Apithology: An Emergent Continuum

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ABSTRACT – Apithology is the field of study concerned with identifying and enhancing the dynamics that enable the healthy development of emergent systems. In this paper the definitional premise of the discipline of apithology is explained and reasons are provided why the depth of practice in this field is predicted to increase. To illustrate the predominant orientation from this frame the term '*apithology*' is contrasted with its conceptual antonym, being '*pathology*'. This preliminary introduction to the field of apithology proposes a metaphor in a continuum of development across two horizons of meaning as complementary perspectives on the prevention of disease and the generation of life. Elucidation is provided as to why a balanced focus on both the pathological and apithological may be desirable and how the conscious application of this orientation might assist in our collective endeavors towards the health and wellbeing of humanity as a whole.

INTRODUCTION

The investigations in the many disciplines within the fields of medical pathology have yielded remarkable benefits towards the survival of significant numbers of people. In diverse parts of the world human life expectancy ranges, particularly over the last century, have increased, mortality rates have decreased and the quality of human life has been enriched appreciatively. This paper examines the progress forward from this point. It predicts that as we, as a species, shift to a more inclusive and humanitarian ethic looking to the existence values for all, rather than predominantly to the subsistence values for some, our emphasis of inquiry will also shift, from an avoidance of suffering and death of the many to the generative growth and wellbeing of the all. That shift is identified as the shift from pathology to apithology. This shift in orientation will involve a profound shift in meaning.

Strangely, in a world of contrasting opposites there has to date been no commonly held antonym to the term 'pathology'. This paper proposes such a term and the basis for its conception. The intention for doing so is to open up the philosophy of the inquiry into the generative health and wellbeing of humanity, possibly even asking us to recontextualize the traditional conception of a humanitarian ethic, in its entirety.

DEFINITIONAL ETYMOLOGY

Apithology is a word created to describe a timeless concept in a modern context. It is not known whether the word apithology also has an ancient meaning. It has been formed as an entirely new term to describe a distinct and novel conception. The term originally emerged from the development of a field of practice that in essence is the counterpart to its opposite, being the research field of *pathology*. The origin of the word apithology itself derives from the etymology of its basic elements. By contrasting the etymological roots of these two counterpart terms one can understand the complementary nature of their relationship in representing two distinct horizons in one conjoined system of meaning. Looking initially to those definitional terms:

Pathos~ (the root in *patho-biology*) - comes from the ancient Greek.

In this context *pathos* has the meaning of 'suffering' or 'disease'. *Bios* – from the ancient Greek has the meaning, in this context, of '*life*'. Pathology can therefore be understood literally, based on its etymology, to mean the study of the '*suffering of life*' – essentially being the observation of any adverse or detrimental abnormality in a naturally existing state. In contrast:

Apic~ (the root of *apithology)* – derives instead from the Latin.

In this context, it has the modern English meaning; '*of, at or forming an apex*' (as in apical). The suffix end-form is the same as in *bi-ology*. Apithology can be understood literally, based on its etymology, to mean the study of the '*apex of life*' – essentially being an inquiry into the dynamics of generative or beneficial alterations in a naturally existing state.

An antonym is a word of opposite meaning, a counter-term, used as a correlative of its synonym. Technically, a noun, being a descriptive label for something, does not have an antonym - its counterpart being merely a different thing. The term pathology, in its wider meaning, may be used as an adjective – describing not only the study of something, but also the descriptive quality of the thing studied (e.g. *the pathology of the system*). It becomes a description of the *qualities* of the phenomena being studied, as well as the particular discipline of study that reveals those qualities. The term 'apithology' has as its antonym 'pathology' when used in this particular sense (e.g. *the apithology in the system*). The antonym of *apithological* is *pathological*. In a similar way, the conceptual antonym of *pathology* is proposed as *apithology*. In recognizing these etymological distinctions we can use the distinct concepts of apithology and pathology as converse terms that frame counterpart and contributive disciplines of study, which ultimately look at the same phenomena, each holding a different emphasis in the orientation of their inquiry.

THE PATHOLOGY OF DISEASE

The language we are trained in and use in our collective inquiries enable and at the same time limit our mental conceptions of a problem (Popper, 1963). Terminology creates subtle orientations for our paradigms of approach and contributes to our continuous refinding of predetermined resolutions to categories of presenting events (Kuhn, 1996). Interpretation and integration of new meaning and different perspectives as a premise of an emergent inquiry requires that we first let go of and then add to old meaning to make room for the new (Bateson, 1972). The opening to an unfolding of meaning is as vital to the generation of apithological frames as delineation and definition with precision are fundamental to the pathology frame. By examining 'apithology' as the counterpart concept of pathology, we can begin to understand the less familiar term by looking at the meaning of that which is already known, then letting this understanding go and adding to this by expanding the frames of our inquiries. Working with, rather than against, this dynamic of human sense-making familiar conceptions may guide our consideration and understanding of the entirely new. In contrasting the definitions of 'pathology' and 'disease' we may find it easier to understand the less familiar terms, 'apithology' and 'wellness' in an emergent context. It is worthwhile to look briefly some of the common elements in these familiar definitions.

Pathology is defined as:

pa·thol·o·gy (p-thl -j) *n.*

pl. **pa·thol·o·gies**

1) The scientific study of the nature of disease and its causes, processes, development, and consequences. Also called **patho-biology**.

2) The anatomic or functional manifestations of a disease: *the pathology of cancer.*

3) A departure or deviation from a normal condition: e.g. "Neighborhoods plagued by a self-perpetuating pathology of joblessness, welfare dependency, crime" (Time). [*Source: (The American Heritage Dictionary of the English Language, 2006)*]

The term 'pathology' has as its most common usage the meaning of the clinical medical term and is seen in references to the professional disciplines with expertise in this area. Pathology also has a much wider meaning in relation to its main subject of focus – being 'disease' generally (and deviation specifically).

Disease is tautologically defined as:

dis·ease (d-zz) *n.*

1) A pathological condition of a part, organ, or system of an organism resulting from various causes, such as infection, genetic defect, or environmental stress, and characterized by an identifiable group of signs or symptoms.

2) A condition or tendency, as of society, regarded as abnormal and harmful.

3) *Obsolete.* Lack of ease; trouble.

In the first meaning of disease, the focus of pathology extends to any system of life. While a common focus may be on human health, any system's health that concerns living things can be the subject of a study in pathology. In the second meaning, pathology also looks at the conditions of a society regarded as abnormal and harmful. In this we see that the conception of pathology extends beyond what science defines as abnormal, to include that which society sees in itself as abnormal. The distinction is also made that to be pathological the condition must be seen as harmful to that society. The third meaning is perhaps the most interesting, which is

the meaning of disease within the concept of 'dis-ease'. Pathology is also the study of the cause, processes, development and consequences of the 'unease' we feel as a psychological condition of humanity. Often the study of something that has no object that can be physically located will usually be moved from pure scientific inquiry into the realms of the philosophic, metaphysical or socially speculative. With the contributive focus of modernity being on the material and empirical, the potential for obsolescence in this third meaning of the term is not unexpected. Within these three usages that illustrate the usual ways of approaching an examination of the *pathos* of the *bios* - we can discover a concept that is found by a converse definition, being *apithology* – or the *apic* of the *bios*.

THE APITHOLOGY OF HEALTH

Converse logic creates a valid proposition which arises from interchanging the terms of another valid proposition, as by putting the predicate for the subject, and the subject for the predicate in a logical sentence (e.g. no virtue is vice, no vice is virtue). For example, a common logical proof in mathematics is, if two sides of a triangle are equal, the angles opposite the sides are also equal; and the converse must also then be true (i.e. if the angles are equal, the two sides are also be equal). The principles of converse logic may provide us with an opposite and equally valid truth often known, but previously not disclosed within our present awareness.

We can find by looking into the mirror-like definition of pathology a workable understanding of apithology. If pathology is an abnormal and harmful condition of a system – the converse proposition is that there is a corresponding 'adnormal' and healthy condition of that same system. Just as the opposite of sickness - is not the absence of sickness, the opposite of pathology is not the absence of pathology (being the absence of disease) - but is instead the presence of health – otherwise known as 'wellness'. Just as the antonym of 'disease' is found in the term 'wellness', the antonym of 'pathology' is found in 'apithology'. This mirror of comparison shows new definitions arising from converse propositional logic:

[wellness] (wl ns) *n.*

1) An [api]thological condition of a part, organ, or system of an organism resulting from various causes and characterized by an identifiable group of signs or symptoms.

2) A condition or tendency, as of society, regarded as [adnormal] and [health generating].

3) *Emergent.* Lack of [un]ease; [un]troubled.

Apithology is then defined as:

api·thol·o·gy (a pith l -j) *n. pl.* **api·thol·o·gia**

1. The [systemic] study of the nature of [wellness] and its causes, processes, development, and consequences. Also called [**apico**]**-biology**.

2. The anatomic or functional manifestations of [health]: *the apithology of emergence.*

3. A [conformance] or [adherence] to a [health generating] condition: "Neighborhoods were enabled by the self-reinforcing apithology of community engagement, independence, kindness".

This simple illustration of how a conceptual antonym can give existence to the presence of a term that exists in our conception, but is not commonly used, highlights a pre-existing absence of meaning and possibly a common definitional prejudice. We may often see in the vision of a beneficial society a desirable state as being, not the presence of wellness and health, but simply (and only) as the absence of sickness and disease, principally focused in the form of a delay in the inevitability of death or decline. It is to the potentiality that is inherent hidden within our own definitional limitations that the disciplines of apithology specifically orientate their inquiries towards.

In using these particular disciplines the emphasis is on inquiring less into the inherent pathology of our social systems and more into the apithological potential that exists presently in our societies. From this frame we might then ask the new question: "*Are our efforts looking to find the causes of health and wellbeing or merely seeking to create an absence of disease?*".

Where the two concepts of the presence of health and the absence of disease are for us indistinguishable and synonymous, the introduction of an expanded conceptual horizon allowing for apithological alternatives might extend the continuum of potentials, making possible that which was previously conceptually invisible, and definitionally unattainable. If only for this reason, using the inquiry posed by an apithological reconception of our most familiar questions may yield new insight and fresh perspectives with the potential for surprising innovations. To enable this we may need to investigate the metaphorical looking glass marking the boundary of the limitations of our own preconceptions revealed by this conception.

FROM BEHIND THE LOOKING GLASS

In defining two definitional polarities separated by a perceptual barrier we can use the lineal fiction of a

continuum of development to conjoin and contrast these two frames as counterparts of one perspective (Figure 1). Placing a two way mirror in the central point of this fictional continuum discloses a view from one side of the mirror as being the avoidance of suffering and death leading towards a neutral and balanced central equilibrium point as our highest form of attainment. A perspective on the reverse side of the two-way mirror that divides these terrains would see an avoidance of growth and development as leading backwards towards the lowest stasis point of sustainable existence. Depending on which side of the mirror we stand, our view of the system's potential and the potential for intervening in that system of our own definition, is determined accordingly.

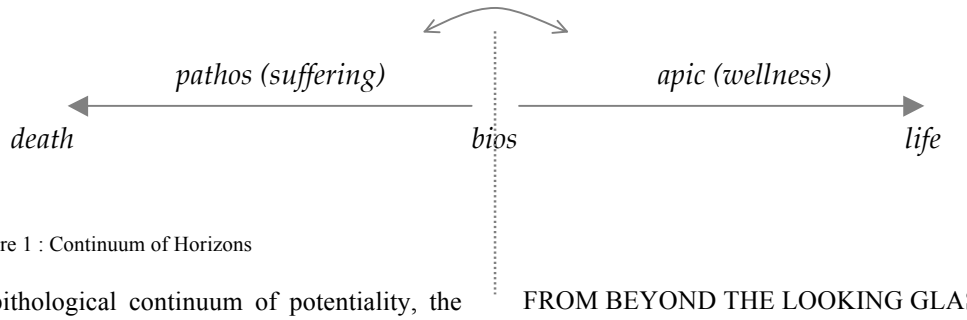

Figure 1 : Continuum of Horizons

Using an apithological continuum of potentiality, the concept of 'normalcy' is then seen as being any point on the continuum as self-defined by differently held conceptions. The distinction made within these two orientations is one views normalcy as the presence of health and the other views normalcy as the absence of harm. The degree of presence and absence is what defines a relative position on the fictional continuum as being within these two views.

The tension in an emergent system when in equilibrium will be in the movement towards the polarities of either apex-point on its continuum of potential (Prigogine, 1980). When a living system is unable to retain its nominal point of present equilibrium (i.e. the nominal position of normalcy at that time) it may either decline into sickness, suffering and death, or move towards growth into health, wellness and life. The dynamics occurring within the system are what will determine the direction of progression. In order to manage the system as a whole conception, we would need to understand the two sets of dynamics operating in the two horizons of potential equally.

In adopting the perspective of a situated observer within any unique conception we might privilege the stasis of the living system as the most desired state, seeing an abnormal condition as any movement away from the position of nominal normalcy in the center point of the perceivable continuum. If we have a view predominantly from only the left-hand side of the fictional mirror, we might consider the absence of sickness and the presence of equilibrium at a nominal place of normalcy, which may be suboptimal, as the most desirable state. There is, however, a view from the other side of the looking glass. This emergent worldview sees the presence of wellness and an absence of a permanent equilibrium as the most desirable state where the living system self-generates into new coherent forms of greater complexity and coherent integrity. This proposes that we consider the potential in any living system by the movement towards its emergent potentialities of generative health, which potentially are as yet unknown. This frame is one that asks that we also inquire into unknowing.

FROM BEYOND THE LOOKING GLASS

The fields of pathology and apithology will equally involve the study of the cause and effects of changing conditions in different systems of life. Examples of such systems studied may include a single cell, a germinating plant, a growing human body, a functioning society, a single aspect of the global condition of our planet – or extend into an inquiry of the condition of humanity as a whole. The span of the possible inquiry is limited only by our capacity for conceptualization of that span. Our capability to enact conscious actions within that span is then limited only by our familiarity and proficiency in the actions required to manage and enable the dynamics potentially occurring within that expanded span. The disciplines of clinical medical pathology to deal effectively with disease within the human body are already well advanced. Established sub-disciplines of medical pathology include nosology (the classification of diseases), etiology (the study of their causes), cytopathology (cellular pathologies), serology (the use of serums in the identification and treatment of causes) and immunology (which looks at the structure and function of the immune system itself). The expanding focus on social dysfunction and societal disease seen in the study of epidemiology, the patterns of depression in society and mapping incidents of crime geographically has generated new disciplines in empirical and clinical sociology to statistically identify the presence of a disease or abnormality from a defined desired state

constituting normality in society. These disciplines are well advanced with established communities of practice and refined modes of discourse.

The disciplines of apithology to deal with the causes, processes, development and consequences of healthy development of the human body, other living systems and our societies are less well defined. They are, however, already known to us, as the disciplines of apithology are the disciplines of *life* itself. These include the holistic health care of one's body leading to youthfulness in graceful aging, parental attentiveness to the nurturing of a growing child, one's own personal development in a commitment to lifelong learning and practice, the changes in stages of a maturing personal relationship and the benefits of social resilience gained from active engagement in community development. Perhaps, the only thing absent from the field of apithological practice is the naming of the field and the identification of its already existing parts.

We may speculate on the reasons for an apparent imbalance in the emphasis on the development of these two complementary approaches. Some may argue that a strength of monological methodologies predominant in scientific empiricism is that they favor the isolation and resolution of clearly identifiable detrimental conditions (Ackoff, 1962). The presence of subtle-reductionism in the semiotics of post-modern philosophy and the lingering effects of Cartesian dualism on secular inquiry may also have limited our capacity for creative philosophy and generative epistemologies (Tarnas, 1991). Perhaps simply it is our ongoing obsession with the continuation of our own existence in an avoidance of death as the focus for life that creates a particular orientation to morbid preoccupations (Reanney, 1991). What may seem remarkable on reflection is that in terms of time, research, funding, publications and human effort we have been more concerned with identifying the characteristics of death than the qualities of life. Whatever the explanation, it is perhaps more interesting and possibly more useful to examine the early indications of the likely future increase in interest in apithological practice, rather than the reasons for its previous absence.

One reason for an expected shift in thinking towards the apithological side of the mirror is the recent deeper understanding of how the principles of Darwinian evolution can be applied to the ecological conditions for the biological, sociological and psychological emergence of mankind (Teilhard de Chardin, 1955) (Huxley, 1961) (Dawkins, 1976) (Capra, 2002). Another is the development of new insights into the biopsychosocial developmental levels of consciousness and the corresponding alteration of views of normalcy as static concepts within our societies, particularly as more encompassing levels of consciousness gain a greater capacity for a systems perspective on the structural development of evolution of societies themselves (Gebser, 1985) (Graves, 2002) (Kegan, 1982) (Erikson, 1998) (Wilber, 1977). A third occurrence is the development of an understanding of the principles of emergence as a counterpart to the study of energetic dispersal in dynamic systems by examining the potential of systems to align in co-supportive emergent holarchies (Koestler, 1970) (Morowitz, 2002) (Prigogine, 1980) (Laszlo, 1996). A fourth possible expansion is in the extension of theories of autopoiesis into social systems and our conscious observation of the patterns of resilience in connection and generative dispersal in systems of social panarchy (Varela, Thompson, & Rosch, 1991) (Thompson, 2007) (Holling & Gunderson, 2002) (Luhmann, 1995). Increasingly integrative and unitive approaches to evolutionary perspectives, particularly in understanding the mind that perceives of biological emergence in conjunction with the sociological and psychological domains, would seem to naturally over time generate the desire for apithological frames (Koplowitz, 1984). The emergent view is one that will need to see both sides of the continuum as one system in a co-dependent dynamic equilibrium without division. The first step towards this is a balancing of our worldviews. By identifying the disciplines in pathology and apithology we can see what is being looked at. We must also understand why these things are being looked for.

UNEASE BEYOND THE LOOKING GLASS

The shifts mentioned in the orientation of our predominant conceptions provide underlying reasons for the development of new practices to enact the many emergent worldviews which inform a view taken from the other side of the mirror. An integration of such methodologies enables our progression along the continuum of life, health and wellbeing. The development of new disciplines will be symptomatic of a more subtle effect that may eventually lead to an increase in the depth of practice in the field of apithology. That effect will be seen by a shift in the questions we collectively are asking. Any such increase will be reflective of the extent of the realization that the creation of a system that is merely *apath*ological (i.e. without disease) will not create a system that, in and of itself, defines enduring health. Within a worldview that assumes that the avoidance of suffering leads to equilibrium and peace we find a confusion in the belief that life does not also involve death. Within this subtle definitional distinction lies some evidence of our own self-deception regarding an essential (if not noble) truth. It is the unease in the *pathos* (the suffering) that

drives us so diligently to alleviate this condition we call dis-ease in life. Amelioration of the suffering of disease is essential for our survival and comfort. It is not, however, essential for *life* itself to proceed. This approach of amelioration of locational discomfort provides only the means to sustain the potential for the current life or life-style of the individual, but does not sustain the potential for productive living for all. Once we have created an equilibrium state of comfort without pathology and an absence of disease, we will have created a system with the potential for life. This is but one of many essential steps towards creating generative health. It is the actualization of the potentials inherent within this state to which apithology turns its attentions. In this way, the two horizons of meaning generated separately in pathology and apithology are found to be complementary, if not inextricably connected. It is only their intentions that signify the distinction in meaning.

THE EASING OF THE BIOS

It is a familiar assumption that the removal of the pathology of disease will return a system to a beneficial stasis. In stasis is found the illusory condition of normalcy, a holding point in the perennial biological struggle for existence. In this state of normalcy the immediate prospect of extinction and death may be eluded, but continues unabated. It is an important step in the creation of the capacity for life. We are also required to take a second step. When we examine life from an evolutionary systems perspective, we do not see the *bios* as the study of living things, but as the study of the '*thing that is life*'. In apithology we refer to *life*, not as the living existence of a single thing, but the existence of systems that enable life *in things* and the potential for their co-enacted evolution and development through a continuous process of generative development. Transcendence of a traditional anthropocentric view of biology that relies on the detached observation of its isolated parts, to a view that includes ourselves as a contributor into a wider evolutionary phenomenon in which we are participants, may define the point of shift in perspective that marks the emergence of apithology as an equal discipline of inquiry. In understanding 'life' as a process of which we are part, rather than something we or other things possess, we may hold a perspective of greater humility on our co-dependent origination with other sentients occupying this biosphere. This is why we will seek to distinguish apithology from the study of biology, physiology and psychology to move beyond the disciplines first pioneered by Aristotle towards a modern integrative apithological systems perspective.

From this orientation discovering the causes, processes, paths of development and consequences that lead to the emergence of the potentiality within a living system is a challenge of great importance. It is one that is at least equal to the historically predominant enquiry, the focus of which, is the suspension of the potentiality of our own individual death. Enabling the potentiality of life for the benefit of all humanity is where we can now turn. The species of mankind can then consider its role in the collective potential in the emergent proposition that is humanity in its own becoming. To achieve a balance with our fixation on the prevention of death – known to us by *pathology*, we may also need to focus on enabling the emergence of life – known by *apithology*. The increasing examination of our world and our own development as a species explains the need for a collective name to describe, in a word, that which we already profoundly know and understand. Through the development of this enquiry we will first consciously acknowledge and confirm all that is known about creating health and wellbeing and come to understand deeply, that we are poised to seek and discover, a great deal more.

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NOTES:

[1.] This article was originally published on 14 October 2004 and has been revised into a format consistent with other articles in this series.

[2.] For more information on this topic and to review discussions on this and other articles in this series, please visit the community of practice website at www.apithology.org .

[3.] This paper is published as the foundation paper in a membership-based knowledge resource. The first article in the series is available free of charge. Subsequent articles are provided by donation. Full access is provided to subscribers. To share this knowledge with confidence, please refer all interested readers directly to the library of online versions at www.aspects.apithology.org where current copies of the entire series of articles are maintained. If you have received a duplicate copy of this article and have found it of interest, please consider making your donation as a reader at that location or contributing your skills to the community of practice developing research in this field.