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Article:

Verovšek, P.J. (2019) Social criticism as medical diagnosis? On the role of social pathology and crisis within critical theory. Thesis Eleven, 155 (1). pp. 109-126. ISSN: 0725-5136

<https://doi.org/10.1177/0725513619888663>

Verovšek PJ. Social criticism as medical diagnosis? On the role of social pathology and crisis within critical theory. Thesis Eleven. 2019;155(1):109-126. Copyright © 2019 The Author(s). DOI: <https://doi.org/10.1177/0725513619888663>. Article available under the terms of the CC-BY-NC-ND licence (<https://creativecommons.org/licenses/by-nc-nd/4.0/>).

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**Social Criticism as Medical Diagnosis?:
On the Role of Social Pathology and Crisis within Critical Theory***

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ABSTRACT The critical theory of the Frankfurt School starts with an explanatory-diagnostic analysis of the social pathologies of the present followed by anticipatory-utopian reflection on possible treatments for these disorders. This approach draws extensively on parallels to medicine. I argue that the ideas of social pathology and crisis that pervade the methodological writings of the Frankfurt School help to explain critical theory's contention that the object of critique identifies itself when social institutions cease to function smoothly. However, in reflecting on the role that reason and self-awareness play in second stage of social criticism, I contend that this model is actually better conceptualized through the lens of the psychoanalyst than the physician. Although the first generation's explicit commitment to psychoanalysis has largely dissipated in recent critical theory, this faith in a rationalized "talking cure" leading to self-awareness of pathologies remains at the core of the Frankfurt School.

KEYWORDS Critical Theory, Crisis, Diagnosis, Social Pathology, Frankfurt School, Methodology, Psychoanalysis

Published in *Thesis Eleven*

This is the Accepted version. The Final version is available at:

<https://doi.org/10.1177%2F0725513619888663>

* I would like to thank Lois McNay, Gordon Finlayson, Fabian Freyenhagen, Denis Chevrier-Bosseau, Arto Laitinen, Jake Parkins and three reviewers from this journal for their helpful comments on earlier drafts of this essay. It was originally written for and presented at the "Critical theory and the Concept of Social Pathology" conference at the Centre for Social and Political Thought at the University of Sussex, which was held on 13-14 September 2017. My thanks to all of the participants for their help in conceptualizing the idea of social pathology within the critical theory of the Frankfurt School.

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Introduction

The metaphors of crisis and pathology have become standard descriptive tropes within twentieth century social and political theory. As such, their utility is also hotly contested. Whereas Simon Critchley (1997: 357) points to their importance in promoting “philosophy as a means to *criticize* the present,” John Holton (1987: 503) argues that the idea of a social pathology leading to a crisis “has become so massively over-inflated...as to have become de-valued in its analytical specificity.” He notes that this is a problem not only in terms of the utility of these concepts, but also for their rhetorical force: “Once virtually everything is perceived to be in more or less unending crisis the possibility arises that we are losing the capacity to discriminate between social pathology or breakdown, on the one side, and social normality and social order on the other” (Ibid).

The situation has only become worse since turn of the second millennium. For example, the problems of the member-states of the European Union (EU) that share its common currency, the euro, following the so-called Great Recession (2008-13) have been dubbed “the crisis of the Eurozone” (Lapavitsas 2009). This crisis (singular) actually subsumes many crises (plural) across a broad range of issues, including monetary politics, financial insecurity and sovereign debt. As policy interventions are recycled without resolving the underlying pathologies, it is even possible to speak of what Claus Offe (1984) calls a “crisis in crisis management.” Such vivid language is designed to represent the gravity of the situation. However, once crisis and social pathology become the status quo, the inability of these descriptors to motivate social and political theorizing can lead to a “crisis of critique” (Azmanova 2014: 357).

An “emphasis on the role of metaphor in enquiry” (Cooper 1994: 16) is a key characteristic that helps to distinguish continental philosophy from its analytic counterpart. Within this tradition, the thinkers of the Frankfurt School have relied particularly heavily on the notions of crisis and pathology to theorize “social practices that themselves incorporate an ‘interpretation’ of the world” (Ibid.). Building on Karl Marx, the founders of critical theory noted that materialist philosophy could no longer explain the social pathologies of the twentieth century, because it “lacked the kind of social psychology that was necessary to explain how ideologies take hold in the minds of individuals” (Allen 2016b: 246). They argued that internal contradictions in the industrialized, mass democracies of the West were presenting themselves not only in the form of economic dysfunctions, but also as “*lived* crises” (Benhabib 1986: 155) within politics, culture, and society.

Although it is notoriously difficult to provide a clear definition of the Frankfurt School, “It has been common to treat critical theory primarily as a distinctive methodology” (Stirk 2000: 127). Unlike many contemporary social and political theorists, who “are often silent on questions of method and approach” (Leopold 2008, 1), critical theory differentiates itself from what Max Horkheimer (1972a) derisively refers to as “traditional theory” through an interdisciplinary methodology “guided by a practical, emancipatory interest” (Fraser 2007: 322). Although the thinkers associated with the Institute for Social Research (*Institut für Sozialforschung*) in Frankfurt in the 1920s and 30s – as well as their later followers – also share a common canon and certain theoretical concerns, such as the role of reason and unreason within modern, industrialized societies, even core members of the founding generation ultimately argue

that critical theory can be treated as a unified tradition largely as a result of this shared methodological approach (Löwenthal 1980: 77-9).

One of the distinguishing features of the Frankfurt Circle's methodology is its two-stage approach to social criticism. Starting with an "explanatory-diagnostic" analysis of the social pathologies of the present, critical theory then seeks "anticipatory-utopian" solutions to these crises (see Benhabib 1986: 226). Given the dependence of this methodology on ideas of pathology and crisis diagnosis drawn from Western medicine in the first step, and the treatment of these "diseases of society" (*Krankheiten der Gesellschaft*) in the second, the implications of their overuse are especially important for critical theory (Mitscherlich 1983).

I argue that the related metaphors of social crisis and pathology lie at the heart of the Frankfurt School's two-step approach, forming the link between theory and practice, diagnosis and treatment. The interdisciplinary approach developed by critical theory thus depends more on these medical analogies than is usually acknowledged. Understood in this light, the "practical interest" (Habermas 1971a) of critical theory is parallel to the emancipation of the body from disease, a liberation that frees the individual from a dependency on treatment that limits the subject's capacity for action. Although the idea of pathology implies a converse state of "normality," this contrasting conception does not need to be theorized or conceptualized in detail, as it is defined by the absence of a need for treatment or of a clearly discernable problem. These analogies also help to explain the social position of the critic, who does not discover social problems based on utopian visions of the future (a future state of "perfect health"), but diagnoses them in a system that is already showing objective signs of dysfunction in the present.

Given the Frankfurt School's longstanding commitment to creating "a rationally organized future society" based on "conscious theoretical elaboration by the knowing individual" (Horkheimer 1972a: 233, 201), I argue that these medical metaphors are not completely apposite. On the contrary, in reflecting on the role that reason and self-awareness play in second anticipatory-utopian stage of critique, I contend that the Frankfurt School's model is actually more comparable to the kind of therapies provided by the psychoanalyst than the physician. Although the first generation's explicit commitment to psychoanalysis has largely disappeared in later critical theory (Rolo 2018, 1), the broader faith in the power of the Freudian "talking cure" (1990a, 8) – of the idea that self-awareness of social pathology is the first step toward generating a rational solution to it – remains at the core of the Frankfurt School. By focusing attention on the need for self-reflection and substantive changes in the forms of life that gave rise to these crises and pathologies, I argue that a psychoanalytic understanding of these ideas is much more in keeping with the original goals and orientation of critical theory. Unlike Western medicine, which relies on medication to treat and control the symptoms of the disease that can be undertaken even without the patient's informed consent or approval, thinking in psychoanalytic terms highlights the need to bring the actor to address the causes of the pathology in a self-conscious and active manner.

My argument proceeds in three main parts. In the first, I provide a genealogy of the use of the medical metaphors of crisis, disease, pathology and diagnosis in social and political theory. My goal is not to provide an ontology or a conceptual analysis of these ideas. Instead, in keeping with my methodological focus, I argue that these analogies are crucial to understanding the two-stage model of social criticism promoted by the

Frankfurt School. In the second section, I turn to the role that these analogies play in first anticipatory utopian stage of critique, focusing on how they help to explain the Frankfurt Circle's contention that the object of critique identifies itself when social regimes cease to function smoothly.

I then proceed to the "anticipatory-utopian" moment of critical theory. I show how the kinds of treatments proposed critical theorists reveal their continuing, if somewhat latent, methodological commitment to the Freudo-Marxism of the founders of the Frankfurt School. I conclude by reflecting on the problems and broader implications of using psychoanalysis as a model for a critical social science based on rational self-awareness and introspection. I argue that linking these ideas to psychoanalysis is much more in keeping with the original goals of the Frankfurt School. In contrast to the paradigm of Western medicine, which relies on external expertise and can thus reinforce existing power relations by giving rise to therapeutic approaches to governance that are forcefully imposed on the patient from the outside, such a psychoanalytic conception of social criticism aims to trigger self-reflection and active change within the community in question.

Crisis and Pathology in Social and Political Theory

The origins of the concepts of crisis and pathology lie in ancient Greece. The former derives its meaning from κρίσις (*krisis*) and has deep roots in Greek philosophy. For instance, according to Thucydides, κρίσις is associated with court proceedings and denotes a judgment, a determination, a decision, or the result of a trial. Plato later expanded its definition to subsume any contention or quarrel. The root of the word is

even associated with a “criterion” (κριτήριον), i.e., a standard that provides the means or ability to judge. In addition to these legal connotations, the Greek understanding of crisis is also connected to the theater. In this aesthetic, performative domain “crisis is manifest through a key moment or moments in a narrative wherein the dilemmas of human life and the fate of human actors are dramatised” (Holton 1987: 504).

Both this theatrical association and its judicial meanings, however, are derivative of the primary connection of the concept of crisis to medicine. Zygmunt Bauman (2014: 7) notes that this concept was initially “coined to denote the moment in which the future of the patient was in the balance, and the doctor had to decide which way to go and what treatment to apply to help the ill into convalescence.” A time of crisis thus implies a key moment of action and decision. Holton (1987: 504) argues that this is clearest in the medical metaphor, where the “resolution of the ‘crisis’ will determine whether the ‘patient’ will recover or die.”

The notion of crisis is thus closely related to pathology and diagnosis. The concept of pathology is the result of a combination of the concepts of πάθος (*pathos*), meaning experience or suffering, and the suffix λογία (*logia*), which denotes the “study of” a certain phenomenon. It therefore refers the study of suffering and its causes. As such, pathology is intimately related to the idea of διάγνωσις (*diagnōsis*), which combines the notion γινώσκειν (*gignōskein*), meaning to learn, with διά (*diá*), denoting separation or taking apart. Diagnosis thus involves learning (or identifying) by separating (or isolating) causal factors from each other. Axel Honneth (1999: 387) therefore observes that these two concepts are intimately linked: “A pathology thus represents the precise organic deviation that is to be discovered or confirmed in the diagnosis.”

The connection between these medical and political vocabularies has a rich and deep history within social and political thought. It goes back at least to Plato's *Republic* (see 433a-455e), where Socrates compares the just polity to a healthy individual. Similarly, in the *Second Discourse on the Origin and Basis of Inequality among Men* (1755), Jean-Jacques Rousseau makes use of the language of crisis and pathology to identify the problems that plague modern society. Émile Durkheim (1958: 8-10) also draws on the language of pathology to describe the functional inefficiencies of a society that displays insufficient social integration.

These reflections on the etymological origins of crisis and pathology are not merely historical; on the contrary, they have important theoretical implications for social and political theory. Using this language already assumes that certain phenomena “are unacceptable, and that they can and ought, sooner or later, to be resolved” (Holton 1987: 504). Carlo Bordoni (Bauman and Bordoni 2014: 3) points out that this mode of speaking also “conveys the image of a moment of transition from a previous condition to a new one – a transition which is necessary to growth, as a prelude to an improvement in a different *status*, a decisive step forward.” Bauman somewhat less optimistically concludes that this idiom also involves a “feeling of *uncertainty*, of our *ignorance* of the direction in which the affairs are about to turn.” He observes that this “admission of the state of uncertainty/ignorance doesn't bode well for the chance of selecting 'right measures' and so prompting things to move in the desired direction” (Bauman and Bordoni 2014: 7).

The language of crisis and social pathology “is thus closely connected with the practice of social criticism” (Holton 1987: 504). This is particularly true of the Frankfurt

School. In line with the methodological definition of critical theory, this label has come “to stand for a social-theoretic approach employing methods of qualitative social science to expose the ideological structures responsible for various ‘societal pathologies’” (Anderson 2011: 34). Martin Jay (1973: 152) argues that the Institute’s early work was devoted to exploring “the crisis of modern society” based on studies of its social, political, economic and cultural pathologies.

The first generation of the Frankfurt School draws heavily on these ideas. For example, in his “Notes on Science and the Crisis” (1931), Max Horkheimer differentiates critical theory from other approaches by noting that it is “not concerned with pure truth” but with “discovering the real causes of the crisis” (Horkheimer 1972b: 7). He notes the parallels between the social critical and the physician who searches for concrete solutions to real problems, not with discovering “pure truth” as practiced by the natural scientist or metaphysician. In order to be critical, therefore, theory “must be explanatory, practical, and normative, all at the same time” (Bohman 1996: 190).

The notion of crisis is central because, as Jürgen Habermas (1984 [1973]: 39-40) notes, “If we interpret a process as a crisis, we are tacitly giving it a normative meaning.” Horkheimer and his collaborator, Theodor Adorno, link this normative orientation to the Frankfurt School’s desire to rescue “individuals from pathological symptoms” where the “sickness is socialized” (2002: 162). Social pathology is thus defined by the fact that it cannot be properly diagnosed or treated as the level of the individual. Adorno himself associates social pathology with cases of domination (*Beherrschung*), which he likens to mass psychosis (see Witkin 2003: 28). Extending these parallels to politics and society,

Seyla Benhabib (1986: 226) contends, “The purpose of critical theory is not crisis management, but crisis diagnosis such as to encourage future transformation.”

Although the language of crisis, pathology and diagnosis is useful, the transition involved in translating these concepts from medicine to society is neither smooth nor clear. The move from the bodily pathologies of a biological organism to the social pathologies of a communal system composed of many individuals is particularly problematic. Honneth (1999: 387) observes, “The broadening of both of these concepts into the field of social phenomena is even more difficult due to the fact that the reference point can no longer simply be the individual. In order to speak of a social pathology that is accessible to the medical model of diagnosis, a model of normality applicable to social life as a whole is required.” He (2014b) even goes so far as to call social pathology a “nearly impossible concept” (*einen nahezu unmöglichen Begriff*). Given these difficulties – as well as the central role these medical metaphors play in critical theory – I devote the next two sections to exploring implications of this analogy for the methodology of the Frankfurt School.

Pathology and Crisis Diagnosis

In comparing “Traditional and Critical Theory” in his seminal 1931 essay, Horkheimer argues that the latter is decidedly non-ideal, rooted in a particular time and place. In other words, in more recent parlance, it is “problem-driven” (Shapiro, 2002). Unlike pure, abstract, or ideal approaches, which identify utopian principles ahead of time, it is “lived experience” (Adorno in Strydom 2013: 154) that provides the critical theorist with the impetus for critique.

Parallels to medicine are crucial for explaining and motivating this approach to social and political criticism. The first “explanatory-diagnostic” (or “analytico-theoretical”) stage of critical theory aims to detect the social pathologies underlying contemporary crises through “diagnoses of the present” (*Zeitdiagnosen*). However, it is not the role of the theorist to identify these problems through comparison to an ideal state of health, but to diagnose them based on changes in the functioning of a social system (Márkus 1980b: 81). Piet Strydom (2013: 152) points out that critical theory “depends on some occurrence, development or change in the objective context of life or society itself to give rise to a phenomenon of some kind that offers those involved a glimpse of a relevant structural or generative aspect of social reality.”

This form of immanent social criticism builds on the materialist notion of *Kritik* developed by Marx (see Verovšek 2017: 399-400), who differentiates “between the ‘objective’ character of crisis and a ‘subjective’ or ‘cultural’ failure to perceive crisis” (Holton 1987: 506). This divergence between the external fact of illness and the internal, reflective failure to comprehend defines the phenomenon Marx labeled “false consciousness.” It also explains why he did not believe that revolutions were the automatic or preordained consequences of social pathologies.

The critical theorists of the Frankfurt School build on Marx’s analysis of the disjunction between the objective, external character of social pathology and the subjective need to perceive a crisis as such. They link false consciousness to dominant ideologies, which blind members of society from correctly perceiving their situation. Their approach to social and political theory is therefore based on “ideology critique” (*Ideologiekritik*). Helping individuals to shake off their blinders and perceive the true

contours driving the crisis of the present requires “a comprehensive descriptive analysis of the actual situation” (Strydom 2013: 156).

This connection between changes in social reality and the work of the theorist is based on medical allusions to pathology and diagnosis. Honneth (1999: 387) notes that “‘diagnosis’ is understood first of all [as] the exact comprehension and determination of an illness that strikes the human organism.” Much like patients, who come to the doctor to complain about changes they perceive in their own bodies, so society can experience dysfunctions that lead it to search for explanations to problems that have revealed themselves as social systems have ceased to function as smoothly as they did in the past. It is the role of the doctor to talk to the patient and examine the system (the body) in order to diagnose the physical pathology. In this sense, “‘Pathology’ acts in a complementary way to this idea of ‘diagnosis’” (Ibid.). Only after the doctor has subjectively identified the objective problem can treatment begin.

These reflections drive home a key point: social pathologies cannot be merely “in the head” but must also exist “at the level of reality.” While they may “find expression in a cognitive disconnect,” Fabian Freyenhagen (2015: 139) notes that pathologies “are *not essentially* located at the reflective level of individuals.” This builds on the analogy to medicine, where “the disease seems to be something objective” (Habermas 1984 [1973]: 139). This insight thus helps to explain the Frankfurt School’s contention that *the object of critique identifies itself*. The need for criticism does not originate from the theorist, but from “objective exigencies” (Habermas 1971b: 105) that must be addressed in order to maintain social and political stability within a community.

The notions of pathology, crisis, and diagnosis also elucidate Horkheimer's contention that social critics are always already part of the reality they analyze. Unlike the ideals of traditional science and analytic philosophy, both of which assume "the independence of event from observer," in critical theory "the subject does not totally isolate himself, even as thinker, from the social struggles of which he is a part" (Horkheimer 1972a: 229). Much like physicians, whose embodiment helps them to understand and diagnose pathologies within the patient, so the critic can only understand and diagnose a social pathology from within. Thus, while the social pathology is objective, the diagnosis of a crisis is necessarily subjective. As Habermas (1984/1987: II.403) points out, the "development of society itself gives rise to a problem situation [while] objectively affording contemporaries privileged access to the structures of the social world."

This idea may seem somewhat counterintuitive, as the doctor appears to be an outside observer examining the body of the patient. However, in conducting an examination the physician is implicitly drawing on large amounts of socially-embedded subjective knowledge. As a result of their education and training, medical doctors invariably look for what the society they live in expects them to look for using the tools that it provides (thermometers for measuring body temperature, x-rays for identifying broken bones, etc.). Even the physician's perspective of what is a normal body in terms of physical function, weight, body mass, etc., is shaped by societal expectations, not by objective measures. Thus, although individuals have certain immutable physiological needs that a doctor can identify in a truly "objective" sense – at least in cases where survival is prioritized over social and cultural goals that might be better achieved through

death – most “intrinsic” imperatives actually “involve a mixture of biological drives and beliefs” (Wendt 1999: 123).

The same is true of the social critic. Although social pathologies are “objective” in that they are the result of real disruptions in the functioning of certain communal institutions, regimes, and practices, they are only experienced as such when they enter subjective consciousness and are interpreted as pathologies. Most often, this occurs in cases where these social institutions cease to adequately fulfill the functions assigned to them by society. By failing to live up to their own evaluative standards, they identify themselves as objects for critique and diagnosis, just as the knee that can no longer bend as much as it used to identifies itself as dysfunctional and in need of treatment.

This self-identification is not only the basis of the Frankfurt School’s first stage of evaluative criticism; it is also related to the long-standing tradition of immanent critique within social philosophy. This form of criticism, which dates back Socrates’s attempts to demonstrate the internal incoherence of the ideas of his fellow citizens in the Athenian *agora* (ἀγορά), seeks to generate evaluative standards by demonstrating that certain institutions are failing to measure up to their own ideals. According to Adorno (1976: 23), “Immanent criticism is never solely purely logical but always concrete as well – the confrontation of concept and reality.” In deploying this form of critique, the theorists of the Frankfurt School are thus “engaged in a form of critique that aims to employ normative potentials...[that] transcend the agreed-upon norms of a society, but are, in some way or another, nevertheless already ‘immanent’ in social reality” (Stahl 2013: 534).

Within the methodological approach of the Frankfurt School, the internal origin of the critical standards necessary for crisis diagnosis mirrors the immanent position of the theorist. The status of the thinker as both subject and object – as both critic and member of the society in question – is one of the key differences between traditional and critical theory. It is also one of the hallmarks of critique in its explanatory-diagnostic function. This ambivalent, contradictory position is not merely a result of the fact that no objective position outside of society exists; it is also an important source of motivation for the theorist to proceed to the second, anticipatory-utopian stage of criticism.

The medical metaphors of pathology and crisis play a crucial role in highlighting how the explanatory-diagnostic stage of critical theory builds on the observation and personal experience of external “processes in which the structure of a system is called into question” (Offe 1976: 31). While the process of crisis diagnosis is epistemological in the sense that it is driven by a desire for knowledge or understanding of the pathology at hand, it is also practical because the problem reveals itself to the theorist in the form of objective dysfunctions. The need to act upon the results of the evaluation is internal to the very process of diagnosis. The second “critical-practical” moment of critique thus follows directly from the first. This connection demonstrates the intrinsic “*unification of theory and practice*” in the methodology of the Frankfurt School (Márkus 1980b: 81). These reflections also help to explain Adorno’s (1981: 33) contention that as critical theorists “we are not to philosophize about concrete things; we are to philosophize, rather, out of these things.”

Self-Awareness and Treatment of Pathologies

The desire to philosophize “out of” the objective crises and social pathologies identified in the explanatory-diagnostic stage of critical theory gestures to the second “anticipatory-utopian” vocation of critique. This is true not only in terms of the Frankfurt conception of the self-identifying nature of social pathologies, but also in the idea that such diagnoses gives rise to “the urge to intervene: to *select* the right measures and *decide* to apply them promptly. When we diagnose a situation as ‘critical,’ we mean just that: the conjunction of a diagnosis and a call for action” (Bauman and Bordonni 2014: 7).

Despite the utility of these metaphors in driving the Frankfurt School’s two-stage methodology, my basic thesis is that medicine is not the best way to conceptualize the search for treatments that follows the crisis diagnosis. To start with, it is not clear that the parallels between biological individuals and society actually work. As Habermas (1975: 3) points out, important disjunctions exist between organisms, which “have clear spatial and temporal boundaries,” and social systems, which “maintain themselves through altering both boundaries and structural continuities.” He (Ibid., 2) argues that these dissimilarities “rais[e] fundamental doubts about the usefulness” of the concept of social pathology.

In the previous section I showed that the concepts borrowed from medicine were crucial in explaining important aspects of the first stage of critique. However, I argue that they are more problematic in the second. For example, in contrast to Western medicine, where treatment with drugs or external intervention serves to heal the malfunctioning elements of the organism, society cannot count on such exogenous shocks to serve as therapies for social pathologies. While it is certainly possible that nature – in the form of

good weather leading to an extraordinarily good harvest – might mitigate a social crisis in the short term, such exogenous shocks can hardly be seen as treatments for underlying contradictions within a broader social system.

In order to serve as a treatment for social pathology, the intervention must come from an agent within the malfunctioning social system in question. In other words, once the objective pathologies within it have been identified, the society that was treated as an object of critique in the first diagnostic phase, must become the agent that addresses its own social pathologies in the second practical moment of social and political criticism. Even assuming that the first stage of critique succeeds in diagnosing an objective pathology, addressing this illness and returning the system in question to a “normal,” functioning state requires “critical participation and appropriate action” (Strydom 2013: 122). The danger involved in diagnosing an objective social crisis is that it may seem impossible to resolve. If a crisis is seen as inevitable or as an exogenous shock it can leave individuals – and society as a whole – in what in what G.W.F. Hegel (1977: 17) calls “a state of unthinking inertia.”

At first glance this problem seems to mirror that of the doctor, who must convince a patient with a serious illness to fight the disease. However, upon further reflection this analogy begins to break down. In many cases the doctor requires little more cooperation from the patient than the willingness to take the medicine prescribed. In medical emergencies the patient is even likely to be unconscious, allowing the doctor to act without any cooperation or dissent.

Given that such interventions are not – and cannot be – “administered” from the outside, the analogy to the medical doctor providing treatment breaks down. Instead, I

argue that it is better to associate these ideas with the kinds of treatment provided by psychoanalysis. In contrast to the physician, the first task of the social critic – like that of the psychoanalyst – is to convince the analysand to buy into the diagnosis and to accept the remedies proposed. The need to convince, cajole, and prod society into recognizing the pathologies that ensnare it parallels the need of the psychoanalyst to persuade the patient to face up to the underlying causes of psychosis. Habermas refers to this process as critical theory’s commitment “to advocacy” (see Holton 1987: 516). As Adorno (quoted in Stirk 2000: 80) points out, it is only by recognizing the objective problem at a subjective level that the critic can force individuals within society “to take away from them[selves] the illusory pleasures by means of which the loathsome order keeps itself alive.” In this sense, “the critical theorist stands in relation to the pathological social order as the analyst stands in relation to the analysand, and that the aim of critical theory is to effect the diagnosis and, ultimately, the cure of social disorders or pathologies” (Allen 2016b: 244).

The analogy of social criticism to psychoanalysis thus helps to emphasize the fact that “the agents themselves must appropriate the interpretations, explanations and criticisms proposed by the theorist” (Celikates 2009: 97). This realization also explains the Frankfurt School’s stress on the importance of self-awareness and self-consciousness in the treatment of social diseases. Just as psychosis is evidence of real problems that must be addressed at the psychological level, so the members of a society in crises must address the objective social pathologies identified by the theorist at the societal level. The goal of critical theory is thus “to bring determinate social forces to ‘self-consciousness,’

to an understanding of their own situation from the standpoint of their ‘real’ interests and needs” (Márkus 1980a: 14).

Using psychoanalysis as a metaphor for social and political criticism therefore links diagnosis to treatment by shifting between objective and subjective modes of analysis.

György Márkus (1980b: 80) observes that critical theory,

involves the program of a theory which in reality itself finds the tendencies pointing to, and striving towards, its radical transformation, since social reality is conceived not only in the form of an object to be described and explained, but also as a subject who reaches through the theory his own self-consciousness, the consciousness of its latent radical needs, inducted and developed under the impact of the existing social relations, but unsatisfiable, or even unarticulable within their system.

This passage is redolent with psychoanalytic vocabulary of consciousness, self-consciousness, and “unsatisfiable, or even unarticulable” latent needs. It also helps to clarify Habermas’s (1971a: 214) contention that the Frankfurt School’s “Freudo-Marxism” borrows its approach from psychoanalysis as the “methodology of self-reflection.” Building on insights from analysis, Habermas explains the second anticipatory-utopian stage of critique by noting that it “terminates in a transformation of the affective-motivational basis, just as it begins with the need for practical transformation” (Ibid., 241-2).

The importance of psychoanalysis is crucial in explaining the form that the treatment of social diseases takes for the Frankfurt School. Given critical theory’s commitment to the idea that social pathologies reveal themselves as objective crises, and its related belief that agents within the society in question must work to liberate themselves from these diseases, critique must have the “power to break up false consciousness” (Habermas 1971a: 234, 235). In Habermas’s words, it must overcome

“motivational resistances by the *interest in self-knowledge*.”

From the first generation onward, the thinkers of the Frankfurt School have focused on epistemology and the need for true knowledge, holding that “[t]ruth is a moment of correct praxis” (Horkheimer) and that “[p]ractice follows truth, and not vice versa” (Marcuse) (both quoted in Jay 1973: 83, 64). The link between self-knowledge and rehabilitation, between recognition of the pathology as the first step to resolving it, is borrowed from psychoanalysis. To start with, the “truth” is discovered through a process of reconstruction similar to that of the analyst and the patient. This takes place in the explanatory-diagnostic moment of critique.

In the second anticipatory-utopian stage, the diagnosis of social pathologies is used to motivate change internally. As agents of their own change, the members of a society in crisis must come to accept and appropriate the “truths” reconstructed by the theorist. Through a process Raymond Geuss (1981: 62) calls “reflective unacceptability,” society’s acknowledgement and acceptance of the conclusions of the critic should motivate its members to push for change internally. Horkheimer (in Held 1980: 191) argues that “the truth is carried forward insofar as the men who have it stand firm by it, apply and support it, act according to it, bring it to power against all resistance from regressive, limited, one-sided standpoints.”

The interaction between truth and action, between critique and praxis builds on “the Freudian idea that psychological suffering and the desire to escape it are inseparable” (Cooke 2006: 42). The method of liberation or of treating social pathology is also remarkably similar to that applied to psychopathology. The relationship of the analyst to

the patient is also analogous to the interaction between the critical theorist and society at large. Much like the psychoanalyst, “The critical theorist has to show [the members of a society] that some state of affairs is unacceptable from *their* own perspective-given *their* self-understanding.” Robin Celikates (2009: 98) notes that “the addressees’ self-understanding should not be seen as static but rather as dynamic, they will not simply accept or reject the analyst’s or theorist’s analysis.” He argues that in both psychoanalysis and social criticism “the two parties will enter into a complex practical dialogue in which reconstructive critique aims at enabling practices of self-reflection and critique that might then lead to changes in self-understanding and subsequently also in practice.”

The link between self-understanding and the ability to make changes in practice is borrowed from psychoanalysis, which seeks to return control to an individual by bringing the unconscious factors driving the pathological behavior up to the surface level of consciousness. The basic idea is that self-knowledge of the “internal foreign territory” of the psyche is the first step to regaining control of previously subconscious, latent or libidinal drives. As Freud (1990b: 71, 99-100) points out, the “therapeutic efforts of psycho-analysis [sic]” are intended “to strengthen the ego, to make it more independent of the super-ego, to widen its field of perception and enlarge its organization, so that it can appropriate fresh portions of the id.” The importance of conscious self-knowledge in this process is represented by the ego. This comes across most clearly in Freud’s statement of the end goal of psychoanalysis: “*Wo Es war, soll Ich werden.*” Retranslated without the embellishment of the Greek vocabulary of ego and id for the parts of the psyche that Freud refers to in plain German as the I (*das Ich*) and the It (*das Es*), this statement reads, “Where It was, I should be.”

This Freudian insight about the link between self-awareness and the ability to make decisions for oneself is crucial for understanding the anticipatory-utopian impulses of the Frankfurt School. Much like psychoanalysis, critical theory argues that crises are pathological precisely because they “suggest the notion of an objective power depriving a subject of part of his normal sovereignty” (Habermas, 1984 [1973]: 39). It is only by understanding the underlying causes of dysfunction that the object of critique can once again become a subject that can make its own choices. Insofar as the social pathology can only be diagnosed at the collective level, critical theory argues that its treatment must also involve a collective decision to make a change (through voting, deliberation, or other forms of social intervention). This is not a liberation in the sense that the self-aware subject no longer faces any obstacles or barriers to its autonomy. Regaining sovereignty does not suggest radical freedom of action or control for states or individuals, nor does it dissolve the limitations imposed by external constraints. However, it does imply the ability to choose what path to take without subliminal interference.

These methodological reflections highlight the importance of Freud for the Frankfurt School. Freyenhagen observes critical theory borrows two basic insights from the founder of psychoanalysis. First, “deficits in rationality always find expression...in experiences of suffering” (Freyenhagen 2015: 135). Second, “this suffering motivates, and can be alleviated only by, the search for the very aspects of rationality whose suppression led to the suffering in the first place” (Honneth 2009: 38).

The influence of Freud on critical theory also helps to explain the importance of the individual in the Frankfurt School’s reflections on society, even when it is conceived of as a totality. When Horkheimer (in Stirk 2000: 76) was asked towards the end of his life

what the end goal of critical theory was, he answered, “the transformation of the psychology of men in connection with the objective transformation of society.” Thus, although the Frankfurt School saw itself as building a critical theory of society, it conceives of society not as a faceless mass, but as “a community of free men” (Horkheimer 1972a: 217). Reflecting back on his experiences at the Institute, Leo Löwenthal (1989: 232) notes,

If you ask what was really the common denominator of the people at the Institute, the answer would probably be the shared concern for the fate of the individual. Horkheimer’s ‘Egoism and the freedom of movement’ or Marcuse’s ‘Affirmative culture’, some works by Fromm, and my own literary studies are all variations on the theme of the increasing fragility of the bourgeois individual.

This concern with the bourgeois individual as an autonomous, willing being is very similar to the goals of psychoanalysis and sums up “anticipatory-utopian” moment of critique as treatment for social pathologies that rob the agents (both individual and collective) of their sovereignty. Although the critical theory of the Frankfurt School can hardly be seen as conservative, its desire to rescue the individual from subjugation within modern systems of economic, social, economic, and political control does romanticize the individualism of the bourgeois period to a certain extent. In contrast to the mass, industrialized societies of the twentieth century, in which the “individual must abandon his ego” (Horkheimer 1977: 44), the Frankfurt School is driven by “a concern for reasonable conditions of life” where community is “the result of conscious spontaneity on the part of free individuals” (Horkheimer 1972a: 299, 200), not the constructed homogeneity of consumers within late capitalism.

Conclusion

The Frankfurt School’s reliance on the medical metaphors of crisis and social

pathology are a key part of its two-stage approach to social and political theory. Although these analogies can help elucidate the first explanatory-diagnostic phase of critique, they are somewhat less apposite in the second. Given their faith in the ability of rational self-awareness to motivate action to resolve social pathologies, I have argued that in the anticipatory-utopian stage these metaphors are modeled more closely on psychoanalysis than medicine.

In addition to better capturing the methodological position of critical theory, associating these metaphors with the work of the analyst rather than the physician also has implications for how we think about society and the interventions need to resolve social pathologies that have reached a critical stage. In particular, this perspective emphasizes the need for self-conscious apprehension and the need for the society experiencing the crisis to be involved in its resolution, instead of merely relying on external therapeutic interventions. The political implications of this position are clear in the recent example of the crisis of the Eurozone. Over the course of the social pathologies that emerged in the EU's difficulties brought about by rising sovereign debt, which led to broader monetary, economic and political problems, many experts within central banks (especially the European Central Bank) and global financial institutions such as the International Monetary Fund presented themselves as physicians, who could resolve these issues merely by applying the proper therapy or drug, such as quantitative easing, austerity and privatization.

Much like the courses of treatment provided by Western medicine, insofar as these solutions helped to resolve the crisis, they did so in a way that did not require the involvement of patient. The populations of the EU's member-states – the objects of

treatment – merely had to swallow the pill, even if it had to be forced down their throats by these technocratic followers of the TINA doctrine (“there is no alternative”). By denying the need for self-reflection and the patient’s active involvement in resolving the pathologies underlying the crisis, this kind of therapeutic approach to governance denies the populace collective agency and reinforces existing sources of power. In so doing, it repudiates not only social agency, but the possibility of critique itself. By contrast, understanding critical theory through the lens of psychoanalysis emphasizes the need for the active involvement of the patient, who must engage in self-critique and self-improvement, instead of relying on the external treatments provided by the doctor, often presented within the language of the TINA doctrine.

The enduring importance of these references in the methodological commitments of critical theory also testifies to the enduring importance of Freud to the second and third generations of the Frankfurt School. For example, Honneth (2014a: 683) continues to draw on the metaphor of the “diseases of society” to “speak of pathologies or systematic disorders not only when it comes to organisms and individual psyches but also with reference to entire collectives or even societies.” Thus, even though critical theory has largely abandoned any substantive engagement with psychoanalysis, Allen (2016b: 244) observes that they continue to offer an account of “critical social science as the diagnosis and cure of social pathologies. Like analysis, critical theory is [still] motivated by a practical interest in social transformation and (it is hoped) culminates in such practical transformation, but it works through the mechanism of rational insight.”

The enduring methodological importance of psychoanalysis links the critical theory of the second and third generations to the founders of the Frankfurt School. However, it

also raises some important issues. Honneth (2008: 784) argues that “the concept of socially efficacious reason” is characteristic of critical theory. However, it is not clear that this commitment to the idea that “a successful form of society is only possible by maintaining at the highest level the appropriate standard of rationality” (Ibid.: 786) is compatible with the methodology of psychoanalysis. Insofar as critical theory relies on psychoanalysis, it ought to have an accurate understanding of psychotherapy. In particular, Allen (2016b: 245) observes that most critical theorists today have “an overly rationalistic understanding of how psychoanalysis works.”

Although it is possible to uncover evidence in support of the Frankfurt School’s rationalist reading of psychotherapy in some of Freud’s early writings, the founder of psychoanalysis soon abandoned this rationalized approach. In “Wild Psychoanalysis” (1910) Freud was already prepared to admit that “[i]t is a long superseded idea...that the patient suffers from a sort of ignorance, and that if one removes this ignorance by giving him information...he is bound to recover” (quoted in Allen 2016b: 250). On the contrary, Freud came to see that “rational insight is an *impediment* to this process, because it heightens resistances and serves as one of the ego’s prime modes of defense.” Far from acting as a “cure” for psychosis, reason can impede the patient’s progress by giving rise to rationalizations to explain and justify pathological behaviors. Allen (2016b: 251) notes, “On Freud’s mature view of analytic technique, psychoanalysis works first and foremost not through rational insight or interpretation but rather through the dynamic reworking of affect.”

The skepticism of the late Freud towards the power of reason in resolving psychopathologies, as well as his concurrent emphasis on emotions, is backed up by

recent research on the problems and limits of rational persuasion in social, moral, and political discussions. As a result, Allen (2016b: 252) argues that “insofar as critical theory is a project of rational insight or enlightenment, it is not only insufficient for motivating emancipatory social change...but that it may actually be counterproductive.” She has used this critique of contemporary critical theory to urge a return to Adorno and the early tradition of the Frankfurt School. In contrast to the rationalistic faith in progress propounded by thinkers like Habermas and Honneth, she (2016a: 188) argues that Adorno’s is more sensitive to the need for problematizing reason and thus of “hold on to the possibility and desirability of radical social change in the direction of an open-ended conception of the future.”

Although Allen directs this critique primarily against the recent works of Habermas and Honneth, it applies just as much to the first generation of the Frankfurt School. The importance of individuality and reason for critical theory were linked from the start, as is made clear by Horkheimer’s (1977: 36) declaration that “[t]he collapse of reason and the collapse of individuality are one and the same.” From the start, the Frankfurt School was committed to the idea of reason as a resource for social liberation from social pathologies “that do not allow the members of the society to have a ‘good life’ or, more precisely, do not allow for undistorted self-realization” (Hirvonen 2017: 214). Reason played an important part in the treatment of these crises, not only in their diagnosis. As Herbert Marcuse (2014: 285) points out in an early methodological essay, for critical theory “the demand for reason henceforth means the creation of a social organization in which individuals can collectively regulate their lives in accordance with their needs.”

Allen makes an important point in the sense that rationalistic utopias of future development must not be allowed to supersede or prejudice the real pathologies and crises facing society in the present. In both its diagnostic and therapeutic functions, critical theory must remain “problem-driven,” i.e. it must retain its focus on the objective pathologies at hand. It should not follow the justice paradigm of analytic philosophy by positing desirable end-states and then merely searching for ways to achieve them. However, despite its more rationalistic focus, the use of psychoanalysis as a methodological model is designed to achieve precisely this: a focus on concrete, real-world problems and possible solutions to them, not utopian dreams of a fully rational society free from domination. As a form of “philosophically oriented social research” (Horkheimer 1993: 14), critical theory cannot help but draw on philosophy’s main tool: reason. Seen in this methodological light as the inspiration for the Frankfurt School’s two-stage approach to social and political criticism, I argue that the rationalistic interpretation of the metaphor of psychoanalysis is less problematic than Allen makes out.

Despite their emphasis on the role of rationality in social liberation, the thinkers of the early Frankfurt School were also aware of the importance of emotions in this process. This is made clear in their critiques of the faculty of reason itself, especially in its instrumental form. However, instead of choosing one in favor of the other, critical theory links reason and emotions, rationality and affect through the experience of suffering. As Horkheimer points out in his essay on “The End of Reason” (1941), pain “was always the best teacher to bring men to reason. Pain leaps the resistant and wayward, the phantast and utopian back to themselves” (1977: 46). This line of argument links the early

Frankfurt School to Habermas and Honneth, all of whom make use of Freudian theory to “tie the human subject’s interest in emancipation to her socially induced suffering” (Cooke 2006: 42). Insofar as they capture this connection between the interest in emancipation and the need for explanation and critique based on reason, the concepts of crisis and social pathology remain an important methodological touchstone for critical theory.

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