CHAPTER TWELVE

SOCIAL PATHOLOGIES AS SECOND-ORDER DISORDERS

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In light of the attention and interest that Axel Honneth’s development of a systematic theory of recognition has generated, it is perhaps not surprising that another of his contributions to reorienting the tradition of critical social theory has garnered less attention. Aside from continuing the project of grounding the normative standards that critical social theory employs in specific features of human intersubjectivity (in his case, in the formal anthropology of intersubjective recognition), in the last decade or so Honneth has also been substantively engaged in reanimating an older tradition of social philosophy, one that is specifically focused on explicating and diagnosing social pathologies.

It is imperative for social philosophy to find a determination and discussion of those developmental processes of society that can be conceived as processes of decline, distortions, or even as “social pathologies”… Social philosophy, in distinction from both moral philosophy and political philosophy, can be understood as an instance of reflection within which measures for successful forms of social life are discussed.1

Believing that this is indeed a productive reorientation of critical social theory, I intend here to show, first, how Honneth’s different social diagnoses exhibit a similar underlying conceptual structure, that of second-order disorders. The first part of the essay argues that a number of different social pathologies that Honneth has recently analysed – those of ideological recognition, maldistribution, invisibilisation, rationality distortions, reification and institutionalised self-realisation – all operate by means of second-order disorders, that is, by means of constitutive disconnects between first-order contents and second-order

reflexive comprehension of those contents, where those disconnects are pervasive and socially caused.

Once this underlying conceptual structure is grasped, I claim, it becomes clear that there are a number of different tasks a theory designed to diagnose social pathologies must fulfil. It must not only accurately identify and describe the second-order disorder as a social pathology, it must also be prepared to explain the root social causes of the pathology if it intends to carry out the basic emancipatory aims of a critical social theory. Taking its cue from the relative paucity of explanatory content that might fulfil these latter desiderata in Honneth's substantive analyses of social pathologies, the second part of the essay argues that more attention must be paid to etiological, prognostic and therapeutic concerns. A sufficient diagnosis of social pathologies must do more than simply take note of a complex of related social symptoms. It must also develop a convincing explanation of the social pathologies precisely so that social members can comprehend the discontinuities between their first-order experiences and their second-order reflexive understandings of them as discontinuities caused by specific social institutions, structures and practices, and for them to engage productively in the manifold social struggles necessary to overcome the causes of the pathological disorders. Said simply, a critical social theory of social pathologies needs not only an accurate explication of pathological disorders at the level of personal experiences but also insightful sociological explanations of the causes of those pathological distortions. My sense is that the current theory of recognition has managed the first task better than the second. Nevertheless, articulating the second-order disorder structure of social pathologies can help to clarify the advantages and disadvantages of different methodological strategies for explaining their causes and pointing the way towards a less pathological society.

1. Social Pathologies as Second-Order Disorders

1.1. Ideology and Ideological Recognition

Marx’s articulation of a theory of ideology, grounded in an historical materialist social theory, is a good example of the conceptual structure that this essay claims is central to Honneth's attempts to reinvigorate the practice of social critique through the diagnosis of social pathologies: namely, the grasp of social pathologies as second-order disorders.
The classical concept of ideology investigates first-order beliefs, especially those about the basic structures, orders and functionings of the social world, and argues that social actors suffer from a cognitive pathology to the extent that they are not cognisant of how those beliefs come about. In particular, the social pathology arises to the extent that persons are not aware, at a second-order level of reflexivity, that the current social consensus – one that exerts a tremendous orienting pressure on individuals’ belief schemas – is to a significant degree sensitive to and shaped by predominant social powers and class-specific social interests. We can see that ideological beliefs are second-order disorders by comparing them with ordinary instances of mistaken beliefs. In both cases, there is an error at the first-order level: the person holds a false belief about something. However, only in the case of ideology is the mistaken belief systematically tied to social formations that affect belief formation and stabilisation at the second-order level, by hiding or repressing the needed reflexivity of social participants about the structures of belief formation and the connection of those cultural-cognitive structures to the material ordering of the social world.

For example, a belief that the morning star and the evening star are different celestial bodies might arise for any number of reasons particular to an individual’s situation – insufficient information, lack of astronomical education, confusions about the particular names used, and so on – and it is not likely that the mistaken belief is rooted in a deformation of second-order cognitive processes, since the mistake is easily corrected when explicitly pointed out. By contrast, a belief that wealth in capitalist societies is dependent entirely on one’s individual initiative rather than the amount of capital at one’s disposal is an ideological belief. It is rooted in a deformation of the second-order process of belief formation about the characteristics of the extant socio-economic world, the first-order belief and the second-order deformation are both widely shared in society, those deformations systematically serve certain interests in society, and the mistaken belief is not easily corrected. At best, faced with examples and information directly contradicting the first-order ideological belief, individuals will tend to rationalise away contradictions as exceptions to the rule or as biased information in order to save the first-order belief from falsification. This process preserves the perceived naturalness and unchangeability of the socio-economic world as currently given. According to the classical theory, these features of ideological belief are explained
by second-order distortions in the processes of belief-formation and stabilisation that functionally serve to reproduce inegalitarian social structures by hiding their essentially historical character and social causes.

Of course, ideology is not restricted to cognitive beliefs, concerning only true or false propositions, but also crucially involves normative assessments, their central relation to individual dispositions and motivations, generalised patterns of behaviour, shared schemas of perception, typical patterns of social interaction, and so on.2 Expanding the content of what counts as ideology does not, however, change the conceptual structure of diagnosing ideological social pathologies as second-order disorders: there is still a fundamental disconnect between first-order contents and subjects’ reflexive grasp of the origins and character of those contents, where that gap systematically serves to preserve otherwise dubious social structures and practices. Ideology critique, as an exercise of critical social theory, then seeks to break the second-order sense of the naturalness and obviousness of participants’ first-order beliefs, assessments, dispositions, behaviours, perceptions and interactions, by showing how many of these first-order contents are the specific results of socially determinate relations of power, and by showing how subscribing to or acting in accord with these first-order contents contributes to the perpetuation of forms of domination, oppression and arbitrary inequality without the overt use of coercive mechanisms. Ideology is a social pathology because it contributes to deleterious social outcomes through a kind of second-order disorder, a disorder socially patterned and thereby contributive to unwanted social outcomes.

Honneth’s recent use of the concept of ideology, if I understand it correctly, does not significantly differ from this theoretical pattern. His focus is the question of how to conceptualise ideological forms of recognition, specifically to be able to differentiate them from socially productive and healthy forms of recognition. Taking his cue from

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2 The specific scope and character of ideology may vary widely depending on whether we are talking about beliefs, norms, or bodily comportment, and so on. Yet expanding the scope of the concept of ideology does not ipso facto render the concept useless – at best it renders the specific classical theory of ideology as formulated by Marx open to substantial critical reinterpretation. I mean these comments as a brief response to a paper that emphasises the need to escape the narrow cognitivism of the classical theory of ideology: M. Saar, “From Ideology to Governmentality”, paper presented at the Philosophy and Social Sciences Conference, Prague, 19 May 2005.
Sociology of social pathologies as second-order disorders

paradigm examples of ideological recognition – for instance, where a black slave is ‘recognised’ for his subservience and submissiveness, a soldier is ‘recognised’ for his heroic slaughters, or a housewife is ‘recognised’ for her menial cleaning skills – Honneth seeks a way of identifying, in the act of the recognition relationship itself, which markers we could use to say that it is an ideologically distorting, rather than a socially productive, instance of interpersonal recognition. His answer is basically that acts of recognition are ideological when there is a substantial gap between the evaluative acknowledgement or promise that the act centres upon, and the institutional and material conditions necessary for the fulfilment of that acknowledgement or promise. I am not so much interested in the specifics of this proposal here. Rather, I wish only to note that, as with the traditional concept of ideology, the social pathology crucially involves a second-order disorder. Only if persons subject to ideological forms of recognition are not able to understand – at a second-order level – that the required social conditions are lacking, will they actually and voluntarily conform their beliefs and behaviours to a set of social patterns that nevertheless materially contribute to their oppression or domination. In short, without the second-order disorder, what we might generically call ‘bad’ acts of recognition (misrecognition, non-recognition) are not ideological and so cannot count as social pathologies. This analysis of ideological recognition then shares the same conceptual features as the classical concept of ideology identified above. It is rooted in widely shared social deformations of second-order processes, namely institutional processes of the formation and stabilisation of interpersonal recognition evaluation. These deformations systematically serve certain social interests by maintaining systems of oppression without overt coercion. Ideological recognition is not easily corrected but rather socially reinforced, and the processes whereby ideological recognition is naturalised work by hiding or repressing the second-order disorders they cause. The social theoretic critique of ideological recognition should then aim not only to uncover gaps between the evaluative acknowledgement of ideological acts of recognition and the material conditions necessary to fulfil them. More centrally it should also expose the social mechanisms that promote and perpetuate the widely

shared patterns of ideological recognition while simultaneously hiding the mechanisms of second-order recognitional disorders from society's members behind a functional veneer of naturalised patterns of class and group-differentiated recognition.

1.2. Maldistribution as Distortions of Esteem Dispositives

This higher-order structure of social pathologies is not, however, limited to ideological formations. Let me now briefly review a few other important social diagnoses with specific attention to this structure. Consider first Honneth’s recuperation of Dewey’s ideal of democracy as a reflexive form of social life.4 The crucial claims here are, first, that democracy is much more than a specific organisation of decision procedures in the formal political domains of the state and allied spheres. According to Dewey, and as approvingly transformed through the insights of recognition theory, democracy is first and foremost a general form for the organisation of social cooperation, whereby participants detect problems that affect them collectively and that can only be or can best be solved through reflective collective activity. The second major claim is connected to the fact that effective cooperative activity makes use of the advantages of a division of labour whereby different participants, with different skills and capacities, contribute different components to the collectively determined solution modality. This requires a form of interpersonal recognition, specifically that form centred around relations of esteem where individuals are treated as worthy co-participants in a differentiated scheme of cooperation. The world of work is here a paradigm example of a form of reflexive social cooperation that requires healthy relations of recognition. Third, such cooperation is valuable not only because it contributes to effective problem resolutions, but more importantly from a recognitional perspective, because it provides an opportunity for the full self-realisation of each of the participants. To the extent to which participants are acknowledged for their particular capacities and contributions to the cooperative activity according to a decent schema of evaluative esteem, persons will be able to develop healthy self-esteem. Fourth, the democratic character of social cooperation forms the model of healthy social relations amongst a diverse collection of people interacting through

their specific contributions to overall social goals and projects. Thus democracy in this fulsome sense is not only an ideal for political self-government, but also a crucial desideratum of economic interrelations. In particular, the healthy or distorted character of contemporary economic relations can be judged from the way in which the recognition that individuals achieve through the official economic division of labour matches or does not match the official esteem dispositive that the economy is said to realise institutionally. Finally, social pathologies occur in those situations where there is a disconnect between the regnant evaluative schemas connecting individual achievements to esteem recognition, and the social institutions that practically function to recognise or denigrate the actual achievements and worth of individuals.

The key to understanding how this complex conception of democracy as social cooperation relates to the account of second-order disorders is the concept of reflexivity. It is not enough, according to the Dewey/Honneth analysis, that a system of cooperation be based on an effective division of labour, one that can efficiently detect, problematise and solve collective social problems. To be democratic such a system must be open to the deliberative and participatory contributions of all the diverse members, and this means that those members must be reflexively aware of themselves as engaged in such a form of social cooperation. Not only does such reflexivity heighten the rationality of the system of social problem solving, but more importantly, it is an irreplaceable component in a healthy system of esteem recognition. Individuals must not only contribute on the basis of their particular capacities and skills, but their contributions must be, at a second-order level, recognised as such for real possibilities for individual self-realisation to exist. To put the point in negative terms, to the extent that individuals do contribute and achieve in a division of labour, at a first-order level, without being recognised appropriately and understanding themselves as so recognised, at a second-order level, there is a non-democratic, hence pathological, organisation of social cooperation. This can be seen where the division of labour relies, at the first-order level, on the specific capacities and contributions of diverse individuals, but they are not accorded the appropriate recognition for their social contributions. Concretely, according to Honneth, this occurs where patterns of remuneration – the wages, salaries, benefits, and so on that are the media of recognition in a formal economic system – are not justifiably related to the actual first-order patterns of socially valuable work. Distributive injustice, then, is one form of more general
second-order disorders in a democratic system of reflexive cooperation. Once again, the task of critical social theory is to expose second-order disorders in a society's esteem dispositive and division of labour in an insightful way in order to stimulate the denaturalisation of socially caused inequality and thereby open up possibilities for egalitarian transformations.5

1.3. Group-specific Invisibilisation

Another example of social pathologies as second-order disorders is Honneth's analysis, inspired by Ralph Ellison's novel Invisible Man, of the peculiar structure of social processes of denigration that involve 'looking through or past' another person.6 Here the curiosity is that social invisibility, especially of persons of denigrated castes, races and classes, involves an actual form of acknowledgement at a first-order level, but a non-acknowledgement of the person at the second-order level. The harmful, disdainful disregard of another is essentially active, involving the activity of purposefully ignoring or looking through another, and this presupposes that one has actually taken cognisance of the presence of the other in order to deny them the normal recognition that others are due as fellow persons. Finally, to be a social pathology, active disregard must be essentially connected to social patterns, here caste-like patterns of group-specific denigration. Unlike the phenomena of ideological recognition and maldistributive esteem dispositions, in the case of social invisibilisation those who directly suffer from the social effects of the social pathology are not the same as those

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5 Another related example of the diagnosis of social pathologies as second-order disorders comes from Emmanuel Renault's developing research on social suffering, research intended to expand substantially the reach of the recognition paradigm into empirical sociological and social-psychological research. The central idea here is that both social exclusion and new forms of work cause first-order suffering for individuals, but that a combination of ideological formations, social structures and institutional mechanisms lead individuals to understand this suffering, at a second-order level, in personal moral terms: that is, as their own fault. These individualising and moralising tendencies then constitute a social pathology insofar as they hide the crucial social causes, character and consequences of suffering, which are traceable to developing forms of social exclusion and to changes in the contemporary structure of the world of work, but nevertheless are reflexively experienced as rooted solely in individual deficiencies and failures. See chapters 6 and 7 of E. Renault, L'expérience de l'injustice: Clinique et reconnaissance de l'injustice, Paris, La découverte, 2004.

Subject to the problematic form of reflexivity. Nevertheless, the same conceptual structure of a second-order disorder is evident, and critical social theory has a similar role in exposing and explaining it as a social pathology.

1.4. Pathologies of Modern Rationality

Many other examples of this connection between social pathologies and second-order disorders could surely be given from the history of critical social thought, broadly construed. It holds in a narrower construal of the Frankfurt School of Critical Theory as well, as Honneth has shown in his summary article on the core theorists Horkheimer, Adorno, Marcuse and Habermas. A central claim of Honneth’s intellectual history is that, in their different ways, all of these theorists consider present social pathologies to be fundamentally connected to distortions in rationality. In particular, each gives a type of social diagnosis that highlights the disconnect between extant social structures, forms of practice and modes of thought – all of which are largely characterisable in specific connection to modern capitalism – and the latent potential of reason as disclosed at a particular level of historical development. The disorders here are, first, that the first-order level of the extant social institutions does not reflect the potential of the second-order level of historically available rationality and, second, that even that rational potential is not widely shared and accepted as socially relevant by society members. The pathologies are therefore twofold: the disconnect between extant social institutions and the available level of rationality, and the disconnect between the broadly accepted sense of what is rational, just and possible and the latent potential of reason, which is not yet understood by society’s members as available and potentially emancipatory. Again, the tasks of a critical social diagnosis include not only identifying the disconnects between the first-order and second-order levels, but also indicating exactly what kinds of social mechanisms – cultural, institutional and psychological – maintain and further the social pathologies diagnosed. Of course the purpose of diagnosing symptoms and their etiology is not a

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pure theoretical exercise; rather, it must be practically oriented towards fostering the overcoming of such social pathologies.

1.5. Reification

It seems plausible to me that the same type of analysis could productively illuminate the general forms of misrecognition that Honneth identified over fifteen years ago – abuse, disrespect and denigration – and the possibility that they may be experienced generally throughout a society, hence warranting the thesis that one is dealing here with specifically social pathologies.\(^8\) However, the next example I would like to discuss comes from Honneth’s more recent work putting forward a suggestive way of rehabilitating Lukács’ concept of reification under changed historical, social and theoretical conditions.\(^9\)

Honneth’s reinterpretation of reification begins with a focal contrast between two different stances individuals might adopt towards others, the world and themselves: a stance of practical, interested involvement and a stance of detached, cognitive objectivation. The central ambitious thesis of the Tanner Lectures is that the stance of practical, interested involvement is both ontogenetically and conceptually prior to the objectivating, cognitive stance. For instance, the mode of formal, objectivating and calculative cognition of the facts of the social world and of social actors within it that is often required in the economic sphere presupposes a prior act of what might be called fully humanised recognition of the other, a moment of interested involvement with the other as an other. The thesis is supported by a set of fecund readings of diverse theoretical and empirical sources, all according to Honneth pointing at similar phenomena, and all tending to support the claim that qualitative relations to others have priority over reified relations to others and, in fact, that the former are a condition of possibility for the latter. In support, Honneth approvingly reinterprets Lukács’ theory of reification; Heidegger’s analysis of the practical mode of relating to the world he called care; Dewey’s epistemological thesis of the priority of

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an holistic, qualitative grasp of the world to one of analytic quantities; the ontogenetic priority of emotional attachment over a depersonalised cognitive grasp of the world shown by developmental psychologists; Adorno’s theory that the archetype of imitation is love; and Cavell’s claim that acknowledgement must precede linguistic understanding of the self-revealing content of the utterances of another. Once we understand the stance of interested involvement with another as a stance of recognition, it is then a short but momentous step to seeing these diverse arguments as support for the claim that intersubjective recognition is a condition of possibility of even monological cognition.

Although these ambitious claims and their supporting arguments deserve a fair amount of critical scrutiny, I accept them here *arguendo* in order to focus on the use of reification as a critical concept for diagnosing social pathologies. Honneth argues that the concept of reification can be productively reanimated today under changed theoretical and historical conditions by understanding acts of reification as actions in which an objectivating stance to others, the world or the self is adopted, while simultaneously *forgetting* the constitutive connections that such an objectivating stance has to our practical, interested and normatively laden interactions with others. For Honneth an objectivating stance can be benign when it serves to promote cognitive values in a normatively permissible manner – say a naturalising stance that promotes rational problem-solving within a morally delimited sphere of permissible objectivation of others. What is distinctive of reifying objectivation is that it involves an active forgetting of the priority of intersubjective recognition to cognition, where that forgetting is socially pervasive and systematically or institutionally reproduced, and serves to deform the networks of intersubjective recognition that are essential conditions for maintaining an ethical form of social life. Thus the reification of others involves a disregard of the structures of normatively imbued and meaningful recognition of others, where that disregard is located in distorted forms of sociality that serve to dehumanise participants and thereby perpetuate pathological social structures. A further analysis claims that reification of others can be caused in two analytically distinct ways. It can be caused internally, where individuals more or less consciously adopt a praxis that requires the objectivating stance to overwhelm any limits set by the normative structures of recognition – say engaging in sports where the intensity of competition leads participants to dehumanise their opponents.
Reification of others can also be caused externally, through the socially prevalent use of thought schemas and interactive patterns that require participants to approach others as mere objects to be manipulated for self-interested motives – say the structural imperatives of market-mediated interactions where objectivation of others is assumed to be a necessity for bare material survival itself. In either case, reification involves a widely shared disregard of the primordial recognitional structure of intersubjective interactions in favour of objectivation, where that forgetting is socially caused and leads to social pathologies: specifically, pathologies that distort fully humanised interactions, thereby impeding the necessary social conditions for an ethical form of the good life.

Social interactions are the centrepiece of this analysis, yet it is not restricted to intersubjective phenomena, for Honneth also develops a categorial framework for understanding what it would mean to have reifying relationships both to the objective, non-social world, and to the inner world of subjective self-relations. Reification of the physical world means a forgetfulness of the significance that objects and relations in the physical world might have for others. The idea here follows Dewey’s epistemological lead: to cognitively grasp objects in the world, one needs to be able to set them in a context of purposes and uses, and this context is in turn constituted by other human projects and human interactions with others. (A similar account could equally proceed from Heidegger’s analysis of the conceptual primordiality of the stance of care for our being-in-the-world). Reification of objects involves a systematic forgetting of the way they are constituted as meaningful and useful to us only in a specific context of social purposes and interactions. Reification of objects is then a sort of derivative phenomenon of the reification of others. Reification of self involves a distorted relation to one’s inner states, where one forgets that one’s relation to self is chiefly a practical relation, a kind of qualitative recognition of one’s self first made possible through the variety of intersubjective relations of recognition one experiences. The analysis identifies two varieties of such self-reification evident in contemporary culture. On the one hand, there is a form of self-objectivation that Honneth labels detectivism, where individuals take their inner states as brute empirical givens, not subject to transformation through acts of self-reflection, but rather only given states of affairs to be accurately detected and catalogued. Exemplary here is the kind of reification that occurs when individuals are required to take a disinterested stance towards their ‘personality
type' and adjust their detached observations of their inner states to standardised grids for self-profiling: think for instance of the reification involved in establishing one’s identity profile in online dating forums. At the opposite extreme, there is a kind of reification of self that Honneth identifies as constructivism, where individuals take up an instrumentalising stance to their inner states, believing in essence that those inner states are at the disposition of acts of will, and thereby represent wholly plastic material to be remoulded in the light of socially defined norms and goals: think for instance of the repeated need to transform one’s personality under the pressures for job-specific character traits in contemporary ‘flexible’ economies and the demise of life-long careers. In both cases, there is a forgetting of an antecedent recognition of self, where one’s desires and feelings are taken as worthy of articulation, neither brute unshapable givens nor wholly malleable fodder for purposive use. Where we forget this essential recognitional relationship to ourselves, we end up reifying our inner states, either believing that we can instrumentally remake ourselves in the interest of selling ourselves to others, or that our inner states can be calculatively reduced to standardised schemas of categories thereby locating ourselves on a selective and pre-given grid of human personality types.

In the terms I have developed here, it should be clear that the social pathologies of reification represent second-order disorders: first-order objectivating cognitions and interactions (whether of and with other persons, one’s own feelings and dispositions, or the objective world) are disconnected from a second-order grasp of them as temporally and conceptually dependent on a prior act of recognition, yielding reifying cognitions and interactions properly speaking. The metaphor of forgetting here essentially refers to a second-order disorder, yet reification is not a mere instance of self-misunderstanding, a psychological peculiarity or individual psychopathology. The analysis aims rather at diagnosing social pathologies: widely dispersed, shared features of and practices in our collective life, caused by specific mechanisms located in the extant forms and institutions of social life that thereby deform the prospects for a good life. Here a central set of questions about the social theory underlying the conceptual and phenomenological analyses of reification arises. One is led to ask: what is the explanation for such phenomena; what are the specific social causes of the various types of reification; are those social causes ineliminable features of human life (as Honneth suggests with respect to necessary forms of objectivation that should not be understood as reification); or are they
socio-culturally specific forms of pathology that are amenable to amelioration or eradication through the transformations of current social structures, institutions and practices? Recall that Lukács had a ready set of answers to such questions, rooted in a belief that the economic imperatives of capitalist market society, as analysed by Marx, are the primary driving force behind the formation and reproduction of social structures, that the economic relations of production largely determine the objective totality of a social form of life – including social norms and behaviours, cultural formations, psychological dispositions, political and legal institutions, and so on – and that such an objective totality systematically serves to promote the interests of holders of capital and to oppress those without it. By contrast, given substantial changes in the forms and effects of capitalism and in the theoretical and methodological landscape one hundred years later, we can no longer simply presuppose such a social theory as unproblematic, let alone singly persuasive. In fact, Honneth is careful to separate his analysis of reification from such problematic presuppositions. He insists that he is not following the economic determinism Lukács adopted from Marx, and he insists, against monocausal theories, that different types of reification may have quite different types of causes. Finally, he acknowledges just how tough a nut he must crack sociologically: if both the ontogenetic and conceptual arguments for the priority of recognition over cognition are correct, it would seem quite difficult for this anthropologically fundamental relationship to be forgotten. The suggestion here is that some specific combinations of determinate social practices, institutional incentives, and skewed cognitive schemata and evaluative patterns can often overcome the anthropological fundamentals of recognition and ensue in reifying second-order disorders.

Unfortunately, beyond these methodological preliminaries, there is little robust social explanation given for the causes of contemporary forms of reification in the Tanner Lectures. What we get instead are a few suggestive comments about the changing state of work and communications technologies, and a positing of the general importance of widely shared social practices to the formation and perpetuation of reification pathologies. The substantive socio-theoretic explanations of reification are left open for another day, as well as the choice of which explanatory models and methods should be adopted in developing a social theory supporting the social diagnoses of reification. Before considering the socio-theoretic tasks posed by a Critical Theory
focused on social pathologies as second-order disorders, and some of the available methodological options, I turn to one last example of a second-order social disorder.

1.6. Paradoxes of Individualisation

In a paper in the inaugural volume of a new series intended to reinvigorate the distinctive Frankfurt School tradition of closely linking sociological and critical-philosophical research, Honneth argues that a new, paradoxical form of individualism has developed since the 1960s. According to the diagnosis, starting some forty years ago, claims to self-realisation vastly multiplied in developed Western nations. Although from an objective standpoint such a development would appear to be an increase in the qualitative possibilities for individual freedom, paradoxically, from a subjective standpoint, the expectations for self-realisation increasingly strike individuals as insistent, increasingly inescapable demands. This form of institutionalised individualism in turn has led to pathological symptoms of psychological feelings of individual emptiness, meaningless and purposelessness on the one hand, and sociological symptoms of a pervasive ideology of personal responsibility that leads to neo-liberal deinstitutionalisation on the other. The pathologies of socially required and organised self-realisation clearly count as second-order disorders. Conceptually, a claim to authentic self-realisation requires that one’s own mode of self-realisation – the first-order contents – be grasped, at a second-order level of reflexivity, as arising autochthonously out of one’s own specific appropriation of one’s life-history and character. Yet the very claim to authenticity is itself rendered invalid – inauthentic, as it were – either when the first-order contents are not really one’s own, in some significant sense, or when the second-order grasp of those contents is demanded from the outside as a condition of normalcy in contemporary capitalist culture or even as a job requirement in a neo-liberal economy requiring employees to become creative independent contractors and entrepreneurs. Thus, in the contemporary paradoxical form of institutionalised individualism, there exists a series of disconnects between the first-order contents – often enough, vacuous forms

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of consumer self-identification and ‘fulfilment’ that are supplied as pre-given templates for individuality – and the second-order reflexivity required of adequate claims to authenticity – often itself vitiated by individuals’ own recognition that the demand for individualised self-realisation is itself a productive force, a functionally useful innovation of post-Fordist capitalism, one playing an ideological role in furthering neo-liberal deinstitutionalisation and deregulation.

What is particularly interesting in Honneth’s development of these theses is that, more so than in other works focusing on his own diagnoses of contemporary social pathologies, they are supported by substantive and explanatory socio-theoretic claims. Methodologically, the point is made (as it also is in reification analysis) that the symptoms of emptiness and purposelessness arising from institutionalised demands for authentic self-realisation are not to be explained in a monocausal fashion, much less as ensuing from deliberate manipulations by capital interests of contemporary forms of social life. However, this piece goes beyond these negative caveats to argue that social theory can identify elective affinities between distinct developmental processes, each with their own logic and dynamics, which nevertheless coalesce in a certain social formation. Thus without falling prey to the errors of explanatory monism that plague not just Marxist economism but also Hegelian idealism, and without introducing unbridgeable dualisms between functional and hermeneutic forms of explanation, social theory is used to identify in a piecemeal fashion the similar directional tendencies of distinct and often unrelated societal transformations.

This methodological idea is operationalised in a social theory that identifies six different developmental processes giving rise to paradoxical institutionalised individualism, a social theory providing explanatory support to the social pathology diagnosis. First, of course, are the general structural transformations identified by the founding sociologists (Durkheim, Simmel and Weber, and carried forward in Parsons) as definitive of modernisation over the last several centuries, through which individuals are released from the set bonds and life patterns of traditional societies, and experience tremendous increases in the degree of freedom to determine their own lives. Second, and more recently, the move from a Fordist form of industrial economic organisation to a post-Fordist form of capitalism after the Second World War, where employees are increasingly required to become self-responsible, creative inventors and promoters of their own careers, has made self-realisation into a productive force in economic development itself.
To these socio-structural and economic transformations, at least two cultural transformations should be added. On the one hand, the upheavals and social movements of the 1960s and 1970s brought to pre-eminence Romanticism’s ideal of individual authenticity as a central orienting value and, on the other hand, transformations of electronic communications media increasingly diffuse celebrity-centred models of authenticity that delimit available styles of life and blur the lines between fiction and reality. Finally, two other changes must be accounted for, neither of which fits neatly into only one of the explanatory categories mentioned above (that is, of social structure, economy and culture). As a response to the way consumption-focused capitalism requires an ever-increasing turnover of new consumer goods, the advertising industry has instrumentalised the ideals of authenticity by packaging consumer items as aesthetic resources for each person’s development of their ‘own’ lifestyles. Finally, there is a dialectical interplay between the neo-liberal political program of dismantling the welfare state and the increasing prominence of ideals of self-responsible, atomistic individualism, ideals that get channelled into and realised through pre-organised forms of ‘authentic’ self-realisation.

2. The Tasks of a Critical Social Diagnosis of Pathologies

So far I have argued that many of the different social pathologies that Honneth has analysed can be productively understood as exhibiting the conceptual structure of second-order disorders. In each case, there is a pervasive disconnect between first-order contents and second-order reflexive modes of grasping those contents, and that disconnect is claimed to be widely shared in contemporary society, caused by determinate social structures, institutions and/or cultural patterns, and leading to deleterious consequences for society’s members by blocking opportunities for the realisation of an ethically intact form of collective life. Surely this is not the only way Honneth’s social diagnoses can be reconstructed, but I do believe that it is particularly helpful in illuminating the various tasks a critical social theory must fulfil if it is to vindicate and put to use its proposed social diagnoses. I now turn to articulating four such tasks, before considering three different broad methodological strategies that might be adopted to fulfil them, provisionally indicating for each of the strategies some of their prospective strengths and weaknesses.
The first task, rather obviously, is identifying and explicating the symptomatic phenomena of the social pathology in a revealing way. In line with the action-theoretic and phenomenological approaches Honneth has taken to identification, I have suggested that the articulation of a socially pervasive disconnect between lower-order and higher-order experiential structures can productively illuminate the feelings of suffering, disorientation, meaningfulness, and so on that the analyses take as their primary data. This task of describing the relevant pathological symptoms – what might be called symptomatology – presupposes substantive background assumptions concerning health and normacy, in this case the health or normacy of a social form of life, in the light of which the identified phenomena can be said to be pathological. The analyses of social pathologies need further to establish that the described phenomena are pervasively experienced throughout contemporary society. Here the theory must vindicate the claims that the symptoms really exist in a population, and in more than an accidental, episodic or individualistic manner. This second task of supporting the claim that we are dealing with social pathologies is then a kind of epidemiology. The third task is etiological: a diagnosis of social pathologies must supply some convincing explanation of their causes. As I have argued here, this will involve giving explanations for the second-order disorders in a way that shows them to be not only socially experienced, but also causally rooted in social structures, institutions, normative patterns, cultural schemas, and so on. A social theory with only descriptive and explanatory ambitions might rest content with fulfilling these three tasks of symptomatology, epidemiology and etiology, but a critical social theory – an interdisciplinary social theory fundamentally oriented by an emancipatory intent – will need to go further, and begin to fulfil, fourth, the tasks of prognosis and therapeutic recommendations. It will need to provide theoretical resources for transformative social change, which may (non-exhaustively) include: resources for evaluating the likelihood and feasibility of social change; resources for consciousness-raising about the relevant second-order disorders; resources for strategising, centrally including convincing accounts of the correct targets for social struggle; and normative

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11 The difficulties inherent in extending the metaphor of pathology from individual biological organisms – where it is relatively easy to articulate standards of health – to societal phenomena occupies much of the interesting work in Honneth, "Pathologies of the Social".
resources for collective evaluations of current conditions, goals, strategies, and so on. It should be noted that the critical social theoretic desideratum of clearly articulated and justified normative standards will also help to fulfil the first task of symptomatology, since this requires determinate ways of distinguishing between pathological and healthy social formations.

Surely this is an ambitious set of theoretical tasks, but it seems to me that they follow organically, as it were, from the attempt to actualise critical social theory in the form of diagnoses of contemporary social pathologies. Looking over the substantive analyses of social pathologies presented in the first part of the essay, I think it warranted saying that Honneth has fulfilled these tasks to a decreasing degree of success. The symptomatologies are phenomenologically well developed and often convincing in articulating subjectively felt experiences of second-order disorders, and the distinctions employed between pathological and non-pathological forms of social life are repeatedly based on the “formal conception of ethical life” developed out of the theory of recognition. The epidemiological claims are not explicitly vindicated, but since such vindication is a matter of empirical social research, perhaps the diagnoses should be understood as theoretical hypotheses to be tested through well-designed sociological and social-psychological studies, rather than as self-endorsing claims that the phenomena identified are in fact social pathologies. Only in the cases of maldistribution based in distorted esteem dispositives and of organised self-realisation do we get the fundaments of an etiological explanation for the root causes of the social pathology. As indicated throughout, the analyses of ideological recognition, invisibilisation, modern rationalisation and especially reification suffer from a lack of substantive socio-logical details that can move the theory from the action-theoretic description of second-order disorders to institutional, structural, normative, cultural and/or functional explanations for their social sources. This lacuna is particularly glaring in the cases of ideology and reification, as Honneth there intends to reanimate diagnostic concepts from

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13 The etiology of organised self-realisation seems to me more plausible than that advanced to explain the relationship between injustices of maldistribution in terms of distortions in the esteem dispositives in the contemporary world of work. On the latter, see C. Zurn, “Recognition, Redistribution, and Democracy: Dilemmas of Honneth’s Critical Social Theory”, *European Journal of Philosophy*, vol. 13, no. 1, 2005, pp. 89–126.
the earlier history of critical social theory while simultaneously denying the cogency and validity of the underlying explanatory social theory of historical materialism that those earlier diagnoses relied on. Finally, I would suggest that without a well-developed and relatively detailed etiological account of social pathologies, the tasks of prognosis and therapy cannot even begin to get off the ground. Unsurprisingly, this fourth set of tasks has not yet been acknowledged, let alone brought to fruition, even as there are some theoretical resources in the general theory of recognition that could be put to productive use. To conclude, I would like to indicate at least three different methodological strategies for fulfilling these tasks – for convenience labelled as ‘hermeneutic physiognomy’, ‘sociological maximalism’ and ‘pathology-specific eclecticism’ – and make some comments concerning their potential fecundity for the diagnosis of social pathologies.

In a very recent essay, Honneth has admirably clarified the basic methodological structure of Adorno’s social theory, separating its truly original contribution of an hermeneutic physiognomy of contemporary social formations from much of the “under-informed, strangely uninspired, and almost dogmatic” substantive explanatory theses and sociological models that Adorno often buried the originality within. A central claim of the paper is that we often misunderstand Adorno’s social theory as putting forward either descriptive or explanatory claims about the structures and mechanisms of contemporary society. Rather, he was attempting to provide an illuminating sketch of the physical surfaces and appearances of the capitalist form of life that could hermeneutically reveal that form of life as reified, falsely naturalised, oppressive, stultifying, instrumentalising, endlessly productive of preventable suffering – in short, as a failed form of life. In not only his social theoretic writings, but also his aesthetics and philosophy, Adorno:

tries to develop a method suited to perspicuously depicting the objective meaning of the courses of social action … By conceptually accenting particular aspects of social reality, it creates figures which exemplify the pathology of reason that has arisen through generalized commodity exchange … As soon as we manage to produce a particular “figure” with this illustrative function, we at the same time achieve an interpretation,

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since a whole ensemble of practices, attitudes, or rules becomes comprehensible as a symptom of a failed developmental process.\textsuperscript{15}

In terms of the four tasks laid out above, the method of hermeneutic physiognomy at most intends to fulfil the first two tasks of symptomatology and epidemiology, while explicitly forswearing the latter two tasks of etiology and prognosis. The claim is, in effect, that a social theory intending to fulfil all four tasks is overly ambitious, though support for the rejection of more ambitious social theory construction is not articulated here. What Honneth does say, somewhat cryptically, is that the purpose of his own reconstruction of Adorno’s hermeneutic method and its resulting diagnosis of the pathologies of a capitalist form of life is “in attempting to defend Adorno’s analysis of capitalism for the present”.\textsuperscript{16}

Aside from engaging in questions of textual or scholarly interpretation of Adorno’s corpus, the crucial question here is whether or not hermeneutic physiognomy is adequate to the diagnosis of social pathologies. As I see it, the main problem with such a strategy is that, even at best – when the evocative theoretical description of contemporary forms of suffering does crystallise illuminatingly some particular configuration of felt responses to social reality – it still fails to connect these experiences to causes. This is because such a method deliberately aims not only to avoid offering a precise and accurate description of what a capitalist form of life is – one crucial trope of physiognomy is, as Honneth emphasises, strategic exaggeration – but also to avoid explaining how such a form of life works or even how some aspects of it work. The aim, rather, is simply to illuminate pathological symptoms. However, this means that there will be no systematic, or even accidental, socio-theoretic connection made between the articulated feelings of dissatisfaction and their actual social causes: no etiology of the relevant second-order disorders. There are several resulting deficits. First, the theory will have significant difficulties in even justifying its claim to having identified social pathologies as it might well be that the suffering identified is, in some important way or sense, an

\textsuperscript{15} ibid., p. 56.
\textsuperscript{16} ibid., p. 51. I say ‘somewhat cryptically’ because this is the only sentence of its kind in the essay, and it is frankly ambiguous whether Honneth is interested in defending the method of hermeneutic physiognomy, the substance of Adorno’s critique of the capitalist form of life, or both.
‘objectively necessary’ form of suffering. Whether one here takes Freud’s reality principle as an inescapable psychological source of suffering arising from the need to internalise behavioural controls, or like Marcuse attempts to outline a metric dividing objectively necessary from unnecessary suffering ensuing from the generic features of any form of social life, or accepts some other account separating preventable from unpreventable suffering, a critical social theory must be able to justify its claim to having identified deformations ensuing from a specific form of social life rather than merely the predictable pains of intersubjectivity simpliciter. As indicated above, even symptomatology and epidemiology require distinctions between pathological and healthy forms of life, whether we are talking about organisms, individual psyches or forms of social life, and such distinctions require historically sensitive socio-theoretic explanations.

Further, such Adornoesque hermeneutic physiognomies cannot answer to the prognostic and therapeutic demands of a critical social theory: namely to provide useful theoretical resources for emancipatory social change. Perhaps Adorno himself, somewhat worried (like Plato after counselling Dionysius I) about the misuse of his ideas in the hands of social activists, withdrew precisely from this task and sought, as it were, to cover his socio-theoretic insights behind a screen of obtuse philosophy and ‘almost dogmatic’ boilerplate historical materialism. The practical question for progressive theorists today is changed, in my opinion, by quite different social and cultural conditions. Rather than worry about the explosive potential of revolutionary change, the mood of critical theorists is today much more pessimistic in the face of the withdrawal of utopian energies in advanced capitalist societies. Rather than worry about the misuse of radical theory, we should be worried about exactly what and how we can change the symptoms and causes of social pathologies, how we can overcome the suffering-inducing disconnects of second-order disorders. This is not to say that Adorno’s method wholly forecloses connections to social struggles. He surely attempted theoretically to keep open the possibility of social transformation, for instance by identifying certain ontogenetically fundamental modes of awareness and experience that harbour the potential, as it were, to resist actively the reifying and instrumentalising tendencies of contemporary capitalist society. Nevertheless, the identification of potential motivational well-springs for resistance is a long way from providing the kinds of resources I indicated are needed for prognosis and therapy: no prognostic power, no therapeutic advice,
no strategic guidance, no explicit and justified normative standards are made available by pointing out that certain psychological motivations are not inevitably erased by current social formations. And these deficiencies are constitutively tied to the methodological strategy of refusing etiology, for the critical resources depend on an understanding of the root social causes of the social pathology. In short, the method of hermeneutic physiognomy promises less than a critical social theory requires, and is perhaps little more than an interesting cultural critique.

A quite different methodological strategy starts by building a grand theory of society, a fully descriptive and explanatory sociology, and then attempts to deduce, as it were, hypotheses about possible social pathologies from the likely conflict points identified by the theory in contemporary social formations. Such sociological maximalism has taken innumerable forms: Marx’s theory of the inherent contradictions of capitalism, Durkheim’s account of organic social integration and anomie, Weber’s theory of the iron cage of ascetic bureaucratic rationalisation, Habermas’ colonisation thesis, and so on. Such sociological maximalism is centrally concerned with accurate explanations of the basic mechanisms of contemporary societies, and so looks well poised to carry out the etiological tasks of social diagnosis, with a clear set of tools for accounting for the epidemiological aspects of social pathologies. Of course, as the devil is in the details – the particular theses and support provided by the substantive sociological theory – there is much that must be passed over in this brief consideration of the basic methodological strategy of sociological maximalism. Nevertheless, it strikes me that such attempts suffer from two complementary deficits from the point of view of diagnosing social pathologies – unconvincing symptomatologies and insufficiencies in prognostic and therapeutic power – where those deficits are rooted in the same methodological difficulty of connecting structural and functional sociological explanations to the everyday experiences and understandings of social actors. Let me explain.

One striking trend in the history of postwar economic and sociological research has been that theoretical demands for empirical and methodological adequacy have increasingly driven social theory towards counter-intuitive explanations of social processes and dynamics couched in complex, expert discourses irreducible to everyday understanding. Such technical theories buy their explanatory power at the cost of deliberately abstracting away from variables dependent on
individual human experiences, intentions and normative judgements. They thereby cede the requisite ability to make sense of intra-mundane experiential reactions to so-called ‘systemic’ processes and of the social movements such experiential reactions can generate. In so ceding the ability to make sense of the struggles and wishes of the age, however, they relinquish both the prospects for convincing symptomatologies of social pathologies and hopes for realising critical social theory’s emancipatory interest by influencing progressive social change.

As an example, consider how the theory of communicative action, seduced by the methodological power and (arguable) empirical adequacy of systems theory, ended up unable to connect its ‘colonisation of the lifeworld’ theses in a convincing way to the nature and interests of the actual new social movements that have become so prominent since the end of the 1960s. Similarly, it is not clear how the very general social pathologies of a loss of meaning, anomie and psychopathological breakdowns of identity that the theory of communicative action predicts as the result of long-term processes of the development and extension of functional systems of social integration can be convincingly connected to the variegated, often shorter-term, socially and culturally specific developments that Honneth draws our attention to in terms of second-order disorders like ideological recognition, esteem-based maldistribution, group-specific invisibilisation and organised self-realisation. For all of the apparent explanatory power gained by adopting the latest form of technical sociology, critical social theory at the same time lost its evident connection to contemporary social experiences and movements. Thus the same problem of connecting the social diagnoses of second-order disorders – which are developed from the intra-mundane point of view of phenomenological and action-theoretic descriptions – to the functional and structural explanations of long-term modernisation processes – which are developed from the extra-mundane point of view of counter-intuitive sociological concepts and theories – manifests itself in the tasks of both symptomatology and therapeutic prognosis. On the one hand, the social diagnoses resulting from sociological maximalism appear disconnected from the actual symptoms of experienced suffering, symptoms better captured in their detail and specificity by starting from the point of view of second-order disorders. On the other hand, because the social theory is not in the first instance generated out of the felt and expressed experiences of social actors, the distance between the theory’s prognostic and therapeutic resources and recommendations and
the emancipatory interests of society’s members and social movement participants can appear unbridgeable.\textsuperscript{17}

A final strategy then would be to combine the symptomatological and epidemiological acumen of detailed descriptions of the experiences and understandings evident in second-order disorders with the etiological power of pathology-specific explanations of their causes. \textit{Prima facie} the different social pathologies identified by Honneth do not call for the same kinds of explanations. For instance, the phenomenon of group-specific invisibilisation seems open to a relatively straightforward analysis where the second-order disorders are caused largely by cognitive and evaluative schemas that are unjustifiably group-differentiated, so that the prognosis for healing the social pathologies is relatively good: the therapy consists largely of deliberate and organised strategies for changing extant cultural patterns that systematically serve to further the oppression of denigrated group members. In contrast, the social pathologies associated with maldistributive injustice cannot be explained only in terms of distorted cultural patterns of cognition and evaluation. To be not only accurate but also useful for emancipatory ends, then, critical social theory would here need to go beyond an account of distorted esteem dispositives to incorporate analyses of the relatively autochthonous functional imperatives of capitalist economies and of the structural transformations of both legal systems and global political relations between nation states.\textsuperscript{18} Prognosis and therapeutic suggestions would then assume a quite different character than they do with respect to invisibilisation. Such mid-level methodological eclecticism, neither exclusively descriptive in intent nor grandiose in explanatory ambition, at least then promises to be able to provide the resources a critical social theory needs to carry forward its emancipatory intentions.

\textsuperscript{17} One might object here that the problem I am identifying between the technical explanatory language of sociological maximalism and the mundane language in which symptomatic experiences and social movement reactions to them is really nothing more than a problem of translating the results of expert discourses into understandable language. My intuition, however, is that the much greater diagnostic acumen and accuracy of theories starting from phenomenological and action-theoretic bases, in comparison to those starting from an encompassing sociological explanatory theory, is constitutively tied to the original choice of methodological strategies. Said another way, the problem is not just in translating explanatory claims into prognostic and therapeutic resources; it is also in perspicaciously identifying social pathologies in the first place.

\textsuperscript{18} Or so I argue in Zurn, “Recognition, Redistribution, and Democracy”.
I take it that phenomenon-specific eclecticism is precisely the methodological strategy adopted in Honneth’s analysis of organised self-realisation, where he posits elective affinities between various distinct developmental processes that follow their own inner logics but nevertheless coalesce in the specific pathological formation of contemporary institutionalised individualism. This kind of critical contextualist methodology then leaves room for different kinds of explanation, prognosis and therapy, with varying degrees of causal and political complexity tailored to the specific pathologies under investigation. Hermeneutic physiognomy and other descriptive strategies are insufficiently explanatory; sociological maximalism threatens to become conceptually and analytically disconnected from the specific social pathologies at issue. What we would seem to need rather are convincing, contextually specific descriptions and explanations appropriate to different socially experienced second-order disorders, accounts that can fulfil the various tasks of symptomatology, epidemiology, etiology, and prognosis and therapy. I would suggest that the social diagnoses Honneth has so far engaged in have fulfilled the first two sets of tasks to a much greater extent than the third and fourth ones. In short then, this essay is a call for more attention to the explanatory tasks of social theory to complement the theory of recognition’s ontogenetic and normative strengths, and render the provocative diagnoses of social pathologies useful for a reinvigorated critical social theory.19

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