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## Analysing Conceptions of Social Pathology: Eight Questions

by Arto Laitinen and Arvi Särkelä

Axel Honneth has suggested that the task of social philosophy can be defined as the diagnosis and therapy of social pathologies. He has developed that view in various writings (Honneth 2007, 2009, 2014a, 2014b; cf. Zurn 2011; Freyenhagen 2015). In these different writings, he has in fact defended different conceptions of social pathology, as we try to show elsewhere (cf. Särkelä & Laitinen, ms). In so doing he has nonetheless brought the notion of social pathology to the centre of interest for researchers interested in Frankfurt School Critical Theory or the philosophy of social criticism more generally.

In this short paper, we suggest some central questions for analysing and comparing conceptions of social pathology, which could be thought to be useful for social philosophy, especially for the tradition of Frankfurt School Critical Theory. Rival conceptions of social pathology will give rival answers to these questions and the conceptions can be classified and compared with the help of these answers. Of course, any two conceptions can be compared in any of the details that either of them have, but our aim here is to map some of the central issues at stake in the philosophical discourse on social pathology. We discuss and compare in more detail four conceptions of social pathology with the help of these questions in Laitinen & Särkelä (2018) and in Honneth's work in particular in Särkelä and Laitinen (2018). The questions we present in this paper are intended less as an a priori for analysing conception of social pathology, than a potentially helpful a posteriori reflection of the kind of questions one is confronted with when inquiring into the debate on social pathology. 'Pathology' can mean both the science studying diseases and the object of inquiry, the disease itself. Unless otherwise indicated (as in subsection 7), we refer to the diseases themselves with 'pathology'.

### 1. The affected entity: an individual or the society?

Does 'social pathology' refer to diseases of individuals or societies? On the basis of this question, Kerrin A. Jacobs and Matthias Kettner (2016) distinguish two models of social pathology, M1 and M2. The former regards the carrier of the sickness or pathology to be an individual, but what makes it 'social' is its etiological and therapeutical locus: for example, the culture at the workplace can make an individual ill, so the culture is to be improved. By contrast, the carrier of the symptoms and the catalogue and ontology of diseases remains that of individual somatic or psychic diseases. The other model, M2, regards the social entity as the proper locus of the sickness or pathology. Other aspects of Jacobs' and Kettner's particular definition for social pathologies will surface below. Here their distinction merely illustrates one fundamental question: is the pathological entity individual or social? (cf. also e.g. Honneth 2014b).

If the sick entity is social, then the social pathologist will need to attribute the pathology to some social entity that is taken to be capable of falling ill or else becoming pathological. A typical way to deal with this attribution problem is to avoid some of the historical baggage that comes with the application of a medical and naturalistic vocabulary to social phenomena (such as labeling certain religious or ethnic minorities as pathological) by attributing the capacity of becoming socially pathological solely to 'the society itself' and not to any particular social groups (Honneth 2014b). However, other social theorists are skeptical about the social-ontological plausibility of the notion of The Society as an

entity *sui generis* or a substance (a thing determinable only by independent categories), and attribute the capacity of becoming socially pathological instead to habits, practices and institutions, thereby likewise avoiding the stigmatization of particular groups (Dewey 1973; Testa 2017; Särkelä 2017).

## 2. The range of cases

One question for any conception of a social pathology is: what are the central cases that it aims to capture? Wittgenstein famously quipped in his *Philosophical Investigations* §593: 'A main cause of philosophical disease - a one-sided diet: one nourishes one's thinking with only one kind of example'. It might well be that some conceptions of social pathology really are conceptions of anomie and societal disintegration, and some others are conceptions of ideology and hegemonic discourses. In assessing rival conceptions one can of course end up criticizing any of them for being one-sided, but it would be charitable to start from the cases that that conception was meant to capture.

For example, Christopher Zurn (2011: 345) aims to give a general account of the cases that are central to Honneth and FSCT, 'pathologies of ideological recognition, maldistribution, invisibilisation, rationality distortions, reification and institutionalised self-realisation'. By contrast, Charles Taylor's three 'malaises' of modernity include loss of meaning, eclipse of ends in face of rampant instrumental reason, and the loss of freedom or powerlessness under 'soft despotism' (Taylor, 1991).

Kettner and Jacobs (2016: 18) mention the following possible symptoms of social pathology in Erich Fromm's (2005) book on the pathologies of normalcy: self-alienation, compulsive consumption, privatistic narrowing of problem-awareness, orientation towards oneself as market resource, uninhibited social mediatization of the private sphere, readiness to follow/obey anonymous authorities, intolerance for frustration, deficient sense of reality, political apathy.<sup>1</sup>

They also mention Habermas's (1981, vol II: 143) ninefold list of pathologies: Loss of meaning, withdrawal of legitimation and crisis in orientation and education as disturbances of cultural reproduction (evaluated by rationality of knowledge); unsettling of collective identity, anomie and alienation as disturbances of social integration (evaluated by the solidarity of members); and rupture of tradition, withdrawal of motivation and psychopathologies as disturbances of socialization (Kettner and Jacobs: 19-20).<sup>2</sup> Habermas's list is a good illustration of how a theoretical architecture will lead the theorist to look for certain cases of pathologies: there are three aspects of a lifeworld, which each can be reproduced in three ways, and the nine types of pathologies are failures concerning these nine. No wonder then that Habermas's theory is very well suited for those nine pathologies especially.

It is perhaps to be expected that if two rival conceptions aim to capture a different variety of cases, the conceptions might not actually disagree about anything – they might just use the concept of a 'social pathology' for different purposes. It is also to be expected that many conceptions at least initially try to give an account of social pathology, which covers all the subclasses of social pathologies – so that the accounts are rival accounts about at least some cases.

It can then turn out, for example, that some cases belong to the subclass of 'reflexive' pathologies (analyzed by Zurn 2011, see Laitinen 2015 for the title), whereas some others are more "societal" pathologies (e.g. diseases of a society understood as an organism), and that these are subclasses of social pathologies. Rival conceptions may end up being the right accounts of these cases as well. (Or, it can of course turn out that no social pathologies

are to be understood along the conception of a society as an organism, because society is not sufficiently like an organism).

A related question, then, is whether the conception suggests that there are subclasses of social pathology, and what the most important subclasses are. So an additional question for comparing accounts of social pathology concerns the range of cases they are meant to capture, and possible subclasses in the accounts.

### 3. Is something a social pathology because it is a social wrong, or vice versa?

A further question is whether, according to the conception, something is a social pathology because it is a social wrong, or whether it is a social wrong because it is a social pathology.<sup>3</sup> We can call this the Euthyphro-question for social philosophy, and label the former views 'normativist' and the latter views 'naturalist'.

Since John Rawls (1972), social and political philosophy has been dominated by normativist approaches, which first analyse what justice requires, and then study existing societies. Another, still normativist approach, would reverse the order and start by analysing what is wrong in existing societies, and work from there towards an account of a good society (Honneth, 2014a can be interpreted this way). Such normativist approaches hold that social wrongs can be studied without a prior theory of what is a social pathology.

A reverse approach is also possible. For example, the traditional approach from Plato onwards to diagnose diseases of a society as recently alluded to by Axel Honneth (2014b) starts from something being a social illness, and concluding from there, that it is unjust or wrong. It is harder, writes Plato (2004) in *The Republic*, to tackle questions of social justice, than to approach the health and balance of a society (for Plato, via constructing a homology between the just/healthy city and the just/healthy individual: 435a). This naturalist tradition has many modern protagonists from Rousseau, Marx, Comte, Durkheim, Nietzsche, and Dewey to Fischbach, Honneth (at least in his 2014b) or Neuhauser.

The 'Euthyphro' question seems pertinent at least concerning conceptions of social pathology in the tradition of critical theory. The question may not apply to sociological theories that use the notion of social pathology for (what are taken to be) purely explanatory purposes.

### 4. Is the naturalist vocabulary to be taken seriously?

A related question is whether the account takes naturalistic vocabulary of 'pathology', 'illness', 'degeneration', 'social organism', 'social life seriously, and even perhaps literally. The alternative is that it is just a way of speaking, possibly a metaphorical one. The normativist views can be expected not to take the naturalistic vocabulary very seriously, but perhaps many naturalists may also turn out to mean the vocabulary less than literally.

'Naturalism' is, of course, a controversial topic in contemporary philosophy in general, which can be observed in the fact that some philosophers take it as a self-evident commitment of anyone who wants to be taken seriously and that other philosopher use it as a cuss word (for an overview of the debate see De Caro & Macarthur, 2010). It can be mobilized to denote several different commitments, many of which are mutually exclusive (such as rejecting the existence of normativity and holding that normativity as second nature is sui generis with regards to first nature – both positions have been called 'naturalistic'). If it is taken to include the rejection of supernatural entities, naturalism suggests an ontological commitment to nature's being all there is to existence and reality. Then a social-ontological naturalist would treat society as natural substance or a mode of natural process (depending

on her further metaphysical preferences). This does not mean that the naturalistic social-ontologist would ontologically reduce social entities to physical, organic or else to 'first nature', she would just conceptualize 'second nature', 'the social organism' or 'social life' as part of an inclusive conception of a heterogeneous 'nature' (and there are several ways of being 'nature').

If the naturalist vocabulary is taken seriously, further questions arise: first, is the central concept that of a social organism or is it rather that of social life? We argue that these options are to be distinguished more sharply, and defend the latter option, in Särkelä (2017; 2018) and in Laitinen & Särkelä (2018 forthcoming).

Second, the question arises whether social entities fall ill in the same way as organisms or psyches do or whether they have a unique social way of being pathological: Is the attribute 'social' a description for the bearer of the illness or the mode of the illness?

If the social theorists opts for the former, then she will need to present a social-ontological argument about some social entity's being similar enough to an organism or a psyche for 'falling ill'. We have distinguished between two ways to establish this similarity: analogy and homology. A 'light' social organicist claims that society is similar enough to an organism for it to be evaluated as ill. Therefore she will draw an analogy between the organism and society so as to get the pathology diagnosis off the ground. A 'full' social organicist would, by contrast, claim that society, indeed, is, an organism, it just is importantly different from the biological organism. Then the parallel is drawn not between society and organism but between the social organism and the biological organism, and the relationship between the two would not be one of analogy but of homology: 'Social organism' and 'biological organism' would be species of the genus 'organism', and no analogy would have to be drawn as the identity between the species would be determined exhaustively by the description of the genus concept, and the non-identity by the postulation of the *differentia specifica*. We have argued that Honneth in his most recent work on social pathology (Honneth 2015b; Honneth 2017, Ch. 4) oscillates between light and full social organicism (Laitinen & Särkelä, 2018; Särkelä and Laitinen, 2018).

However, if a naturalistic social pathologist opts for the latter view, that is, if she argues that social pathologies are not characterised by their bearer but instead display a unique mode of being pathological, she will commit to a modal pluralism about nature: there is not one but many ways of being nature (e.g. physical, organic, mental, social). The idea is that natural entities can not only fall ill organically but also socially (and, presumably, mentally). If naturalism means that all ways of being nature can be subsumed under one inclusive concept of nature, then the naturalistic modal pluralist about social pathology would need to show in what way social pathologies are continuous with, yet not reducible to, organic and psychic pathologies. One way to establish that continuity is by reconstructing the natural history of social life and showing how social life with its socially pathological phenomena has grown out of organic life with its pathologies, increased in complexity and intensity, and, finally, evolved into its own distinctive mode of being nature (Särkelä, 2018).

## **5. Do social pathologies share a structure?**

A further question, to which different conceptualizations of social pathology answer differently, is whether all the social pathologies share a common structure. This question separates 'anti-theoretical' approaches (e.g. Walzer or Taylor) from more theoretically ambitious ones. Such shared structure is the key insight of Zurn's reconstruction of the FSCT-approach: the shared structure is that of 'second-order disorders'. Also for example Titus Stahl (2011) relies on that understanding of social pathologies in his discussion of the

normative foundation of criticism of reification.

Rahel Jaeggi's (2014) approach to immanent critique of life-forms (Jaeggi, 2014) is different from Zurn's but also conceptualizes social-philosophically relevant disorders as "second-order problems" [*Probleme zweiter Ordnung*]. Such disorders, she argues, present systematic structural blockages of social learning processes: A social-philosophical critique of life-forms does not according to Jaeggi simply focus on barriers to a life-form's interaction with its environment (first-order problems), but criticises distortions within its interpretive framework of practice (Jaeggi 2014: 337).

Jacobs and Kettner (2016) also put forward a view that social pathologies share a structure. In individual cases, Jacobs and Kettner distinguish between disease (objective, medical condition), illness (to do with the patient's own experiences) and sickness (the role with role-expectations, such as lowered work expectations and the expectation to get better). Analogously to the diseases, there are functional deficiencies in the case of social pathologies, and analogously to illness, there is misery experienced by the members. In analysing what counts as such deficiencies, they start from the observation that social formations are normally open for innovative or reparative alterations by their members, when these experience the social formation as no longer in order. When the social formation in question is distorted in ways that within it there are no means available for such innovative or reparative constructions, the social formation clearly suffers from a massive pathology (2016: 8).<sup>4</sup> This resembles Jaeggi's approach stressing the problem-solving capacity of forms of life.

By contrast, anti-theoretical approaches anticipate that no such structure is shared by all social pathologies. Instead they focus on giving philosophical therapy once pathologies occur. Although theoretically unambitious, an anti-theoretical social pathologist can be diagnostically very ambitious, such as arguably Taylor has been. The anti-theoretical pathologist just proceeds case by case without postulating a strong ontology of social pathologies. Moreover, there can be theoretically ambitious metaphysical reasons for restraining from further metaphysical theorizing (McDowell, 1994).

Interestingly, the tension between social-ontologically ambitious and anti-theoretically disposed approaches to social pathology correspond to a quarrel in medical theory about 'illness' and 'disease'. Whereas 'diseases' are taken to share a universal ontological structure, 'illnesses' are constitutively experienced as such.

## 6. Does the account help define the task of social philosophy?

A sixth question is then whether the account helps define the task of social philosophy, along the lines that Honneth has proposed. Many approaches in sociology and social theory might not share the self-understanding of critical theory or social philosophy – that the aim is to diagnose and offer remedies for social pathologies. For ordinary academic research in sociology, social pathologies can be tackled with the sole purpose of understanding and explaining them. On the other hand, some conceptions might be happy with thinking that moral philosophy and political philosophy are pretty much what practical philosophy is about and there is no need for a separate subfield of 'social philosophy'. Such conceptions of social pathology might then, not surprisingly, not even aim at helping with grasping the tasks of a distinctively social philosophy. But given the currency of 'social pathology' in discourses of Critical Social Theory, it is not surprising to see also accounts that do aim at defining the tasks of social philosophy: social philosophy, then, essentially strives to provide diagnoses and suggest remedies for social pathologies.

After his first essay on social pathology (Honneth, 2007), Honneth has given

surprisingly little attention to how the concept of pathology helps to understand the practice of social philosophy. This has, however, been an important source of the self-understanding for several historical figures of social philosophy. To name two prominent examples: Nietzsche and Dewey both developed conceptions of the philosopher as a 'physician' dealing with the 'illnesses' of, and bringing 'health' and 'growth' to, cultural or social 'life' (Dewey 1973 & 2015; Nietzsche 1997 & 2000). To Dewey in particular, the homology of social philosophy and medicine as both constituting 'applied sciences' serves as the way to distinguish 'social philosophy' from (other) social sciences (1973, Ch. 1-2).

## **7. Is social criticism pathological itself?**

Interestingly, critical social research can be itself viewed as pathology. In one sense this is not surprising: This is one of the senses of '-logy' in 'pathology', namely the science, that studies the phenomenon in question. The science that studies pathologies is pathology. When a faculty or medical school has a department of pathology, it is dedicated to a branch of medical science. Typically, no suggestion is made that such branches or sciences are themselves pathological or illnesses themselves.

But more interestingly, it can be argued that social criticism as a disruption in the life of society is itself a kind of pathology. So we can assess the conceptions of social pathology from the viewpoint of whether they, rightly or wrongly, classify social criticism as one of the social pathologies.

The motivation for this question can be seen when considering two extremes of a spectrum. First, stressing the right of individuals to criticise any social formations and public norms may lead some to the extreme subjectivist conclusion that the right thing for anyone to do is always to follow their own conscience. This view would hold that whenever there is a conflict between one's own judgement and public norms, one should follow one's own judgement. Any limits that social life puts to individual's free pursuit of their subjective ideals would be unacceptable, and therefore any public norms that individuals ought to follow instead of their subjective conscience, seen as illegitimate. On this view, criticism is not a pathology, but norm-governed normalcy is. This would make democracy impossible: it is crucial for the authority of democracy that decisions bind also those who did not vote for the winning option. People should not follow their own judgement in all cases, but respect the democratic decision. The extreme subjectivist conclusion would make this impossible (see Särkelä, 2013).

For example, Hegel criticises individualistic moral theories for such subjectivism. The problem is that if everyone just follows their subjective conscience in cases of discrepancy between the conscience and customs, social life becomes unpredictable, as there are no binding public norms or practices. The customs and law, on such a view, turn out to be mere epistemic rules of thumb (telling us what is regularly done) instead of binding social norms. Put in non-Hegelian terms, that would be to universalize anomie. The Hegelian view contains the subjective right to criticize, but embeds them in the structures of *Sittlichkeit*. (see Laitinen, 2016).

At the other extreme from such subjectivisms, especially conceptions that see pathologies as the opposite of social integration and social reproduction may be tempted to see criticism as something that disrupts the smooth functioning of the organism. Such conservativist or traditionalist overtones – of the likes of Edmund Burke - would see reasons to discourage criticism and favour social stability instead.

There is room for a broad spectrum of views between the extremes, and for example the Hegelian view can be given different emphases. One conception of social pathologies

would appeal to the metaphysics of social life as containing essentially the moment of transformation based on immanent criticism at its core (Särkelä, 2018). According to such a view, a social pathologist needs not to aim at health in the sense of stable pathology-free state. Instead, her social criticism would support growth by stabilising here and destabilising there, according to whether habits, practices and institutions need reproduction or transformation. On this view, the observation that social criticism itself becomes pathological in the sense of being a threat to societal reproduction can by all means speak in favour of social criticism: Not only can social entities die by dissolving into mere chemical processes but also by merely maintaining their form. A free social life needs transformation and growth rather than merely pathology-free stability and health. Social pathology as a form of social criticism would, then, be understood as a piecemeal affair in the sense of curing or helping to recuperate valuable habits and institutions and of transforming and vivifying other habits and institutions in an encompassing process of social life. Some practices worth keeping might only need slight aid to 'recuperate', others might need a 'cure' from the outside. Still others might not be worth keeping in the present form and so call for social transformation, for qualitative growth brought forth by means of disclosing, creative social criticism.

#### **8. Is the conception plausible, informative, and helpful?**

Finally, in assessing conceptions of social pathology, it is helpful to ask whether the suggestion is plausible, informative and helpful. Anti-theoretical approaches (e.g. Walzer 1987; Taylor, 1991), keen not to overgeneralize and keen to remain sensitive to detail, should be well-equipped to be plausible accounts: they do not risk making implausible theoretical assumptions. Yet, for the same reason they are likely to remain less informative and less helpful. By contrast, strong theoretical assumptions would be more informative and helpful, but might also turn out to be less plausible, either in light of the cases, or in light of the mismatch with other general theoretical commitments (e.g. if a theory of society will need to presuppose 'collective mind', it will seem implausible in light of other theoretical commitments).

#### **9. Conclusion**

In this paper we have suggested eight questions that can be helpful for distinguishing rival conceptions of social pathology, especially ones in the tradition of critical social philosophy. Especially the questions of whether something is a social pathology because it is a social wrong, or vice versa; the question of whether the naturalistic vocabulary is to be taken seriously, and the question of what the structure is that all social pathologies share (if any) are helpful for analysing tensions in the leading theoretical proposals in that tradition. <sup>5</sup>

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### Endnotes

1 »Selbstentfremdung« (S. 122f.), »Konsumsucht« (S. 132f.), privatistische Verengung des Problembewusstseins (S.138),»Marketing Orientierung«, d. h. ein Verhältnis zu sich selbst als zu einer marktgängig zu perfektionierenden Ressource (S. 139f., 145), enthemmte soziale Mediatisierung der Privatsphäre (S. 153f.), Folgebereitschaft für anonyme Autoritäten (S. 148f.), Frustrationsintoleranz (S. 159), »Mangel an Wirklichkeitssinn «(S. 165),»politische Apathie« (S. 179) u.a.m.“

2 They also mention the shift in sociology from 'middle class nightmares' such as broken homes and high divorce rate, teenage pregnancy, unemployment, alcoholism, suicide, addiction, youth crime, deviant sexuality to more heavy-weight concerns such total institutions, terrorism, genocide and other forms of mass violence, nuclear war, endemic criminality, enduring discrimination, crippling bureaucracy, massive alienation. (Jacobs and Kettner, 2016, p.10).

3 We have tried to unpack this question in our other writings: the wrongness in question here is not moral wrongness of individual actions, but rather a matter of some people being wronged by the functioning of social practices, institutions or structures; and there being something in some way wrong with such functioning. See Laitinen & Särkelä 2018, Särkelä & Laitinen (unpublished ms.)

4 Jacobs and Kettner provide this as one clear case, so it may be that they do not regard this as a necessary condition for being a pathology.

5 We have discussed those in more detail in Laitinen & Särkelä (2018), and Särkelä & Laitinen (unpublished ms). This article is part of the research project 'A Diagnosis of Social Pathologies? Variations of Naturalism in Social Philosophy' financed by the Swiss National Science Foundation (SNSF). For helpful discussions, we would like to thank participants at the SPT Conference on Critical Theory and the Concept of Social Pathology at Sussex.

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