal of taboos and of stigmatisation associated with some mental disorders. By facilitating networking among people who perceive themselves to be on the borderline of psychological normality, social media can have an identity-stabilising effect.[70] This exchange can help to cope with psychological problems. However, insight into the everyday lives of people with mental disorders also generates new forms of resentment and often enough misconceptions about life with a mental disorder. This can result in renewed stigmatisation. There are also problematic imitation effects, for example in the case of eating disorders or suicidality.[71]

This reveals a characteristic complexity and sometimes conflict-prone ambiguity. This is because discursive normalisation and the removal of taboos do not necessarily always lead to recognition of the situation of those affected, nor to their support or even acceptance, for example in the workplace. Rather, new normalisation phenomena are emerging that are at least partly influenced by normative ideas. For example, there are clear differences between the acceptance of the diagnosis "depression" and that of "schizophrenia". While prejudice against the latter is on the rise, the former is increasingly being recognised as a disease, with corresponding forms of social consideration.[72] However, with the normalisation of depression in the sense of acceptance as a disease that is not self-inflicted and that differs from episodic depressive moods, there is also a growing willingness to no longer reduce phases of mental distress, for example in mourning processes, to mere extraordinary emotional circumstances, but to rather understand them as phases of illness that can and must be treated. On the one hand, pathologisation[73] therefore requires

70 Cf. Naslund et al. 2020.
71 Cf. Peter/Brosius 2021 on the interconnections between media and eating disorders and Scherr 2016 on the links between media and suicidality.
72 Schomerus et al. 2023.
73 In contrast, cf. the analysis of a double coding ("madness as illness" and "madness as danger") in Foucault 2003b, 118 f.

normalisation. On the other hand, however, it may imply a denormalisation of stress and grief, which now enter the realm of mental abnormality and are suspected of being diseases.

A (problematic) clear normative imprint can also be seen in the fact that some of those affected are still held responsible for their own disease or for remaining ill (e.g. addictions and eating disorders). If people whose appearance or behaviour seems to be "out of the norm" are less frequently confronted today, this is not always based on understanding or even acceptance. It is not uncommon that the toleration of (supposedly) eccentric behaviour, which may well be experienced as an excessive strain, actually conceals the fear of possible reactions and the concern of not being able to communicate appropriately with a counterpart who is perceived as "different". And yet the borderline area in which psychological characteristics are recognised as "not normal", but possibly not yet as symptoms of a mental disorder, seems to have become wider and more permeable.[74] This view is also supported by the fact that some people with recognised psychiatric diagnoses insist on not being considered mentally ill because they experience the attributed disorder as normal behaviour.

3.3.2 Neurodiversity as an exemplary discourse of normalisation

The example of attention deficit hyperactivity disorder (ADHD) can be used to illustrate opposing (de)normalisation processes in the border area to psychiatric or neurological disorders. Based on the finding that corresponding behavioural problems can be reduced by administering amphetamines, ADHD is now regarded as a disorder of neural information processing and is considered the most common psychiatric

74 Cf. Skuban-Eiseler 2021, 365 ff.

disorder in children and adolescents.[75] The position of those affected is quite divided: While some struggle to be recognised as ill and in need of treatment, others rebel against being considered ill because of psychiatric or neurological abnormalities. The latter applies to the neurodiversity movement, for example, which has been around since the 1990s.

The discourse on neurodiversity[76] can be seen as an exposed example of a normalisation discourse, because in it the sharp distinction between normal behaviour and deviant behaviour/experience is replaced by a concept of diversity and because it gives an account of possible advantages of "being different" in addition to its limitations. This criticises and breaks through an apparently narrow understanding of normality. Some "neurodiverse" people take this as evidence of their not being mentally ill and, in that sense, "abnormal", but of their being "differently normal", so that their behaviour should be considered a "natural" variant within a neuropsychological spectrum of normality. This self-perception corresponds to the expectation of social recognition.

The ambivalence of this concept only becomes apparent on closer inspection, because the inclusive ambition overshadows the negative consequences. While neurodiversity is increasingly being presented in the media and public discourse as the "new normality", there is a risk of disregarding its possible exclusionary effects for people with clearly perceptible impairments, their suffering and the burdens on their social environment, especially family and friends, as well as existing care shortages. Discourses of normalisation, which originated as a critique of existing concepts of disease and health, must therefore themselves be questioned with regard to their self-immunisation against criticism.

75 According to data collected between 2014 and 2017 as part of the KiGGS study, 4.4 percent of 3- to 17-year-old children and adolescents in Germany are diagnosed with ADHD (Göbel et al. 2018, 48).

76 Cf. Singer 2017.

3.3.3 Social implications

The differences between self-perception and the perception of others and the corresponding concepts of normality, exemplarily described above, are a consistent problem in dealing with mental health. Context-related assumptions add to the complexity, as evidenced historically by the supposed "hysteria" that was attributed almost exclusively to women in the 19th century due to the zeitgeist. The ambivalences that are characteristic of a field that constantly oscillates between internal and external observation lead to opposing tendencies: Alongside destigmatisation and the removal of taboos, there is medicalisation with the promise of making illness manageable by medical means and thus controllable for the environment. At the same time, certain phenomena such as burnout are more easily accepted as "socially acceptable" diseases.[77] It fits in with the concepts of normality of a society that is still primarily centred around the axis of gainful employment. To some extent, burnout appears to be a "normal" state of exhaustion resulting from the overfulfilment of a generally recognised performance standard. This does not apply to other phenomena, such as grief. Long-lasting grief can quickly be suspected of being "pathological" grief.[78] On the other side, the impression repeatedly arises that serious mental disorders are used in everyday language to describe "normal" stress and strain situations and are thus trivialised (e.g. slight exhaustion is not yet a "burn-out", a tough exam phase is not yet a "trauma" and bouts of sadness are not yet "depression"). This can be a side effect of the selective acceptance of certain mental disorders

77 Rechenberg et al. 2020, 429.

78 This leads to the paradox that in a society that is highly individualised in many respects, individual mourning processes with their respective timing and form of expression are less accepted than in social contexts with clear mourning rituals. The reasons may also lie in the fact that the pathologisation of grief and its association with mental abnormality suppresses the confrontation with finitude and mortality, notwithstanding the constant presence of death as a cultural theme (cf. e.g. Macho/Marek 2007; classically also Elias 2021a; 2021b).

and highlights the need for differentiation: Mental disorders should not all be measured by the same normalisation yardstick. Since normalisation processes evolve in different directions and may contain expressions of understanding and incomprehension at the same time, the factors driving them, with their sometimes opposing and contradictory tendencies, must be described precisely for each specific context.

3.4 Images of ageing and old age

The changing perceptions of ageing and old age illustrate how "normality" is expressed in images and ideas and how it affects the individual experience of a phase of life in our society that was rarely reached in the past and which now is not only becoming increasingly longer but also less and less characterised by a loss of autonomy. The term "image" is to be taken quite literally here and not just in a figurative sense, because the media portrayal of different stages in old age and age types has a considerable influence on what is considered "normal". Collective and individual ideas are culturally transmitted and changed in images, or more precisely, in the way ageing is shown in the media. This imprinting often occurs pre-predicatively and is also relevant where these ideas are not yet the subject of social debate.[79] At the same time, it becomes clear that prevailing ideas of a "normal old age" have an impact on social expectations as well as on the provision of services, because the prevailing images of old age are linked to basic assumptions regarding existing potential and activation norms. Dementia is an example of how an aspect of the ageing process that was originally interpreted as normal and natural – albeit

79 For a representative example of the ongoing debate on the function of media and images for world and self-perception as well as the interaction of media and mental images, cf. Belting 2001.

crisis-ridden and stressful – has become a measurable deviation from a medically defined norm.

3.4.1 Self-perception and perception by others

Images of old age have changed repeatedly and gradually become more differentiated.[80] What is meant by "normal ageing" and what makes a good life in old age is also linked to demographic changes. As a result of an increase in healthy life years in old age, but also in view of more and more people reaching very old age, images of old age have changed or new images of old age have developed. The dominant and most discussed images of old age represent a socio-cultural perspective on age(ing) and at the same time influence society's way of dealing with age(ing). If the image of age changes, an idea that was previously considered "normal" is replaced by a new, altered idea of age(ing). This is particularly evident in the dominant images of old age discussed above that represent a socio-cultural perspective on age(ing) and the way this perspective has changed, and that at the same time influence society's way of dealing with age(ing). If the image of age changes, an idea that was previously considered "normal" is replaced by a new, altered idea of age(ing).

Images of age are subject to various social influences and are sometimes consciously modelled by actors in the fields of politics or the media. These are the words of the Federal Government's sixth Report on Older People: "Images of old age are not merely insignificant side effects of a society's treatment of old age; rather, they create a reality on which a society's characteristic understanding of old age (when is a person to be considered 'old' in which situations and what does 'old'

80 Cf. Schulz-Nieswandt 2023, 21; Pfaller/Schweda 2024. For a historical and cultural comparison and the history of images of age and conceptions of age(ing), cf. Ehmer 2023. See also Rixen 2015; 2016.

mean in detail?) and society's treatment of old age are based and through which the treatment of old age is justified."[81] According to the Report on Older People, images of old age are "knowledge systems that relate to the course of ageing processes and are therefore important for the realisation of potential as well as for raising awareness of limitations and how to deal with them".[82] As a result, images of old age characterise the personal experience, lifestyle and development opportunities of older people. In the field of tension between a positive image, which strengthens the potential of old age, and a negative image, which highlights the negative consequences of old age, the respective social external attributions are made and the individual self-perception of elderly people is shaped.

Images of old age also have an impact on how older people are treated, the associated attitudes, expectations and the resources and support services provided. Images of old age create a form of "reality"[83], coin "concepts of normality"[84], present cultural "normal forms" of age[85]. They create a "normality" of old age[86] and describe what characterises or should characterise "normal" ways of being old[87]. Images of old age are extremely powerful – implicitly and explicitly – together with the equally constructed or accentuated concepts of normality behind them. Images of old age characterise various age norms, such as the activation norm or the withdrawal norm.[88] If the images of old age are primarily negative, they encourage ageism[89] and ageist behaviour.

Existing prescriptive age norms and concepts of normality about old age and being old, as well as about a normal and

81 Bundesministerium für Familie, Senioren, Frauen und Jugend 2010, 19.
82 Ibid., 261.
83 Ibid., 19.
84 Ibid., 28.
85 Ibid., 54.
86 Ibid., 164.
87 Ibid., 144.
88 Cf. Rothermund 2022.
89 "Age-ism" was first used as a catchword in Butler 1969, 243.

good life in old age, influence the care and healthcare[90] of older people, their social participation, as well as health-related resources, services and notions of a good life in old age. They also influence educational and leisure programmes for older people. Images of old age shape the complex phenomenon of old age and ageing, even though the images of old age dominating at a given time cannot fully do justice to this complexity and the multidimensionality of the phenomenon per se.

Images of old age have an impact on older people – on their understanding of themselves and on the way others perceive them[91] – and on their behaviour, expectations and quality of life. They influence societal, family and social expectations with regard to elderly people in both positive and negative ways. At the same time, individual and societal images of old age vary in different contexts (e.g. the workplace and law), in different settings (e.g. healthcare and culture), but also in media representations (e.g. advertising and film)[92], which in turn has a positive or negative influence on the respective self-perception and the conceptions others have of elderly people.

Images of old age thus shape a picture of what is recognised as "normal" or perceived and internalised as "normal" by elderly people.[93] They are, for example, characterised by the notions of successful and productive age[94], whereby productive age focuses on the societal role, social usability and potential[95], while successful age focuses on physiological and psychological resources and competences[96] and therefore ostensibly has a positive connotation. Such a one-sided positive perspective bears the risk that an incomplete picture will be established as a result, which only does justice to a small group of older

90 Cf. Schweda et al. 2023; Kruse 2013.
91 Cf. Rothermund 2022; Wangler/Jansky 2023; Kessler/Warner 2023.
92 Cf. Schulz-Nieswandt 2023, 21; Ehmer 2023.
93 Bundesministerium für Familie, Senioren, Frauen und Jugend 2010, 88, 195.
94 Cf. Schroeter 2013; Havighurst 1972 and the contributions by Künemund/Vogel 2024; Wahl/Tesch-Römer 2024; Kruse et al. 2024.
95 Cf. also Bundesministerium für Familie, Senioren, Frauen und Jugend 2005.
96 Cf. Schroeter 2013; Holstein et al. 2011.

people[97], possibly provoking age discrimination and the minimisation of service provision[98].

Images of old age also have the potential to act as a self-fulfilling prophecy. It should be noted that images of old age influence both vulnerability in old age and the way we deal with the vulnerability of older people.[99] During the COVID-19 pandemic, images of old age assumed a special significance because the implemented protective measures were acting on them and guided by them. These images primarily focussed on the need for protection of older and very old people in view of their (attributed) vulnerability.[100] These modified images of old age in the context of the COVID-19 pandemic point to the "ambivalent mixture" of positive and negative images of old age.[101]

3.4.2 Dementia as an example of denormalisation and renormalisation

Dementia is an example of how an aspect of the ageing process that was originally interpreted as normal – albeit crisis-ridden and stressful – has been re-interpreted as a measurable deviation from a medically defined norm. The case that the psychiatrist Alois Alzheimer had in mind when, in 1906, he first described the clinical picture of the disease that was later named after him, in retrospect proves to be a rather rare exception. Probably not least because of her unusually young age of 51, the progressive memory loss, cognitive impairment and disorientation of the housewife Auguste Deter attracted Alzheimer's attention so that he documented her case in detail.[102] In

97 Cf. Kruse 2013; Schmitt 2012.
98 Cf. Remmers 2012; Schweda 2013; Schweda et al. 2023.
99 Cf. Kruse 2017.
100 Cf. Deutscher Ethikrat 2020a; 2022; Kessler/Warner 2023; Ehni/Wahl 2020; Cousins et al. 2021; Ackermann et al. 2020; Spuling et al. 2020.
101 Ehmer 2023, 52.
102 Cf. Cipriani et al. 2011.

fact, for a long time Alzheimer's disease remained, by definition, a disease that only affected people under the age of 65. It was only in the course of the 1970s that the diagnostic category was increasingly applied to older people and finally extended in the relevant psychiatric classification systems to people over the age of 65.[103] This broader definition formed the basis for today's understanding of Alzheimer's disease as an age-associated disease and thus also for the growing public, political and scientific awareness of the significance of dementia in ageing societies.

The consequences of this development are ambivalent: On the one hand, senile dementia or "senility", previously interpreted as a decline in character, became a disease for which the individual was not responsible and for which modern medicine promised to provide a remedy. On the other hand, a phenomenon previously regarded as normal thus became the subject of medical problematisation and pathologisation.[104] Overall, the phenomenon of dementia is now increasingly becoming the subject of medical research, of discourses on service provision and political decisions. Social behaviour – such as wandering – turns into a medical problem; as behaviour outside of normality, it becomes a defining element of a disease process. By explicitly referring to dementia as a disease the importance of professional care is being emphasised. As a result, a new normality or a new framework of normality is created for the people affected in the form of dementia-specific care and support services, which intends to protect against discrimination and also to ensure social participation. At the same time, however, an exclusion from social normality is taking place.[105] Due to the high prevalence of dementia in old age, Andrea Radvanszky describes the concept of dementia as a "normal medical phenomenon".[106] The category "normal" here no longer refers

103 Cf. Ballenger 2006, 101 ff.
104 Cf. Ballenger 2008; Fox 2000; Holstein 2000.
105 Cf. on this issue also Keller 2022.
106 Cf. Radvanszky 2010, 126.

to a possible corollary of individual ageing, but rather dementia as a disease in old age is seen as a "normal" side effect of old age for an increasing group of older people. Particularly in the context of Alzheimer's disease, which is the most common cause of dementia, there also appears to be a continuation of the expansive trend. As a result of the definition of so-called prodromal stages and risk statuses, which manifest themselves in syndromes such as mild cognitive impairment or subjective cognitive decline, the scope of medical responsibility is being further extended.

When it comes to the perception of age(ing) and dementia, the collective image of old age is often characterised by deficit and loss. This perspective has an influence on the understanding of normality that frames and accompanies encounters with people suffering from dementia, their care and support as well as their everyday life and lifestyle, but also political and social decisions relating to them.

3.4.3 Social implications

An undifferentiated and primarily deficit-oriented view of old age loses sight of the resources, potential and facets of the quality of life (which should be promoted and preserved) and may lead to injustice, stigmatisation, discrimination and exclusion[107] as well as to deficits in care and support, so-called "structural ageism"[108]. The respective characterisation of the image of old age influences nursing care and healthcare.[109] As a result, it is also reflected in nursing and care concepts and, moreover, in the residential arrangements of care facilities,

107 Cf. Schmitt 2012; Beyer et al. 2017; Wurm 2020; Schweda et al. 2018; Schweda et al. 2023.
108 Kessler/Warner 2023, 20.
109 Cf. Schweda et al. 2023.

which emphasise the "normality"[110] or "normal everyday life"[111] and identify corresponding formats for organising everyday life and providing orientation as well as technical equipment, including automation.[112] This includes the currently favoured models and concepts of so-called house and residential communities, which are intended to replace the institutional character of a primarily care-oriented atmosphere of a "ward" and focus on living and community within an institution or care unit. The development of concepts for long-term inpatient care facilities is an example of how the continuum of guiding images of old age – with the keywords nursing, custody, vulnerability at the one end and individual care, social participation, community and the promotion of potential and quality of life at the other end – have a direct impact on nursing care and healthcare services.

One thing is clear: Individual as well as collectively communicated images of old age – even if these are not always free of contradictions per se – represent a framework for orientation and are powerful in shaping a concept of normality. They have an impact on the roles attributed to and the performance expected of older people, and on life in old age in general. This form of collective interpretation is subject to a certain dynamic and can change and be corrected according to the attitudes of society and politics. According to the Report on Older People, any one-sided characterisation is problematic in that it represents a "normalisation programme"[113]. An image of old age that emphasises the perspective of potential, while ignoring the perspective of vulnerability and the limitations associated with age(ing) (thereby failing to take people with dementia

110 Cf. Bundesministerium für Familie, Senioren, Frauen und Jugend 2010, 193; Keller 2022.
111 Cf. Bundesministerium für Familie, Senioren, Frauen und Jugend 2010, XV.
112 Cf. Deutscher Ethikrat 2020b.
113 Bundesministerium für Familie, Senioren, Frauen und Jugend 2010, 59.

into account[114]), will not do justice to the complexity of age and individual ageing[115].

3.5 Body images

With regard to the normalisation phenomena examined here, body images are interesting for several reasons. They allow for the observation of the contradictory nature of normalisation effects. The ambivalence of normalisation dynamics becomes vividly and exemplarily comprehensible. On the one hand, the orientation towards an ideal of normality is broken up by a high degree of diversification. On the other hand, the opposite effect can be observed. New mechanisms of exclusion are spreading. The pressure to fit to certain body images can lead to new pressure to conform, which can have a considerable impact on mental health and the conscious shaping of one's own individuality. Furthermore, the normative character of normalisation practices becomes clear. Expectations to imitate role models and even claims to validity are communicated here with images of corporeality. As with the images of old age, a very broad concept of "image" is employed here. Finally, the importance of the media, also relevant for other fields of exploration, is highlighted paradigmatically and illustrated with regard to the specific dynamics of social media.

The extent to which images and other cultural artefacts of the human body, the aestheticisation and idealisation of certain forms of appearance on the one hand, and the branding of the body as deformed, ugly or inferior on the other, are part of the history of mankind is evident in every visit to an art history museum. The connection between body norms and not only aesthetic but also moral expectations goes back at least as far

114 Cf. also Bundesministerium für Familie, Senioren, Frauen und Jugend 2002.
115 Vs. a "normal biography" (cf. Bundesministerium für Familie, Senioren, Frauen und Jugend 2010, 266).

as antiquity. Although the presumption that a perfectly grown and trained body reflects not only physical but also mental health and moral attitude has undergone many changes over the past centuries, this tradition of thinking about the complex interplay between ethics, aesthetics and health in relation to the ideal body is unbroken.[116] In fact, the hidden connection between normalisation phenomena and normative demands is particularly evident here. The well-trained body is not only associated with attractiveness, but commonly also with inner discipline, goal-orientation and health awareness, while the possible physical and mental negative effects, including physical self-harm, are ignored. Moreover, the body, which is not only inevitably perceptible but consciously "exhibited", becomes a symbol of the respective gender, social and societal orders.[117] Its depiction reveals belonging and discrimination, expectations of beauty and health, in short, its contribution to the "social body". This "exhibition" is not only effective in classic, direct, interpersonal contact, but also and even more so in (mass) media dissemination. Obviously, this offensive mediatisation of the body has consequences not only for social perception, but also for the self-perception of one's own body and the self-image related to it.

3.5.1 Social media as an example of the powerful impact of body images

With the rapid increase in image production and technologies that allow people to not only consume images, but to produce them themselves in real time, i.e. to *pose* and *post* them, as has happened with social media over the last twenty years, the importance and influence of media presentations of body images has increased considerably. Young people spend several

116 Cf. Scheller 2021.
117 Ibid.

hours a day with and on social media.[118] Communication in these media is strongly image-based, whereby the published images of bodies are by no means always "unretouched" and authentic, but rather, especially in the self-portrayal, adapted to the recipients' expectations of normality, which are often anticipated by means of image editing software.

The self-produced images, optimised by means of technical filter functions, can contribute to or intensify disturbances in the perception of the body image.[119] However, mental disorders related to one's own body perception, i.e. the entire range of eating disorders or body image disorders (e.g. body dysmorphic disorder), cannot be attributed monocausally to the use of social media and the body images and norms conveyed there. After all, they are much older than these media. These clinical pictures are complex syndromes in which constitutional dispositions play a role alongside social and psychological conditions.[120]

A movement that can be understood as a "counter-power" (cf. section 2.5) to the commercial brave new body world is turning against the standardisation of certain body images, which for men primarily relates to fitness and muscle strength, and for women primarily emphasises attractiveness, thereby iconically reinforcing supposedly obsolete gender orders[121]. People of colour, the elderly, people with diverse gender identities, people with visible disabilities or hidden limitations, people with obesity or anorexia as well as people who engage in extreme forms of bodybuilding promote the recognition of diverse body shapes and body images and thus become visible in their diversity. In contrast to the normalisation of the one ideal body appearance with its many negative consequences,

118 Cf. Deutsches Zentrum für Suchtfragen des Kindes- und Jugendalters 2024.
119 Cf. Wunderer et al. 2022.
120 New medicines can also constitute changed normality conditions in this respect (cf. Hari 2024 on this debate).
121 Cf. Jansen/Wehrle 2018, who examine how female body images are shaped by normalisation and optimisation interests.

they advocate diversity, they call for the recognition of plural normalities and positively acknowledge the deviation, the flaw as the normal: Obese adolescents show off their athleticism and amputees model for major fashion labels on social media. These images are also staged and are as a matter of course orientated towards the usual market mechanisms, but without being fully controlled by them. They pick up on social developments and reinforce them. The intended view of the vulnerable, injured, unfiltered, which also provides disturbing insights and counters embellishment with a different kind of realism, criticises an ideal of being human with and in one's body that defines a Central European, healthy, slim, trained person as the benchmark. However, this criticism and openness to diversity are themselves curated from a marketing perspective[122] and thus correspond to a logic of standardisation. At the same time, this diversity and the attention paid to the marginalised, overlooked and ostracised often follow a group logic, a "bubble", which not only generates self-reinforcing resonance, but can even result in new forms of demarcation, including harsh exclusion and discrimination.[123]

3.5.2 Two examples: Body positivity and tattoos

The contradictions of normalisation boosts related to body image production and its counter-movements can best be illustrated by the body positivity movement which, however, has itself ambivalent consequences. The body positivity movement arose from a critical view of ideal bodies staged in the media, where beauty, health and wealth are combined with a lifestyle of perfect routines that extend into the mental and

122 Cf. earlier Damm et al. 2012; Reckwitz 2017, 295 ff.

123 Friedrich Balke (1998, 75) aptly remarks (with reference to Jürgen Link): "Even the most flexible normalism cannot be separated from the gesture of exclusion, so it should not be confused with the humanist pathos of a general brotherhood of mankind."

spiritual realm to create a kind of "normcore life" that is supposed to be desirable for everyone. The acceptance of physical diversity also makes it possible to adopt a critical view of the depiction of ideal – slim, white, flawless and healthy – bodies. Influencers guide their followers into their supposedly realistic everyday lives and show them how to be beautiful, young, healthy, rich and loved. The fact that this staged everyday life conceals marketing agencies that sell not only goods but also standardising ideals is an often unnoticed side effect with serious consequences for self-perception. It has been proved that profit-orientated marketing, which reaches children in their homes and classrooms via screens and displays, leads to a basic feeling of "inadequacy".[124] In this way, one's own body, lifestyle and mental state will always remain deficient.[125] The impression that every person can achieve the ideals if they make the appropriate effort creates frustration at the very least. At worst, the associated experience of being "not normal" or not meeting the demands of the alleged normality presented promotes mental disorders or body image disorders. This is especially true as the failure (and necessity to fail) to meet the standards of these supposedly so familiar "role models" is often very closely linked to our own everyday lives through constantly recurring feeds on our mobile devices.[126]

At first glance, these very different movements reveal the power of digital media, which counter the affirmation of normalisation powers by means of criticism and parody. The imperative "Be as you are!" is set against the imperative "Become perfect!" On the one hand, the call to accept one's own physicality, to learn to live with limitations and to no longer judge or even condemn the physical appearance of others creates a counter-normalisation. It may contribute not only to seeing one's own reflection differently/more positively and to avoid

124 Cf. Nymoen/Schmitt 2021.
125 Cf. in an exemplary manner King et al. 2021.
126 Cf. Schober/Hipfl 2021.

making the demands on one's own body, beauty ideals and fitness images dependent on others, but also to not make recognition of and respect for a person dependent on their body weight. On the other hand, it cannot be ignored that teaming up in a community-building way, for example in forums for those affected, suggests a normality that in turn creates pressure to conform and produces the constant question "Do I still belong?" This is because it is not a purely subjective aesthetic position that is formed, but recognition and affirmation in the group that is sought – sometimes with quite deliberate expansionist tendencies in the sense of political activism. There is a danger that the concern for anti-discrimination and the positive portrayal of diverse body shapes will make actions and conditions appear positive that clearly cause life-limiting harm and conceal their potential hazardousness under the guise of the "new normal".

In the context of body positivity trends, a more precise distinction must therefore be made between normalisation *in dealing* with what is supposedly not accepted as normal (i.e. disease, disability, blemishes, limitations, being "too small" or "too big", "too thin" or "too fat") – the de-discriminatory consequences of normalising diversity – and the normalisation of potentially harmful conditions and practices, including targeted disinformation and anti-scientific campaigns.

Tattoos are a striking example of normalisation dynamics in the area of body images. Originally derived from non-European ethnic-tribal design patterns, they were initially used by narrowly defined social groups separated from the majority society by their living conditions, such as sailors, mercenaries or prisoners, as an internal identity-forming sign of recognition and at the same time perceived from the outside as a social mark of exclusion ("prison teardrop"). With the infiltration of rebellion-orientated body images into the cultural mainstream, namely via the punk subculture, tattoos lost their negative social connotation within a few decades. They are now widely recognised as part of the "normal" range of socially acceptable

body modification, even if they are not equally accepted on all parts of the body and in all social positions.

A reflective and self-critical, yet confident approach to one's own body and body experience in an image-driven media environment requires not only media literacy in order to understand how expectations of normality emerge, but also a thorough debate about the power of these images and the associated normative claims and self-concepts as to what is normal and what should be considered the norm.

4 CONCLUSION: NORMALITY BETWEEN ORIENTATION AND CONFLICT

Normality is an important topic in ethics. Although it plays a role in specific sub-areas, it is still not subject to sufficient deliberation. With this Impulse Paper, the German Ethics Council would like to sensitise people to the complexity of the topic in order to prevent distortions caused by the use of an undifferentiated notion of normality. Normality is a notoriously fuzzy concept that can be found in almost all areas of society and is quite powerful, although its conditions of origin and consequences are relatively little discussed. In order to stimulate further ethical debates, it is first necessary to call to mind the omnipresence and relevance of concepts of normality. Furthermore, the often hidden normative influences must be worked out. Finally, awareness of the ambivalence of understandings of what is "normal" needs to be increased.

This objective draws attention to the dynamic emergence and shaping of concepts of normality, the actors involved and the possible consequences: Normalisation processes and concepts of normality are not something quasi natural that must simply be accepted as given. Instead, they are (partly) influenced by different institutions, groups and people, albeit often unnoticed. In this sense, normality is a multifactorial process that progresses at varying speeds and is not unidirectional, but is characterised by feedback loops, selective re-accentuations, slowing and accelerating effects. Thus, the insistence on normality has a certain potential for conflict, which remains effective even if it is not openly addressed. However, normality also fulfils an orientation and stabilisation function that is as important for the individual as it is for society. This is because it presupposes heterogeneity and is simultaneously challenged by it: With complete homogeneity, normality is not a sensible concept. The same applies to natural laws. Deviations in

particular demonstrate the importance of normality. And yet, it also has a homogenising effect, which in turn can strengthen aspects of identity and togetherness.

Greater attention needs to be paid – in politics, academia, the media and society as a whole – to the fact that definitions of normality and the normative claim on which they are based diverge between social perspectives and are subject to change over time. In addition, especially education and healthcare institutions as well as (social) media should provide better information about normalisation dynamics and their positive but also potentially negative consequences.

The creation of normality can reflect and secure existing power structures. It is precisely for this reason that not only concepts of normality that are constitutive for the respective majorities must be respected, but also those that are counter-intuitive for them. Insight into the dynamics and plurality of normalisation processes can promote the ability to endure ambiguity and not just see it as a threat to one's own identity. However, this does not mean that any group-related assertion of normality must simply be accepted. Rather, "normality in plurality" also requires the mutual awareness, acknowledgement and consideration of parallel, possibly competing concepts of normality.

From a genuinely ethical perspective, attention must be paid to whether and when concepts of normality develop that cannot be reconciled with fundamental moral values such as human dignity, self-determination and justice – and how this can be counteracted. For example, those concepts of normality must be opposed that leave people who suffer without appropriate care or allow them to be discriminated against in other ways. Openness to concepts of normality becomes problematic if, for example, it is used to propagate behaviour that is either self-damaging or harming others. In this sense, normality can even appear to be a regulatory challenge: Ultimately, decisions that are binding throughout society are determined (and thus "normalised") by the democratically legitimised authorities.

On the one hand, the law itself has a normalising effect; this is a fundamental claim to governance. On the other hand, the binding nature of democratically established norms should not be rejected or even relativised on grounds of normality pluralism. It is (also) a task for ethics to clarify such issues.

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