# Guest editorial

## Making a diffuse group consistent and substantial:
Toward a Sociology of Social Texture

How do standards govern life? This question, posed by Laurent Thévenot (2009) regarding the commitments of humans to their environment, gives an insight to the tonality of this special issue, which refers to a recent STS meeting devoted to the Standardization Process of Medical Practices[1]. Stemming from medical innovations and controversies, the aim of our encounter consisted of exploring the links between the production of scientific objectivity, the standardization of practices or indicators, and the writing of history.

Applying the concept of 'investment in form' in medical classifications and clinical practicalities, Thévenot (1984; 2009) examines the relationship between the 'formats of information', the plurality of 'qualifications of worth' and their 'putting in conformity'. He thus focuses the attention on the Gordian knot linking to the two sides of the same process of *standardization* and *objectification*. Within this special issue, we further explore this analysis with a special attention to the nature and the strength of the equipment involved in the stabilization of social arrangements. In order to develop this analysis, we start with a pragmatic definition of the standard stemming from the sociology of action by considering the effects it produces, and as practical achievement of issue articulation (Dewey, 1927). The framework of pragmatic sociology implies that agreement among the individuals is not based exclusively on discussion. In confirming or refuting a given interpretation of the reality,

the very nature of the devices and structures surrounding the actors plays a crucial role because it integrates and materializes specific references to certain demonstration, and not to others. Additional works underline the standard function of stabilizing social categories such as legal frames (regulation of embryonic stem cell researches for example), technical devices (kit for measuring transplant parameters), medical processes (consent forms) and behaviours (moral guidelines). The articles in this volume illustrate these points mentioned above. Based on this pragmatic idea, we enlarge Timmermans and Berg's (2003) category of standards by including linguistic statements, especially ethical ones, to material entities.

In terms of an epistemology of STS and related works, the question of capturing social configurations responsible for compliance, path dependency and alignment of practices, is particularly important. Indeed, the main asset of STS analyses and, in a larger sense, works based on a pragmatic approach, is that they do not explain the production of medical objectivity as a direct consequence of an intrinsic performativity to social objects and do not explain the construction of a future as a consequence of extrinsic determinisms. In other words, there are no exogenous determinants of the considered social group to explain its cohesion, its transformations and its stabilization. With this regard, the question being discussed in our meeting was to understand how a type of medical objectivity is maintained durably in time rather than to study its extension in space (Fleck, 1979; Tupasela, 2008). We would like to take this question in the context of this special issue to examine what studies on standardization can bring to the consolidation of social collectives, or more exactly, we wish to examine the

idea of organizing a still-diffuse group of people into a stable society.

As Thévenot (2009) argues, the concept of 'invested in forms' is above all, a process of form-giving which means that uncertainty glues the collectives together through conventional forms. He rejoins John Law's point of view that aims to denaturalize network-space and network-objects by showing that these too are enacted (Law, 2002). He uses the term *fluid technology* to describing variable objects which have a fluid form and no stabilized boundaries. As a mechanism, and despite the wide variations of standardization observed, the processes of the social arrangement can thus be described as operation of contextualization characterized by the shaping of a new space for actions that leads the actors to describe the environment in a different way. Bearing in mind this ontological interdependence between heterogeneous entities, the objective of this issue was to bring together the reduction of risks, the construction of proofs and our concerns around harmonization of medical practices which depend on heterogeneous material cultures and administrative points of reference. Standards channel the uncertainty and maintain the cohesiveness of communities (Webster, 2007). Taking all these authors into account, the social can be described as a texture (Tournay, 2009), as a fluid spatiality with various points of density, which includes several temporalities and several spaces combining microsocial interactions and different macro-movements for diffuse-groups of being in totality.

## Political Studies Meets STS

STS authors have argued that knowledge, social institutions and organizations may be seen as a product or an effect of a network of heterogeneous materials (Latour, 2007). This special issue challenges the usual way of grasping the institution (or any given circumscribed and consistent organizations) as an entity. Although the institution is readily describable in terms of a circumscribed totality that is delimited by boundaries, we show that this customary understanding of the institution—as a cross-section of the social—is only one possible sensory experience among many others (Tournay, 2009). As we change our focus to enlarge what, from a distance, appears to be a boundary between the institution and the rest of what makes up the social sphere, the line tends to fade, to become less distinct and consistent, and to branch off in an infinite number of directions. Plainly, the more we try to be precise, the more the institution appears as an object with multiple ramifications. Whatever the institution, it is enough to follow the movement of its actors, the continuous comings and goings of forms toward various collectives, the profusion of messages aimed at varied audiences, and the movement of tools and instruments. These inscriptions are extensions of the institution. Like a more or less unbroken row of dominoes, the institution means the potential movement of touch and fall—that fascinating movement that authorizes climbs, descents, bifurcation and forking off, until the most remote, the most inaccessible dominoes are reached and affected by the primary momentum. If, for instance, developing quality control for new drugs, we must simultaneously measure, specify, recruit, attach the outside world and implement an organization or equipment that mediates between various actors and objects. In this sense the process of standardization also encompasses social movements which enlist actors and objects alike

(Holtgrave & Werle, 2001). To return to our dominoes metaphor, the institution does not represent the multitude of dominoes, as one might intuitively think, because their arrangement and their density vary constantly. Rather, it is the movement itself. The global domino-like configuration refers to the infrastructure (Star, 2009) to the social raw matter in constant turmoil. The institution is one determination among others, a given fluid form of space (Law, 2002). The consolidation of social aggregates is considered here by analysing the work of objectification through standardisation. Deloye and Ihl (2008) analyse the materiality of the vote, its rituals and its change over time as a way of ensuring the establishment of an integrated democratic order. This allows us to clarify the political technologies of conviction that give collectives their density.

## How are diffuse groups made consistent and substantial?

The first set of articles consists in treating the institutionalisation of medical claims and the consolidation of medical entities symmetrically.

In their paper, Trompette and Lemonnier examine how the embalming profession developed standards within the profession of 'death care'. The process of standard-setting faces difficult challenges when it equips entities closely related to persons and their bodies because it has to ensure an active coordination between entities that are not necessarily shared in common. As suggested by the specific case of funeral embalming, the study of circulatory dynamics of standards involves looking beyond forms of regulation known as "medical" (Jasanoff, 2004; Dodier & Barbot, 2008).

In her article, Droz Mendelzweig examines the process by which patients come to be diagnosed with dementia disorders, such as Alzheimer's disease. This process is by no means clear cut as the qualifications and interpretations associated with the diagnosis rely of a whole battery of different tests. Mendelzweig goes on to identify the emergence of a 'grey zone' in which patients who are seen to have mild cognitive impairment are grouped. What emerges is a dialogue between patients and professionals where the boundary between different disease categories are established. At the same time, this brings new theoretical insight and contributions into the development of medical modernization in practice (Tupasela, 2007).

Relying on interviews with health professionals, online documents analysis, Leibing's paper deals with the different strands of argumentation and the multifaceted ways health-related-knowledge are negotiated, which might explain the social cohesion of a Parkinson's disease network. Her paper is especially a case for taking into account the management of individuals and devices as well as temporal abstractions (past, future) constructed by actors in which (or by which) entities are qualified. The article demonstrates how hope is expressed within on-line patient communities and how these statements produce various future worlds. Her study highlights the importance of actors' feelings for studying standardization in its relationship with 'objectivity' and the implementation of a social cohesion. Making this diffuse group substantial, mean marking out a new historical narrative shared by an ever-growing number of actors. In addition, what actors choose to forget or commit to historically is directly linked to the kind of informational support they use at any given time (Bowker, 2008).

A second set of articles focus on the collective materiality and arrangement of individual subjectivities. Bioethics is often considered as a discourse that masks endorsed economic and industrial interests. With a pragmatic approach to standardization, Baylis and Krahn's paper is an attempt to show how statements in bioethics are more than that because they have concrete effects on the production of stabilized biological categories, such as putting distinction between human embryonic stem cells and pluripotent stem cells. We show elsewhere that bioethical standards act as political standards which enable to stabilize medical knowledge and practices (Tournay, 2008). So bioethics is inextricable from public action and from the implementation of a market offer (Hilgartner, 2004).

Armstrong has shown (Armstrong and Caldwell, 2004) that the notion *of Quality of Life* constitutes a powerful rhetorical device which is invoked for solving major social and medical problems, such as the growing problem of chronic disease and the rising number of elderly. The shift from rhetorical device to a material indicator constitutes a basis for quantifying these issues. Despite its current operationalisation in questionnaires, this construct remains controversial and the continual proliferation of this instrument attests to its frequent lack of standardization (see his article in this issue).

From this point of view, innovation and social grouping is not represented in terms of improvements, progress or discontinuity with a prior situation; rather, social activities have to be considered as a material and rhetorical culture in permanent change over the historical "long term." Consistency and substantiality of the social arrangement can be captured from attempts at standardization led by a plurality of actors.

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## Notes

[1] The idea of this special issue goes back to an 'exploratory workshop' held in Paris, France (René Descartes University, Paris V. December 5 – 8, 2007) entitled *From Standards to Concerted Programs of Collective Action. The Standardization Process of Medical Practices*, which Virginie Tournay convened with the support of the European Science Foundation; co-sponsored by PACTE, MEOS (University of Montreal) and GEPECS (René Descartes University). Papers included in this issue have been presented and discussed at this meeting. We wish to thank all colleagues who discussed their work with us at the occasion of this meeting (http://www.esf.org/activities/exploratory-workshops/medical-sciences-emrc.html?year=2007&domain=EMRC).

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