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Title: On the ontology of social pathologies

Year: 2018

Version: Published version

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Please cite the original version:

Hirvonen, O. (2018). On the ontology of social pathologies. *Studies in Social and Political Thought*, 28, 9-14. <https://doi.org/10.20919/sspt.28.2018.83>

studies in

social & political thought

Volume 28 Winter 2018

Special Issue Conference Edition

Critical Theory and the Concept of Social Pathology

Centre for Social and Political Thought at the University of Sussex Sept 2017

Introduced by *James Gordon Finlayson*

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On the ontology of social pathologies¹

By Onni Hirvonen

The recent years have seen a rehabilitation of the concept of social pathology in critical social theory. However, several pertinent questions about how to understand social pathologies remain. One of the big issues is, who is actually ill when a society is ill? Is it certain individuals, a large proportion of the population, groups, institutions, or the society as a whole? And what does it mean for these entities to be in a pathological state?

This short presentation introduces four conceptions of social pathology that can be divided into roughly two camps. The 'thin sense' of social pathology is more metaphorical and focuses on the socially caused and pervasive suffering of individuals while the 'thick sense' of social pathology takes seriously the medical connotations of the word pathology and aims to apply them on the social or collective level. The aim here is to highlight how the social-ontological commitments of the theories of social pathologies vary greatly. While it becomes clear that critical social theory can be achieved with almost any combination of social ontological positions, the short analysis finishes with tentative desiderata for critical social ontology.

Conceptions of social pathology

The medical sense of the concept of pathology denotes a system – or a body – that is dysfunctional in a fashion that ultimately undermines the continued existence of the system. However, according to Georges Canguilhem, for every pathological state there also is a corresponding healthy or normal state (Canguilhem 1991: 35, 41). A pathology can then be described as a deviation from normality or a deviation from those norms that state what is "normal" for the entity in question. As such, the idea of applying the concept of pathology at the social level is readily available: if a society is ill, critical social theorists aim to give a diagnosis of the illness and, if the diagnosis of the illness is right, they are able to suggest measures that we need to take to get back on track. The following analysis introduces four different conceptions (A.1, A.2, B.1, B.2) of what it is for a society to be ill. The list is not meant to be exhaustive but all of the mentioned conceptions find use in current discussions on social pathologies.

A) *The thin sense of social pathology*

A.1 Pathology as a deviation from social norms. In this thin sense the medical and organic connotations of the word pathology are left behind and social pathologies consist of failures to follow a normative order of a society. This conception of pathology emphasises the normativity of a normal state. In other words, society is seen as a normative order, 'unnatural' behaviour that does not uphold the norms can be seen as pathological. This leads into a challenge of spelling out the core norms of a society, and it is no surprise that for critical theorists and utopian thinkers the idea that the prevailing normative order is the main reference point of judging what is normal seems often reprehensible. As Dewey (1973: 51-53) points out, the conservative effort of trying to restore the original meaning – or the original normative core – of social institutions seems futile. Furthermore, the accidental singular deviations need to be distinguished from the more reoccurring and systematic deviations. A single deed against (or beyond) prevailing norms does not seem to constitute a social pathology.

A.2 Pathology as a deviation from social norms, with a common structure. This conception of a social pathology claims that there is a common structure that denominates certain

behaviours, dispositions and tendencies as socially pathological. An example of this kind of thinking is Christopher Zurn's (2011) analysis in which he claims that social pathologies (of recognition) are socially caused and pervasive second-order disorders. This means that all social pathologies share the structure: namely, that for some social reasons we lack reflexive comprehension of our experiences of the social reality. Although Zurn's definition is stricter than that of a deviation from social norms (A.1), it can be argued that, like the first concept, it does not capture the often used medical or biological connotations of the concept of pathology (Laitinen et al., 2015: 11). Although this 'loss' might well be acceptable for those who do not wish to see any medical or organic connections, there is also a bigger problem with common structure models: they might not manage to capture all the relevant social problems.

B) The thick sense of social pathology

B.1 Pathology as an illness of society. This sense of social pathology takes the medical or organic connotations of the word pathology seriously and understands social pathologies as 'illnesses' or 'diseases' of society. With the thick sense of social pathology society is seen as a whole with reproductive goals and various social organs (or institutions). Like in the medical sense of the term, pathology is such an illness or dysfunctionality of a social organ that it fails to serve the reproductive ends of the society. A view of this kind has been recently supported by Axel Honneth (2014) who claims that any serious use of the term pathology would require rehabilitation of the concept of social organism.

B.2 Pathology as a disturbance in the process of social life (as named by Laitinen et al., 2015: 13). While the organic model of social pathology (B.1) can be claimed to present a conservative and a static picture of a society, this model aims to replace it through a dynamic conception of progressing social life. The social order is still seen as a functional whole but the focus is not in its reproduction but rather in seeing the social life as a process that can develop and evolve. What is pathological according to this model are the deviances that hinder social life in such a fashion that this developing process is disturbed. This is a view that can be arguably found from Hegel as well as from Dewey (see Särkelä: 2017).

2. Social-ontological commitments

This section aims to highlight some of the various social-ontological commitments and problems that were already hinted at above characterization of different conceptions of social pathology. To examine social-ontological commitments is to attempt to find out the units and agents that are at the so-called fundamental level of the theory in question.²

To begin with, it is useful to make a separation between three different social-ontological questions. The first question deals with the constitution of the social agents. This has been called the atomism-holism debate, in which the key question is whether or not being an agent is necessarily dependent on one's relations to others (Pettit 1996: 138; Pettit & Schweikard 2006: 35). Atomists claim that there is no such dependence, while holists defend it. The second debate reigns between individualism and collectivism and deals with the questions concerning the power of social regularities over individuals. Individualists defend the independence of the individuals' intentional psychology, while collectivists claim that all intentional psychology is predetermined by social regularities as if directed by an invisible hand (Pettit 1996: 111; Pettit & Schweikard 2006: 35). The third debate is between singularism and nonsingularism and it addresses the possibility of the existence of collective agents (Pettit and Schweikard 200: 36). While singularists hold that

only individual human beings can be agents or persons, nonsingularists accept and defend the possibility of collective agents.

Here we can partly set aside the atomism-holism debate as, firstly, the majority of theories of mind and agency defend some type of holism and, secondly, the social constitution of agency is not the most pressing issue in an attempt to answer the question of 'who is ill when a society is ill?' For that, we need to clarify what are the entities that make up the social world. The potential answers are that all the relevant entities are either singular individual human beings, or that there are also larger wholes that can either be social structures that are in some sense ill or dysfunctional, or that the larger wholes can be understood as nonsingularist collective agents that have fallen into a pathological state. What follows is case by case analysis of the social-ontological commitments held by the abovementioned conceptions of social pathology.

A) The thin sense of social pathology

At their core, both A.1 and A.2 conceptions construct social pathologies as persisting deviations from the social norms. Social agents themselves can be understood in open-ended manner – pick your favourite theory! – but what is the ontological status of the normative framework itself? According to Detel (2008: 474-476), the most basic notion of social norms requires that there are agents with minds and sanctioned regularities of behavior. This does not yet take stance on how the norms emerge but it can be assumed that there can be a variety of empirical stories telling how patterns of behavior, socialisation, social expectations, and knowledge of others arise.

In this sense, it is possible to give an individualistic – but at the same time interactionist – account of normativity. Norms consist of controlling or guiding individual behavior in relation to other individuals and the normative system can be understood as an aggregation from the individual attitudes without any stronger ontological status. Though individualistic, this is not an atomistic picture of norms: we are conceived as co-authors or co-constituents of norms. In this holistic view something emerges from our interaction, but the created normative framework is nothing independent of individuals and nor does it exist mysteriously over and above the individuals. Thus, the society itself is not sick at all but there might be practices that deviate from its core norms and these constitute the illnesses. This seems to assume some kind of shared understanding or acceptance of the norms and also (a minimal) commitment to them. Those actions and practices by individuals or groups that systematically go against or override this co-constituted normative order would be considered pathological.

What holds for the deviations from core norms conception holds largely for the deviations with a common structure conception as well. The added element of having a common structure is not a social structure in the sense that it would override individual psychology. Instead, it is a form of deviation from the normative framework that the individuals share. While these forms of deviations are 'possessed' by the individuals, it is more unclear what causes them. For example, a structuralist account could point towards independent social structures as the explaining element in the creation of the pathologies while methodological individualists would find the core explanations from the formation processes of individuals' social attitudes. In short, even the pathologies with shared structural features can be explained with a reference to the preferred theory of socialisation, be it individualist or collectivist. The common structure sense of pathology is neutral with regard to these questions and thus it does not require one to make any pre-conceived social-ontological commitments.

B) The thick sense of social pathology

Taking the medical connotations of the illness of society seriously requires that the society itself is seen as a living organism or – in more neutral terms – as a functional whole. There are at least two possible ways to understand the society that is the target of the illness: as a structure or as an ‘agential entity’ (or, simply, as a collective agent). The structural view prompts the question of what are social structures and what is their relation to the individual members of the society. It is possible to give individualistic explanation of social structures but with this move the special nature of society being ill is reduced back to the idea that somehow individuals have managed to violate the norms of interaction, or that there are core norms of interaction that are in some manner violated in current practices. Collectivist explanation gives structures a more dominating role. Social pathology can be seen either as something that is connected to the structural obstructions to realization of individual freedom and emancipation, or as dysfunctional structures that undermine their own continued existence. In both cases the social structure has an independent causal role. However, the analogy of social pathology and individuals’ illnesses is stretched in the sense that while the social structures can be seen as functional wholes, they seem to lose their resemblance to actual living agents.

Understanding the society as an agent in itself fits with the analogy better. There also are established answers to the individualism-collectivism debate that enable individuals to retain their freedom, so to speak, while at the same time supporting the existence of collective agents (see, for example, List and Pettit 2011). However, while collective agency might be real, it might not apply at the level of the whole society. Existing accounts are hardly suitable for large-scale entities with various internal groups and multitudes of non-organized individuals who have no connection to each other or knowledge of each other. Theories of decision-based group agency might apply to governments and parliaments, but it is much more questionable if they can be extended to citizens and the society as a whole. Especially in societies with many dissident groups who outright reject being part of the greater whole (‘Not in my name!’).

The B.2 conception of social pathology aims to strike a balance between the society-as-an-agent and the society-as-a-static-structure. While the B.1 conception, in its structural interpretation, can be claimed to present a static picture of a society, the processual picture of social life adds to this a dynamic and developing element. While it can be easy to see that a collective agent has self-defined changing and evolving aims, this might not apply to non-agential structures as such. In the processual picture, the aim is to avoid this static view and attribute some of the evolving features to the structural levels of the society as well.

3. Conclusion: sketching a critical social ontology

The thin conceptions of social pathology (A.1 and A.2) can be both interpreted as cases where the basic structure of society does not necessarily need to include anything more than interrelated individuals. The normative framework of a society does not have to be anything else than regular patterns of interaction. A.1 and A.2 are in principle open to additions of collective agents to the picture but – as Pettit and Schweikard (2006) have shown – the existence of such agents is an independent philosophical issue, which, in turn, need not have consequences on our understanding of pathologies in the interactions between agents.

The thicker and more literal senses of pathology take a different form. When the society itself is sick (B.1), it is either the group agent itself that is sick, or the normative framework as a non-reducible functional whole that is sick. The difference between B.1 and B.2 views can be mapped to the characterization of the nature of the normative framework. While B.1 might appear to hold that the framework is in some sense static and independent,

in B.2 the normative framework is a dynamic and evolving structure. In other words, the normative framework is assigned with some agential or evolutionary properties.

What should we make of the above analysis of various social-ontological commitments that various conceptions of social pathologies hold? The literal views of pathologies can be claimed to offer stronger standards for evaluating societies. They present a clear single object of the evaluation of functionality of a society. What is at stake is the reproduction or processual life of the society as a single collective entity. However, these stronger ontological commitments are philosophically more questionable (because they are metaphysically more extravagant) and the relationships between individual agents, potential group agents, and institutions and structures needs to be explained in order to reach the meaning of what is really at stake. Critical theory that aims at the emancipation and freedom of individual human beings can also be seen as setting certain boundaries on the desirable ways in which these relations ought to be formulated. One could formulate a desideratum of a critical social ontology as follows: explaining the individual-collective-structure relations and making such social-ontological commitments, which are sufficient for the theory as a whole to allow for individual agency and freedom. These can be relational or intersubjectively dependent but the goals (and possibilities) of individual emancipation and critical agency are lost if the collective and structural elements are given too dominant a role.

While the individualistic accounts can be interpreted to downplay the role of structural causes of suffering, the more literal accounts might have trouble in connecting the sicknesses of the society to individual suffering. Critical social ontology should thus form a critical understanding of the functions of the society and development of a society in such a fashion that the individual suffering that results from the structural causes can be accommodated. In short, critical social ontology should aim to provide an explanation of the potential motivational core for social critique. Social ontology alone cannot unveil much about the critical potential of a social theory. Therefore, the understanding of the nature of the social world needs to be accompanied by a theoretical approach that is connected to the social suffering and the motivational resources that it provides for social struggles.

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Endnotes

¹ This is a short summary of a paper that was presented at the Critical Theory and the Concept of Social Pathology conference at the University of Sussex on the 13th of September in 2017. I would like to thank the participants of this conference for their helpful comments. Same goes for the participants of the Political Theory seminar in Queen's University Belfast where a version of this paper was presented in Autumn 2017. Thanks also to Gordon Finlayson for his helpful questions and comments.

² Here there need not be commitment to a strong sense of ontology that deals with the factual existence of things. I take my lead from Ota Weinberger who sees 'ontology not as a description of entities and their relationships as facts, but as a matter of stipulation: ontology provides a framework theory for the development of different fields of knowledge

by formulating their basic concepts. [...] Our knowledge and impressions of objects and the relations among them is human knowledge, and explanation is a product of human thought within the pragmatic realm of human existence, but the categories and the framework of our knowledge and of our thinking are based on stipulation' (Weinberger 1985, 309.) However, an ontology still needs to provide effective orientation for practice and our experiences.

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