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The Generalized Pathology of Our Era: Comparing the Biomedical
Explanation, the Cultural-Political Explanation, and A Liberal-Humanistic-
Postmodernist Perspective

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Abstract

This article seeks to problematize the issue of pathology and to render it intelligible. I elucidate a cultural-political model of a) why pathology is prevalent in numerous forms and social domains, and b) interventions for ameliorating widespread pathology, and ultimately eradicating it. This model draws on the work of Eric Fromm that articulates how pathology is characteristic of normal social, psychological activity in many or most societies..

This article also discusses two ways in which prevalent pathology is misunderstood, and not corrected, eradicated, or prevented. One misinterpretation is the standard bio-medical model of pathology. A second misinterpretation is a liberal, humanistic, postmodern position that denies all pathology and insists that behavior is a positive expression of choice and agency which must be validated and accepted rather than corrected.

Keywords: Fromm, liberal humanism, ecology, , health, postmodernism

When we look at the numerous problems and crises that afflict the world today, we may correctly sense that pathology is a general, widespread phenomenon. It ranges from the ecology to physical health, to the economy, politics, international relations, safety/security, education, health care, psychology, suspicion, prejudice, social control, journalism, art, religion, and morality. Pathology is prevalent in many domains of life in many countries in the world. Of course, it is not universal in every social domain in every country. Nevertheless, its prevalence, intensity, and obstinateness make it worrisome. It is often considered to be our “new normal.”

This generalized pathology needs to be problematized and rendered intelligible. In this article, we attempt to conceptualize generalized pathology. What is its nature? Why does it exist in great prevalence, intensity, and intractability? What must we do to reduce or eradicate it? We shall not try to fully explain or resolve particular cases of general pathology, nor do we attempt to evaluate which societies are more or less pathological; for different cases have different specific origins, characteristics, and solutions. Instead, we are concerned with how and why any pathology might be generalized, intense, and intractible. This

general framework will assist others in identifying the specific origins, characteristics, and solutions to particular pathologies in particular places. Most of the examples in this article are taken from Western, capitalist countries, with which the author is most familiar. However, our conceptualization is applicable to generalized pathology anywhere.

“Generalized pathology” is both a singular and a collective noun. It denotes a single area of pathology that is widespread within a country and even internationally. Global warming, cancer, crime, corruption, and poverty are examples. In addition, generalized pathology denotes the co-existence of numerous pathologies in a society, so that “the society” in general is pathological – although not in a complete, uniform sense that every single thing is pathological. We shall discuss both forms.

We shall examine three models for conceptualizing pathology. They are ideal types in Weber’s sense¹ (Ratner, 2006, p. 252). One is the standard bio-medical model of pathology. The other is a “cultural-political model” of pathology. The third is a liberal, humanistic, postmodern perspective.

The Bio-medical Model of Pathology

The conventional conceptualization and solution of pathology is to regard it as an anomalous, individual problem, rooted in anomalous, individual deficiencies that are unrelated to normal social life. Solving pathology involves mitigating individual causes. Widespread prevalence of pathology is attributed to an increase in individual deficiencies (or record keeping); it is ameliorated by an increase in individual treatments – medicine, therapy. For instance, cancer prevalence is attributed to genetic factors that affect individuals as their longevity increases; obesity is attributed to individual, sedentary life style; pollution is attributed to increased population that uses more resources; educational decline is attributed to students' lack of motivation; terrorism is attributed to narrow-mindedness, intolerance, extremist thinking, and jealousy of Western life style. Treatment is proposed in the form of behavioral changes. This focus on individual deficiencies and treatments has reached new heights with personalized, individualized, genetic testing for vulnerabilities to diseases. Gun buyers are checked for individual factors that would make them at risk for violence. Deficient individuals are singled out for individual medical treatment. Of course, environmental stresses are recognized, however, they are a taken-for-granted fact of life, and the biomedical model focuses upon individual reactions to any stresses.

The biomedical model is depicted in my figure one.

Figure One

The Traditional Bio-Medical Model



This model associates normalcy with health and fulfillment. This association holds in the areas of biology, psychology, ecology, and society. Alongside this happy, healthy normalcy lie a few outliers who happen to have suffered debilitating idiosyncratic bio-psychological problems, or debilitating idiosyncratic personal experiences – such as an industrial accident or having parents killed in a car accident. Or, weather is referred to as unusual, extreme weather. These random, unusual, idiosyncratic events occur outside normal, healthy social institutions, psychology, ecology, and biology. Extreme weather is only described, it is never explained because it is aberrant. Treatment for these idiosyncratic outliers involves bringing them into the fold of normal society which will remedy their deficient biology and debilitating personal experiences. (Weather, of course is not open to human treatment.)²

We find the biomedical model inadequate for explaining generalized pathology. Individual factors cannot account for mass, social behavior, nor can they account for demographic and historical variations in social behavior of millions of people at the same time. The biomedical model has been criticized and we shall not pursue that critique here. We shall touch on some of the model's failures in comparison with the cultural-political model.

The Cultural-Political Model of Pathology

The cultural-political model portrays pathology and health in a different configuration. It argues that what is normal is pathological in many ways (not entirely, of course). Eric Fromm (2010) articulated this in his construct "normal pathology." Marcuse (1970, p. 3) described it as "irrationality becomes the form of social reason, becomes the rational universal." It is the banality of evil that Arendt articulated (Rieber, 1977).³ The cultural-political model is a critical one. It critiques the normal from an external, ideal standpoint. The normal does not measure up to the ideal, and in this way it is unfulfilling. This is the essence of Western Marxism as articulated by the Frankfurt School, of which Fromm was the director of social psychology. As Hegel and Marx said, what is fulfilling is what society can become, not what it presently is. The ideal is more important than the given "realism." This model rejects indigenous, normal values and standards. It opposes cultural relativism which accepts any culture as valuable in its own terms.

If pathology is normal, in the sense of normative, then normalcy is pathological. Normalized pathology = Pathological normalcy. That means that much of what we do in normal life is pathological. This is the reason that pathology is generalized. Marx described capitalism as generally pathological in this sense. It is the exploitive, alienating, mystifying, depersonalizing, profit-oriented quality (character, nature) of normal capitalism that causes pollution, economic crisis, economic impoverishment, political corruption, injury and disease among the proletariat, degradation of the senses, estranged social relationships, etc.

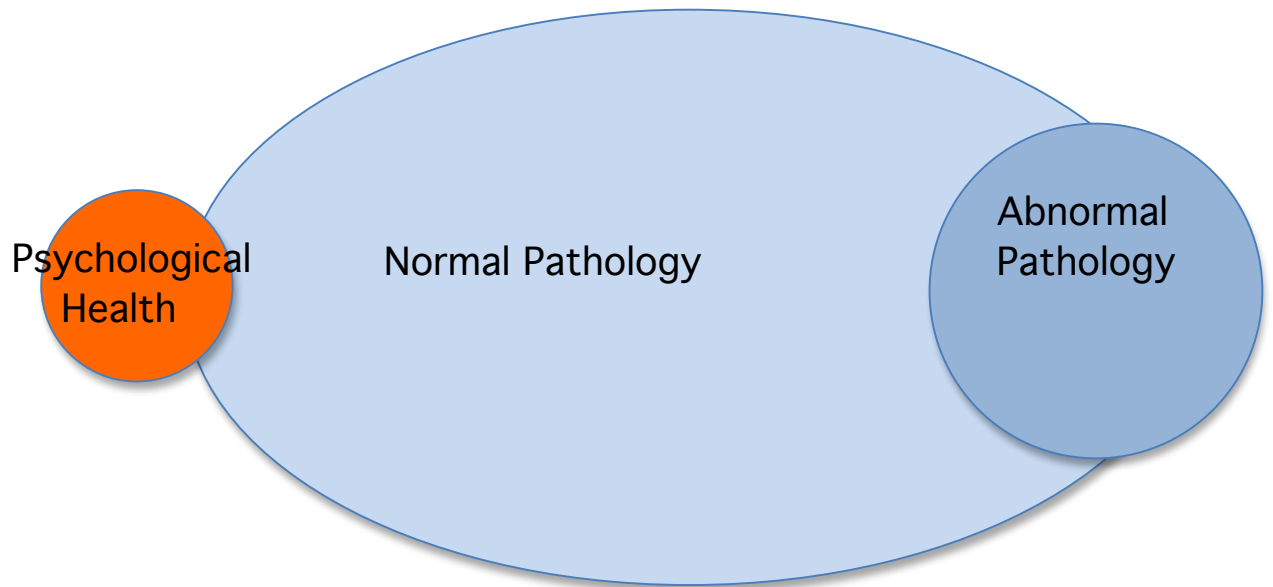
I shall develop the concept of normal pathology/pathological normalcy far beyond what Fromm said. As normal practice, pathology

- possesses features (qualities) of normal social practices
- is socially functional for achieving socially valued goals (e.g., status, wealth, honor, opportunities, power, control)
- is intractable, difficult to ameliorate or eradicate for social, not physical, reasons
- increases abnormal pathology
- decreases health (physical, psychological, ecological, spiritual, social)

This is depicted in my figure two.

Figure Two

The Cultural-Political Model



This model is more complex than the bio-medical model. For one thing, pathology is more complex. In addition to abnormal pathology, there is normal pathology – which does not exist in the biomedical model. This makes it necessary to identify the features and causes of each pathology, as well as their relation. The relation of abnormal pathology, health, and normalcy is more complex as well. Normal is no longer equivalent to healthy, health is no longer normative, and pathology is no longer opposite normal. Even abnormal pathology is integrated with the norm. Normal pathology provides conditions for abnormal pathology more than it does health because pathology is normative.

Fromm's model of normal pathology applies to social, psychological, physical, and spiritual pathologies. Consider respiratory disorders. If the normal air environment is polluted, this will be normal pathology and will include prevalent minor respiratory diseases. In addition, normal pollution will aggravate abnormal respiratory diseases (caused by individual vulnerabilities to pollution) and intensify their prevalence. Normal air pollution is killing 3.3 million people a year worldwide (Lelieveld, et al, 2015). In China, a 2015 study estimated that air pollution alone contributed to up to 1.6 million deaths a year, or about 4,400 people a

day (Levin, 2015). These are the abnormal-pathological effects of normal pollution, in addition to the normal pathological infections and irritations.

The high prevalence of normal and abnormal pathology reduces the prevalence of respiratory health. As figure 2 depicts, health will be confined to people who live in protected micro climates where pollution is low, or who have strong biological resistance to respiratory disease.

This pattern of normal pathology is not confined to capitalism. All class societies are pathologically normal, in different degrees and forms. Slavery is obviously pathologically normal. Deformed, autocratic “socialism” is also pathologically normal. The general construct of normal pathology is useful for comprehending and eradicating all these diverse forms of social-psychological-ecological-biological pathology.

Normal pathology is an empirical phenomenon. It varies in different societies both quantitatively and qualitatively. Some societies are more pathological in the degree of their pathology and its prevalence/extensiveness. It all depends upon the concrete nature of normal social relations and practices. Where pathology is limited to a few social practices that are marginal, the seriousness and prevalence will be small. Where central, dominant social practices are pathological, normal pathology will be deeply ingrained in society and permeate many social

domains. This will make the configuration of figure two normative for the society as a whole. In either case, the model of normal pathology is valuable for understanding the source of pathology in normal social activities.

To fully comprehend and explain normal pathology, we must comprehend the political-economic basis of social life. Marx's historical materialism elucidates the politics and power relations that dominate social life. That will reveal the source of normal pathology, its character (quality), its function (or purpose), and telos. Our discussion in this article will focus upon conceptualizing and describing the cultural-political model of normal pathology; we shall not delve into a historical materialist explanation of it, which I do in Ratner (2017).

The construct "Normal Pathology/ Pathological Normalcy" is a powerful, far-reaching one. It reframes:

- Normal (society, ecology, psychology, physiology, education)
- Pathology
- The relative destructiveness of normal-pathology and extreme, abnormal behavior
- Treatment/intervention

- Health

Normal (society, ecology, psychology, physiology, education) and Pathological

Normal is pathological, it is not healthy. Pathology is normal; it is the norm; it is not ab-normal, or outside normal (Silva, 2015 for an ethnography of this condition).

Normal pathology is evident in the popularity of the Nazi Party in Germany in the 1920s and 30s. Pathological Naziism was accepted by the President of Germany who appointed Hitler chancellor. Just before this, in 1932, the Nazis won the most seats in the Reichstag election: 196 vs. 121 for the Social Democrats, and 100 for the Communists. In terms of numerical votes, the Nazis won 11.7 million votes, vs. 6 million for the Communists and 7.2 million for the Social Dems (Oppenheimer, 2015). The Nazi Party was mainstream, popular, accepted, normative. It was supported by major bankers and industrialists – including many American bankers and industrialists such as Henry Ford.

Currently, many normal natural environments are polluted and heated to the point of pathology.

The normal American political system is clearly pathological, dominated as it is by corporate corruption, dysfunctional arguing, etc.

The U.S. economy is pathological in increasing inequality and reducing the standard of living of the masses. America's 20 wealthiest people now own more wealth than the bottom half of the U.S. population combined, a total of 152 million people (<http://www.ips-dc.org/billionaire-bonanza/>) In 2014, the median income of middle class households was 4% less than in 2000. Moreover, because of the Great Recession of 2007-09, their median wealth (assets minus debts) fell by 28% from 2001 to 2013. In 2015, 20% of American adults were in the lowest-income tier, up from 16% in 1971 (<http://www.pewsocialtrends.org/2015/12/09/the-american-middle-class-is-losing-ground/>). “Half of New York City residents say they are struggling economically, making ends meet just barely, if at all” (Burns & Russonello, 2015). “Inflation-adjusted rents have risen by 64% since 1960, but real household incomes only increased by 18% during that same time period, according to an analysis of U.S. Census data” (Kusisto, 2016).

The American criminal justice system is clearly pathological, fraught with injustice, brutality, and oppressive mass incarceration. Prisoners released from most state prisons are provided only \$40-\$50 in cash + a bus ticket with which they are expected to start a new life (Wilson, 2007).

American education is increasingly class stratified and privatized to exclude marginalized people from educational opportunities. Punishment and control increasingly supplant genuine education in schools: New York City has more than 5,000 police officers patrolling the city's schools – which is more than the combined number of school guidance counselors and social workers. Nationwide, more than 17,000 police work in schools (Anderson, 2015). California spends more money on prisons than it does on education. Normal education in the U.S. is so pathological that 2/3 of American eighth graders are not proficient in math and English (http://www.nationsreportcard.gov/reading_math_2015/#?grade=4).

Work in the U.S. is pathological in being autocratic and dangerous: work-related illness kills 50,000 Americans and sickens 190,000 of them annually (https://www.osha.gov/dsg/safer_chemicals/).

In the area of physiology, one-third of Americans are obese; 70% are overweight; half of American adults have diabetes or pre-diabetes (<https://www.cdc.gov/obesity/data/adult.html>).

If pathology is normal, it is neither anomalous, accidental, dysfunctional, or non-functional. Although the medical model portrays it in these terms, pathology must be functional, profitable, useful, and

necessary for the social system – i.e., for the dominant class that is enriched and empowered by the system, not for the populace. This is why pathology is sustained rather than eradicated (Staub, 2014). "The mutilated unconscious and the mutilated consciousness solidify the repressive establishment" (Marcuse, 2015, p. 84).

Abnormal behavior/psychology

The intertwining of normal and pathological transforms both; it additionally transforms abnormality from the way it is depicted in the bio-medical model. Malevolent pressures of pathological normalcy generate more intense, extreme, widespread forms of abnormal psychology, economics, ecology, education, morality, and physiology. This was indicated in our example of respiratory disorders. Abnormal psychology is now drawn into normal society. It is continuous with normal pathology, rather than discontinuous with normalcy as in the bio-medical model (Ratner, El-Badwi, 2011). Abnormality is only quantitatively different from normalcy (normal pathology), it is not qualitatively different as in the biomedical model. It is not something radically different from the norm. Abnormality and normalcy share a common pathology that links them.

Abnormality is simply a form of pathology that exists in normal activity.

This is not true in the biomedical model.

Normal pathology generates abnormal pathology in two ways.

Oftentimes, normal stressors become very intense and directly generate abnormal psychology. Unemployment, precarious work, and low wages often cause abnormal psychology. Research demonstrates that abnormal psychology (mental illness) is proportional to social stressors. Its intensity is highly correlated with the number of social stressors an individual encounters. Stressors, in turn, are a function of social class position, which is correlated with mental illness (Ratner, 1991, chap. 6; Ratner, 2012, pp. 194-197).

The normal pathology of the Chinese Cultural Revolution (where, for example, many school children beat their teachers to death because they were said to be bourgeois bureaucrats) was so stressful to the populace that it caused thousands of people to commit the extreme act of suicide (<http://factsanddetails.com/china/cat2/sub6/item1813.html>). (Xi Jinping's elder sister committed suicide because of Red Guard persecution, Nathan, 2016.)

In addition to normal pathology directly causing abnormal psychology/behavior, high normal stress aggravates vulnerabilities that may be innate in certain individuals.

The linking of abnormal pathology with normal pathology via these two processes means that normal pathology exacerbates abnormal, extreme behavior/ psychology. There are always widespread, normal forms of pathology that underlie abnormal, extreme forms. Indeed, the latter are homologous to them, or isomorphic to them. They share qualities that are continuous throughout them.

Workplace homicide illustrates the continuity of abnormal behavior with normal pathology. Workplace homicide is the culmination of normal violence in the workplace. It is not an isolated, random event. According to the federal government, two million Americans each year report being victims of normal workplace violence that includes physical violence, threats, harassment, intimidation and even verbal abuse involving employees, clients, customers and visitors. When this normal pathology intensifies and aggregates, it generates abnormal acts of workplace homicide.

Extreme, abnormal violence is an outgrowth of normal violence. Berdayes & Murphy (2016) explain how neoliberal, market-driven public

institutions, promote antisocial thinking/behavior, and inure individuals to inequity and cruelty. They cite the ubiquity of violence in modern society, from the marketing of the military to imposing financial austerity, to the economic decimating of communities, to the exploitation of employees and devaluing human worth at work. Since the United States was founded in 1776, it has been at war during 218 out of its 240 years of existence (<http://www.washingtonsblog.com/2015/02/america-war-93-time-222-239-years-since-1776.html>).

Normal violence comprises the frustrations that irritate people, the lack of social solutions, and the model for engaging in individual destructiveness to cope with these conditions.

Mass shootings are obviously abnormal-pathological acts. They appear to be the workings of irrational, non-social individuals. However, historical evidence reveals that mass killings in America are rooted in changing normal social conditions. They became noticeable in the 1960s; they are not endemic to American culture; nor are they spontaneous, idiosyncratic, random individual acts. A landmark study by UNICEF in 2007 found that unequal nations have homicide rates ten times that of egalitarian nations, eight times as many teen births, and three times as many suffering from mental illness, even when, the authors point out, other possible reasons

for such differences are ruled out

(<https://www.dissentmagazine.org/article/free-markets-vs-family-inequality-right-wing-hypocrisy>). Material inequality is a normal condition that generates abnormal behavior.

Another normal feature of gun violence is that most perpetrators of are pathologically normal, not abnormal/mentally ill. “Fewer than 6 percent of the 120,000 gun-related killings in the United States between 2001 and 2010 were perpetrated by people diagnosed with mental illness. Our research finds that across the board, the mentally ill are 60 to 120 percent more likely than the average person to be the victims of violent crime rather than the perpetrators (Giroux, 2015; Lafraniere, Cohen & Oppel, 2015; See also New York Times Dec. 16, 2015, A34).

Most perpetrators of mass killings are alienated angry young men. A professor of psychiatry who has studied them concluded, “Sure, you’ve got these risk factors, but they also describe thousands of people who are never going to commit a mass shooting. You can’t go out and round up all the alienated angry young men.” “The big problem is that the kind of pattern that describes them describes tens of thousands of Americans” said a criminologist who has studied and written about mass murderers” (Kleinfield (2014).

These facts demonstrate that extreme, abnormal acts of shooting and killing are rooted in normal pathology, not in unusual, individual psychology.

The same is true for jihadi terrorists in the U.S. Their profile is generally one of respectable, middle class, educated people, with no signs of mental illness. Of the 300 jihadists indicted in the U.S. since Sept. 11, 2001, “In everything but their deadly ideology, they are ordinary Americans...A little more than 1/10 has served time in prison, similar to the incarceration rate for all American males, and around 10% had some kind of mental health issue, which is lower than the general population” (Wall, Street Journal, Jan. 23, 2016, p. C1; also, CNN News, Dec. 5, 2015). The Stanford Prison Experiment, and the Milgram experiment, further prove how easy it is for normal people to commit atrocities.

These facts rule out predicting pathological behavior from individual attributes. Pathology is only predicted from the pathological normalcy of the social system. Which individual will become pathological is irrelevant. Rather, the prevalence of pathology is the issue. This is what must be curtailed by humanizing the macro cultural level. Focusing upon individual prediction and treatment impedes this effective solution.

Similarly, normal environmental contaminants are the cause of most cancerous abnormalities. Currently, there are 1,685,210 new cases of cancer annually in the U.S. Variations in the toxicity of the environment cause cultural and geographical differences in the prevalence of cancer. Exposure to normal indoor residential insecticides is associated with a 47 percent increased risk for childhood leukemia and a 43 percent increased risk for childhood lymphomas. Outdoor pesticides and herbicides are associated with a 26 percent increased risk for brain tumors. (New York Times, Sept. 22, 2015, p. D4). The same is true in Britain. The number of youngsters diagnosed with cancer has risen 40% in the past 16 years because of air pollution, pesticides, poor diets, and radiation. Ovarian and cervical cancers among girls have risen 70% and 50% since 1998. In Britain, cancer is the leading cause of death in children aged 1-14 (Knapton, 2016).

The bio-medical model regards cancer, and disease in general, as resting upon individual vulnerability -- e.g., genetic deficiencies, or naturally deteriorating physiology in old age. However, vulnerability seems minimal. "The value of knowledge of genetic mutations for understanding the root metabolic and developmental causes of various diseases and to new and more effective and less traumatic preventive or curative

measures is 'very little.' Even though someone with a mutated BRCA1 gene has a very high probability of developing breast or ovarian cancer, only about 20% of women affected by those diseases have a mutated gene." As documented in The New England Journal of Medicine, the added risk for all disease from genetic mutation is less than 1 or 2%. Only 5% of all cancers are strongly hereditary (Lewontin, May 26, 2011; Lewontin, Oct. 13, 2011). And childhood cancer has been increasing 1%/year since 1974. This rules out deteriorating physiology in old people as the major cause of increased cancer. Children are not becoming increasingly susceptible to these serious diseases because of increased individual, innate vulnerability in genes, for example.

The same holds for mental disorders: "few disorders have proven as resistant to robust gene finding as psychiatric illnesses...Although these disorders have long been assumed to result from some combination of genetic vulnerability and environmental exposure, direct evidence from a specific example has not been forthcoming. Few if any of the genes identified in candidate gene association studies of psychiatric disorders have withstood the test of replication and to date, genome-wide association studies of psychiatric disorders have also had limited success. In terms of environmental factors, however, stressful life events have

been well-established as a risk factor for a range of mental disorders, most commonly major depression” (Risch, et al., 2009, p. 2463; Akil, et al. 2010; Joseph & Ratner, 2012).

Abnormal, economic crises are similarly the direct and logical outcome of pathological-normal economic/financial practices. The 2007 Great Recession exemplifies this point. The great majority of factors that precipitated the Great Recession were legal, normal acts. Politicians, e.g., Reagan and Clinton, approved laws that made it legal for banks to mix risky, high-profit loans with stable, secure “working capital.” Easy credit led people to increase their personal borrowing. Speculative building and buying led to risky loans. New financial instruments, such as credit default swaps allowed the commodifying of financial risk to facilitate more and easier disposing and disguising of it.

In certain cases, extreme events have a natural basis that is precipitated, intensified, or prolonged by normal pathological activities. Global warming is a natural, cyclical phenomenon. However, natural, cyclical warming trends are exacerbated to dangerous levels by normal-pathological ecological conditions. The latter produce their own social and health problems. Moreover, they intensify the current California drought by 25%, according to research from Columbia University (Fears, 2015).

The Fukushima nuclear catastrophe in March, 2011, was precipitated by a natural earthquake and tsunami, however it was greatly worsened by the normal, profit-driven, financial decisions that minimized safety issues in the construction and maintenance of the nuclear reactors. Those are what transformed the tsunami from a misfortune to a catastrophe.

Being rooted in normal-pathological conditions, abnormal psychology/behavior is more widespread and intense than it would be in healthy, fulfilling societies.

The relative destructiveness of normal-pathology and abnormal behavior

We normally think that extreme, abnormal behavior is more destructive than normal problems. This is what the medical model presents. However, normal pathology reverses this relationship. First of all, normal pathology is the cause of most abnormal behavior. In addition, normal pathology is far more widespread than abnormal pathology. If we imaginatively multiply the lower degree of normal pathology x the large population it affects, the toll is higher than multiplying the higher degree of abnormal pathology x the small population that manifest it. For instance, normal pollution kills and injures far more people than abnormal terrorist acts. This is particularly obvious when we consider that normal

pollution/global warming is responsible for much “extreme” weather that kills and displaces people. About a quarter of all deaths globally are attributable to preventable environmental factors, such as air and water pollution, according to a new report by the [World Health Organization](#). The report, based on data from 2012, found that environmental risk factors accounted for about 12.6 million deaths out of a total of 55.6 million ([New York Times](#), March 15, 2016).

The social effect of pathological normal violence is far greater than the effects of abnormal violence. Normal pathological violence includes war. Presidents and Secretaries of Defense who authorize and plan invasions and torture are not mentally ill. Nor are the soldiers who perform these acts. Yet, the damage caused by them far exceeds the damage from abnormal violence by berserk gunmen or rapists.

Normal pathological economic practices – the daily manipulation, cheating, speculation, de-skilling, outsourcing, tax code revisions, and exploitation – are more destructive than the criminal thief. (In normal pathology, legal acts generate more destruction and oppression than illegal acts do.)

Normal junk food and food processing, that is consumed on a daily basis, is more unhealthy than the occasional contamination of food through accidents with technology.

Trivialized, sensationalistic media, entertainment, news, and political spectacles – that evade and obscure and mystify the real issues of life -- are far more destructive than sexual pornography, yet the latter is criticized (in mock disgust) while normal pornographic culture is accepted.

It is always the extreme, unusual events that are given the most attention. People believe that extreme, abnormal behavior is the most fearful threat to normal social life and psychology. Extreme, abnormal behavior is said to make normal life pathological by overrunning it with abnormal elements from outside. This is why the crazy mass murderer, terrorist, or flood is publicized more than their normal underpinnings. The truth is the opposite: rising normal pathology is more destructive and it produces increasing abnormal, extreme behavior. It was the U.S. normal foreign policy that generated ISIS. And normal U.S. policies that govern unemployment, working conditions, and pollution, generate more deaths in the U.S. than extreme terrorists do.

Contrary to popular opinion, extreme, abnormal events are highlighted in news media because they are minor problems that are not the basis of

social ills and demand no changes in normal pathology. Leaders highlight them to appear to be concerned with serious threats to social health, while they actually allow the most serious, central, general problems of normal pathology to persist (and enrich and empower social leaders). For example, American liberals complain about capital punishment and torture by the government. While these are important issues, they are relatively minor in view of the larger picture. Very few individuals are executed in the U.S. and few were tortured under Bush. Far more devastating is the normal criminal justice system and the normal practices of war. It is easy to prohibit executions and torture, and to appear humanistic in doing so. This leaves the more devastating normal pathology intact.

Health

Pathological normalcy reframes societal health, psychological health, and physical health. If normal is pathological, then health must be exceptional to normal. Health operates according to different mechanisms, and requires a different basis from the normal. This contradicts the equation of health and normal in the biomedical model.

Healthy is comprised of elements either outside the normal or inside it in protected domains. These include cultural-historical traditions that live on —such as scientific tradition, academic tradition, religion, community service, cooperative associations, organic farming, social critique. As protected domains become abolished, penetrated, and normalized by expansive capitalism, they become incapable of providing healthy psychology and it will decline. Healthy psychology will require challenging normal society in its entirety to provide health – psychological, physical, political, economic, moral, sexual, and intellectual. As possibilities of escape diminish, the need for thorough transformation increases.

Treatment/intervention/solution

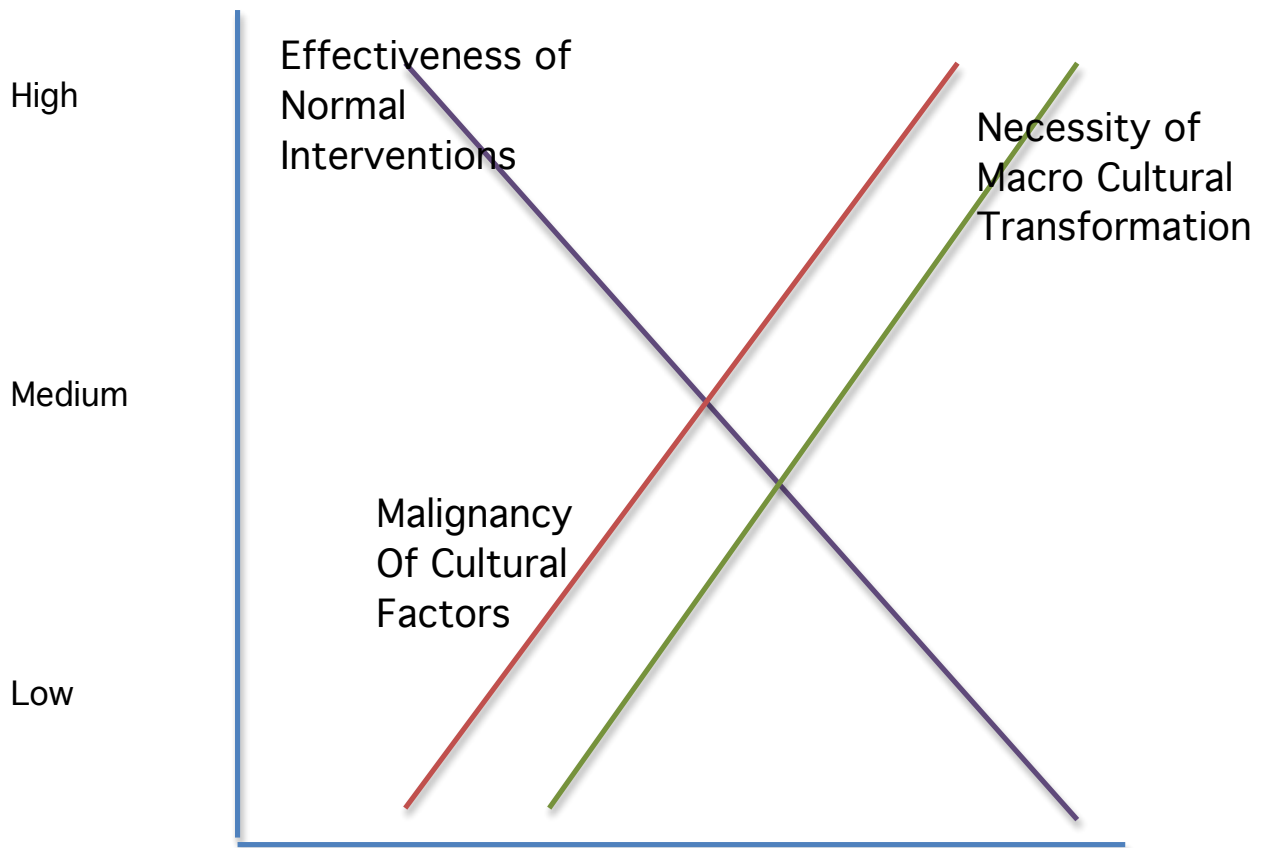
Pathology in the biomedical model is readily treated by individual interventions to eradicate unusual individual pathogens and vulnerabilities. The normal environment in which people live is healthy and fulfilling, and it reinforces the individual treatment of pathogens. It protects the recovering patient from relapse.

Normal pathology falsifies this scenario because the lived environment is toxic. Individual treatment of abnormal disorders remains

contradicted by normal toxicity which continually pushes the patient back into pathology (Ratner, 1991, 281-282). Individual treatment deforms the patient to adjust to toxic normalcy. This requires compound medication to counteract the harmful side effects of the primary, deforming medication. For instance, psychotropic medication desensitizes (tranquilizes) the individual to social stressors so that they will be less perceptible. It does not eliminate the stressors, or the pollution, or the junk food, or other pathogens so that the patient will become free of them in a truly healthy and fulfilled state.⁴

The more that normal conditions are pathological, the more they overwhelm individual victims and the less importance individual factors play in pathology. This makes biomedical predictions, interventions, and treatments ineffective (Lafer, 2002). Under pathological normalcy, solutions to social, medical, and psychological problems require transforming the macro cultural factors that comprise the normal pathology (Cushman, 1994, p. 813). I depict this in figure three.

Figure Three
Macro Cultural Transformation and Micro Intervention



Improvement depends upon eradicating normal pathology in the structures/conditions of normal society. This will be the material, practical realization of the ideal medical model. Constituting the medical model as an accurate description of normal and abnormal requires political change that makes normal = healthy, and makes pathological = abnormal.

Each social, economic, political, ecological, psychological, and physiological problem must be analyzed to determine whether it is characteristic of normal activity – and thus a normal pathology -- or whether it is accidental and anomalous. Where normal pathology is discovered, then the normal social activity must be transformed. If it is tied to other, broader, normal pathology, then the entirety of those conditions must be transformed. The underlying political economy that generates single or complex normal pathology must be transformed, as Marx's historical materialism emphasizes (Ratner, 2017).

Corruption in China is a case in point. Chinese normal society is plagued by corruption in politics and business. 750,000 Party members

have been punished from 2012-2015. Thousands more political and business officials have been fired and imprisoned for corruption. This, despite half a century of socialist education and propaganda, coupled with millennia of Confucian ethics. Widespread corruption testifies to its being normal, generalized pathology. It can additionally be linked to normal social policies that undermine public concern in other social domains. This broadens its character as generalized normal pathology. In China, commercialism, markets, private housing, glorification of wealth, market economics, competitive job markets, and consumerism lead to individualism that contradicts social-moral caring (Ratner, 2012, pp. 434-442; Ratner, 2014). Marx stated this in his earliest writings. His Economic and Philosophical Manuscripts state “we have to grasp the intrinsic connection between private property, avarice, the separation of labor capital, and landed property; the connection of exchange and competition, of value and the devaluation of man, of monopoly and competition, etc. – the connection between this whole estrangement and the *money* system..”

Privatization policies foster untying (songbang) social ties in a generalized way. This has reached such a critical level that the government passed a law (The Law of Protection of Rights and Interests of The Aged) in 2013 which requires adult children to visit their parents

each year because many do not

(<http://edition.cnn.com/2013/07/02/world/asia/china-elderly-law>). As with all laws, this law demonstrates the failure of social relations to produce self-motivated, pro-social behavior.⁵ In addition, many public service workers are leaving government work for the private sector where they can earn higher salaries generating private profit (China Daily, Oct., 15, 2015). Corruption is one element in this generalized, normal egoism, or normal pathology.

A macro cultural solution eradicates pathological, normal conditions. This would eliminate the incentives for anti-social behavior. It would also dispense with the need to prohibit and punish individuals who respond to the incentives.

Constructing a socially and ecologically healthy normal supplants the need for individual strategizing about how to overcome pathological normal influences. For example, when life styles and food are generally healthy, with junk food a minimum in the society, just eating what is available will be healthy. The individual does not have to navigate, negotiate, resist, and strategize how to eat well. This reduces medical costs significantly.

Individual treatment, like all individualistic strategies for improvement, is inefficient and expensive. For each individual must be sought out and treated, one by one. Or each individual must treat himself, through his own resources and efforts. Additionally, individual efforts will be counteracted by the macro cultural factors which his acts are trying to oppose. This is why most dieters fail to lose weight over the long run, because the macro cultural factor of junk food and its ubiquitous availability and attractiveness, is more powerful than the individual.

Within normal pathology, it is impossible to solve many specific pathologies – e.g., in education, health care, government, news, entertainment, policing, incarceration, international relations, ecology. For normal and abnormal pathology are functional to prominent cultural factors such as the dominant social class that runs and profits by them. Reforms that are acceptable to the status quo are inadequate to solving problems, and reforms that truly solve problems are unacceptable to the status quo. Adequacy and acceptability are antithetical in normal pathology. (Indeed, acceptability is a sign of inadequacy.)

The entire medical industry is based upon the biomedical model that treats disorder as an aberrant, individual problem to be treated by medicating individuals. This inefficient system is driven by the political

need to deny the social issue of normal pathology. Technical advances in medicine are thus fueled by a political need. This need focuses on treating diseases instead of preventing them. Prevention requires changing the normal social environment, while treatment only medicates individuals and leaves conditions intact.

A healthy normal society would have fewer medical problems, would require less advanced and less extensive medical industry, would medicate fewer individuals, and would produce healthier individuals. Individual health is a function of social conditions, not individual treatment.

The criterion for addressing a social problem is whether the alternative will be functional for, and inspirational for, an alternative normalcy; not whether it is feasible within the existing normal. Marx expressed this in Value, Price, and Profit (1865). Commenting on workers' struggles to raise their wages in the face of exploitation, he said, "workers ought not to forget that they are fighting with effects, but not with the causes of those effects; that they are retarding the downward movement, but not changing its direction; that they are applying palliatives, not curing the malady. They ought, therefore, not to be exclusively absorbed in these unavoidable guerilla fights incessantly

springing up from the never ceasing encroachments of capital or changes of the market”

(<https://www.marxists.org/archive/marx/works/1865/value-price-profit/ch03.htm#c13>). That is what social struggles should aim for.

Of course, minor, technical improvements within the status quo are possible and helpful, however, they do not solve problems. Cancer screening and radiation treatments are helpful for prolonging life, however, they do not solve the problem of cancer that is largely environmental and could greatly reduced by sanitizing the environment.

The broad objective of constructing a healthy social system must follow objective possibilities that emanate from the status quo.

Alternative social forms cannot be based upon metaphysical ideals, or humanistic ideals. Viable alternatives will differ in different conditions. Capitalism is superseded by socialism, while other normal-pathological societies are superseded by their own possibilities. These objective alternatives must be scientifically discovered (as Marx did).

These objective alternatives form the broad parameters of solutions to individual problems such as education, family, health care, politics, poverty, and work. These solutions should be tested and refined in experimental projects at the national and local levels.

Of course, these new forms can be offered to the pathological status quo as improvements for social problems, however, they will generally be rejected or coopted to the extent that normal pathology is functional to a dominant social class which resists it. When Salvador Allende and his socialist movement attempted to improve the social and material environment so as to improve health in Chile, the Chilean upper class and United States government overthrew his government in a coup.

Indeed, the extent to which fundamental improvements in social conditions are enacted is a barometer of the extent to which they are pathologically normal.

This means that the construct “normal pathology” calls for a strong political movement that can effectively eradicate politically entrenched normal pathology.

The Politics of Scientific Constructs: Politics of Medical and Cultural Models of Distress

The biomedical and cultural-political models are fraught with political understandings about society, normalcy, pathology, health, intervention and improvement. Each of these issues is political in the sense that it has

concrete forms that reinforce or critique political philosophies, political practices, political governance, political ideology, political social relations (Lewontin, Rose, Kamin, 1984).

Denying Normal Pathology and Legitimizing The Status Quo

Preserving the status quo and its leadership, requires that the social system appears to be healthy, and that pathology be conceptually eradicated from normal social reality (Best, 2006). There are two strategies for accomplishing legitimization by de-pathologizing the normal (see Mills, 1963 for an excellent analysis of other strategies).

1) Construing pathology as an isolated, separate realm of abnormality, unrelated to normal society or psychology. This is the function of invoking the medical model.⁶

One strategy for cleansing normal pathology of pathology is to misdiagnose it as abnormal psychology. For instance, ADHD, social shyness, sexual addiction, etc. are normal pathology that are labelled as

abnormal psychological disorders. This is why the Diagnostic and Statistical Manual continually adds new diagnoses to its list of abnormal disorders. These new diagnoses are normal pathology disguised as abnormal psychology.

DSM V lists Cannabis Abuse as an abnormal disorder. It lists 9 behavioral criteria, two of which are: “The individual may take the substance in larger amounts or over a longer period than was originally intended.” “The individual may spend a great deal of time obtaining the substance...” These are obviously mundane behaviors that have become redefined as abnormal psychology.

So are the 10,000+ American children, younger than 2 years old, who are prescribed psychotropic drugs, Risperdal and Prozac. Health care providers have given a diagnosis of attention deficit hyperactivity disorder to at least 10,000 children age 2 or 3 and then prescribed medications such as Adderall (Schwarz, 2015). The “disorders” that inspire this are generally normal temper tantrums or other socially-generated acts (see Yang, 2016, for pathologizing anger.)

This reclassification of mundane behavior as abnormal is a component of the category “abnormal psychology.” We have previously seen that under conditions of normal pathology, abnormal behavior consists of a)

severe disturbances from intensification of normal social stressors, and b) social intensification of idiosyncratic traumas and vulnerabilities. We now see that under conditions of pathological normalcy, abnormal behavior also includes c) normal pathology that is misclassified as abnormal psychology.

In addition to conceptually misclassifying normal pathology as abnormal, psychiatry distances disturbed psychology from normal society by social and physical means. Psychiatry treats disturbed individuals in special institutions -- prison, and long term and short term recovery facilities. Psychotropic medication for serious disturbances additionally renders many of those patients unfit for full social participation. This social and medical segregation of psychopathy from normal society creates a social and physical "other" in which pathology is localized. It then uses its socially created other to justify the notion that psychopathy is something naturally apart from normal society and must be given special treatment. Medication and psychotherapy bolster this notion by treating psychopathy as an individual disease that can be individually treated. High recidivism seems to confirm this assumption of individual abnormality because even after professional treatment, the disturbed still cannot function normally.

Denying and obscuring normal pathology of society is common in the way that extreme events are reported. News reports of extreme behavior isolate them from normal society. Extreme weather is never linked to normal pollution and global warming. Terrorism is never linked to U.S. foreign policy that created it. In cases of crime and terrorism, the perpetrators are “mentally ill” or “brainwashed.” This is designed to end discussion of social causes because mental illness is portrayed as accidental, random, or rooted in esoteric, biochemical malfunction, or traumatic individual experience. Society is portrayed as the victim, and greater security is imposed to protect it. This portrayal only protects the pathological normalcy that caused the extreme behavior in the first place.

Furthermore, pathological events are portrayed as unrelated to each other. They are presented as individual, contingent events rooted in individual deficiencies. Individual solutions are proposed to individual, anomalous events. Individuals are urged to be watchful, flexible, prepared, resilient, and informed of potential risks. This distracts attention away from the social structural, normal basis of pathology, that requires structural improvements.

Another strategy for denying pathological normalcy is to shift the blame for social problems from social leaders, who administer and

represent normal society, to low-status bureaucrats and technicians who are presented as acting idiosyncratically rather than in the mold of, and service of, the normal system (as leaders do).

Another strategy is to present normal pathology as an existential problem that is due to unfathomable complexity of issues, and human error in understanding and resolving them. This strips the pathology from normal. Life is “challenging” rather than “pathological” in an exploitive/oppressive sense. These challenges are deemed technical in the sense of lacking knowledge. They can be overcome through research and discussion among all concerned parties that enhances the knowledge of each. The discursive form of a solution implies that all parties share a common interest in finding a common solution. Police brutality is often presented in these terms. Dialogue between police and populace is proposed to optimize policing that respects the people and preserves law and order. This obscures and denies the pathological politics of policing that is necessary and functional for maintaining an exploitive social system and its ruling class. This precludes a solution that meets the common interests of all parties through knowledge and communication. (“When Obama was earmarking \$163 million for U.S. Justice Department

“community policing” projects in 2015, he was simultaneously budgeting more than half a billion dollars for militarization of the police”

http://blackagendareport.com/obama_reinforces_militarized_police).

An additional way of denying pathological normalcy and making it appear to be abnormal pathology is by treating critics of normalcy as abnormal. They are removed from normalcy by being labeled as extremists or terrorists. Thus, environmentalists and animal rights activists are often labelled as terrorists in the U.S. Whistleblowers and dissidents such as Snowden and Bradley Manning are denounced as traitors to normal life and seeking to imperil normal life. This parallels the way that victims of normal pathology are ostracized from normalcy. Both strategies obscure/deny the normal nature of pathology, and the pathological nature of the normal. Only social critics who accept the fundamental parameters of pathological normalcy as true normalcy, and make changes within its parameters, are accepted as normal and rational.⁷

2) De-pathologizing abnormal pathology.

Abnormal pathology is declared to be a cruel fiction, a social construction, a prejudiced, pejorative label, that has no reality; it functions only to stigmatize non-conformers to social norms. Odd

behavior is merely non-normative, it is not pathological. It is the labelers who are blamed for stigmatizing and discriminating against perfectly normal people. Labelers invent the fiction that non-conformers are pathological. This critique de-pathologizes abnormal pathology. Denying abnormal pathology is done under the banner of respecting individuals for who they are, whatever that may be. All behavior is construed as individually chosen and constructed; as fulfilling, and acceptable. To question or diagnose behavior is to reject the personhood, creativity, equality, and choice of the individual agent.

This critique of abnormal pathology inadvertently denies normal pathology by denying behavioral/psychological pathology in general. A society devoid of abnormal pathology must be a healthy society. Since abnormal pathology is caused by normal pathology, dissolving the former entails dissolving the latter. If individuals are making fulfilling choices of behavior, then society is open, fair, and tolerant. No normal pathology exists.

This liberal-humanist critique of pathology inadvertently denies normal pathology by denying behavioral/psychological pathology in general. If all behavior is an authentic, fulfilling expressing of individual agency, which is glorified in idiosyncratic, non-conformist manifestations,

then society is open, fair, and tolerant. Liberal-humanism thus de-pathologizes normal pathology in common with the biomedical model. It has the same conservative function of enabling the pathology of normalcy to appear benign. For the liberal-humanist conception of behavior is false. It simply rebrands pathological behavior under a benign name. Nominal change does not eliminate normal or abnormal pathology in society or in the individual.

For example:

De-pathologizing obesity

Criticism of obesity is frequently condemned as “fat prejudice,” “weight-based oppression,” “misogyny,” and “fatphobic” like homophobic (Whitesel, 2014). Girth and Mirth is a club for fat, gay men to socialize, dine together in public, and find sexual partners. It is a way that fat, gay men have “created spaces for themselves” that are a safe haven from gay men who stigmatize and discriminate against fat gays. Obesity is construed as a lifestyle choice, as valuable as any other, and deserving of respect and tolerance as one social space in a multicultural society. Indeed, fat, gay men are praised for courageously rejecting the arbitrary, dominant culture of slim and heterosexual. “Fat Pride,” “Fat Identity,” and

“Fat Sex,” are encouraged as ways of normalizing obesity and de-stigmatizing it.

This perspective is expressed in an article entitled “Mother blame, fat shame, and moral panic: ‘Obesity’ and child welfare” (Friedman, 2015). This title mocks the entire concept of obesity by putting it in quotation marks, as though it is not real. The article condemns the manner in which fat people have been blamed, shamed, and stigmatized, thereby causing an irrational moral panic over a lifestyle that is as good and normal as any other. The panic over obesity is deemed to be caused by irrational, arbitrary prejudice against it, not by any problem inherent in “obesity” itself. Indeed, any norm of body fat (e.g., Body/Mass Index, or BMI) is derided as fictitious. One book title decries “The Human Costs of America’s War on Fat.”

“Fatphobia” and “fat shaming” are construed as violating the civil rights of obese people to be fat if they so choose. Normalizing thinness is portrayed as “thin privilege,” akin to the privilege of social class, race, or gender. All these are reduced to privilege that exist by stigmatizing other people (Cameron, 2015).

De-pathologizing behavior ignores the real, normal pathology of obesity that is organized by normal culture. It ignores the medical fact

that obesity is unhealthy. And it ignores the political fact that it is created by food producers as a means for increasing food consumption and profit. Food processors add salt and sugar to stimulate food consumption, knowing that these ingredients are unhealthy (Moss, 2013). This is disregarded by accepting food consumption as personal choice. Personal choice exonerates food producers from any malfeasance, for it doesn't matter what they do; individuals decide what to eat regardless. De-pathologizing behavior results in de-pathologizing the social structure. This is a form of neoliberal ideology that shifts social structural issues to individual issues (see Ratner, 2015, 2016 for discussion).

This argument is made in the case of culturally oppressed behavior. Social class depends upon oppressed behavior of citizens to internalize and maintain their oppressed social position. This includes all kinds of cognitive and linguistic oppression – e.g., ungrammatical language, illogical discourse, short attention span, low motivation, sloppy/disorganized work habits. These are all elements of psychology of oppression. Yet liberal humanists treat these as free, fulfilling, personal choices. They denounce concepts such as psychology of oppression, cognitive-linguistic deficiencies, as disrespecting the agency of individuals, and cultures. They re-brand oppression as individual/cultural difference.

The vertical pyramid of social class is transformed into a horizontal set of individual differences (Ratner, 2017). Instead of criticizing the class structure that produces psychology of oppression, oppressed behavior is adulated as interesting, unique, colorful, diverse, which renders social criticism moot.

Similarly, religious oppression of women, through restricting their clothing, food choices, physical space, and sexuality, is re-branded as women's cultural and personal identity (e.g., "modesty," "community," "tradition," "life meaning") that must be respected and encouraged. De-politicizing, de-historicizing, and personalizing behavior prevents identifying it as oppressed by oppressive religious doctrine.

This post-modernist social philosophy eschews any questioning or research of behavior. For questioning behavior opens it to external evaluation, which contradicts the subject's own decision. Researching behavior also implies that it has some objective, regular, lawful, predictable character, significance, basis, and consequence. These attributes are not freely and personally constructed. Consequently, humanists deny them. That eliminates the need for, and possibility of, research. This blind acceptance of behavior eliminates critical thinking about behavior and its social basis, character, and function.

The humanistic validation of all individual behavior obfuscates and preserves social sources of oppression, instability, uncertainty, and mystification that are increasing under the influence of neoliberalism and other forms of oppression (Ivory, Protes, Bennett, 2016). Increased normal pathology makes individual behavior/psychology more pathological, and calls for more scrutiny of it in order to improve it and the social forces that generate and organize it.

From our perspective, liberal-humanistic de-pathologizing of pathological structures and behaviors is a form of postmodernism and also neoliberalism. It dissolves social structures and forces into individual choices, agency, and responsibility. It has been refuted by critical sociological, macro-psychological analyses of social-psychological issues (Silva, 2015, Ratner, 2015, 2016). It is less accurate and progressive than bio-medical pathologizing of structures and behaviors. The biomedical model at least recognizes debilitating and destructive conditions and acts that injure people and must be changed. The model misrepresents this pathology and the nature of change that is necessary, however, it acknowledges injurious phenomena and calls for correcting them. Liberal-humanistic de-pathologizing of injurious conditions and behavior erases injury from consideration, along with any need to correct.

In contrast, cultural psychology, and the cultural political model, expand the concept of pathology to include normal social activities and their basis in the political economy. This allows for expanded social critique and emancipation. It neither adjusts people to the status quo (as the biomedical model does), nor exempts them from it (as the liberal humanist model does). The cultural-political model of pathology uses it to reflect on the status quo and transform it.

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Notes

¹ A conscious exaggeration of essential features that are synthesized into an internally unified and logically rigorous concept. Ideal type is not an 'average type' that summarizes or classifies elements common to an empirical phenomenon.

² This bio-medical model of psychopathy was the basis of psychiatry, that was founded by the physician Pinel in 1809. He attributed psychopathy to excess passion in individuals that led to their

inability to control their behavior. Mental disturbance was thus rooted in a weak self that needed to be strengthened in order to control its passion. Freud's notions of id and ego also continued this emphasis on individual weakness and strengthening self-control – which is a bourgeois, individualistic notion.

³ Liberals condemned Arendt for proposing that Eichmann was a case of banal, or normal, pathology. They felt this did not capture the monstrousness of his crimes. They wanted his acts portrayed as extraordinary evil committed by a deranged demon. These critics did not understand that normalizing individual crimes actually reveals their monstrousness because they are committed by so many normal people. Individualizing anti-social behavior actually trivializes it as a random aberration.

⁴ A study published in The Journal of the American Medical Association found that drugs widely prescribed to treat severe post-traumatic stress symptoms for veterans are no more effective than placebos and come with serious side effects, including weight gain and fatigue. Anti-depressive and anti-

psychotic drugs are ineffective. After six months of treatment with Risperdal, 123 veterans with PTSD were doing no better than a similar group of 124 veterans, who were given a placebo. About 5 percent in both groups recovered, and 10 percent to 20 percent reported at least some improvement, based on standardized measures (Carey, 2011, p. A. 13).

Research on medication and all kinds of mental illnesses comes to the same conclusion. (Angell, June 23, 2011; Angell, July 14, 2011).

Whitaker (2011) reports that anti-psychotic drugs are associated with increased prevalence of mental disorders! Mental illness has tripled over the past two decades despite an exponential rise in psychiatric medicating. Patients who take anti-psychotic medication have poorer recovery rates than patients who do not.

Yet the use of these medications has risen exponentially (Wall Street Journal, Nov. 16, 2011, “Psychiatric Drug Use Increases”).

⁵ This is actually a tenet of Taoism-Confucianism: the ideal ruler does not need to rely on the force of punitive laws to maintain social order,

because the society's institutions are so well-ordered that the parts are functioning in harmony and the people are themselves virtuous.

⁶ H.S. Sullivan complained that psychiatrists "have found for themselves a useful function in sheltering society from those whom it has destroyed" (in Cushman, 1994, p. 817).

⁷ Edward Snowden construed the NSA's surveillance state as anomalous to and antithetical to (outside) American values. His goal was to restore that benevolent normalcy by exposing and correcting this aberration. In fact, surveillance is fundamental to pathological normalcy of preserving the class structure by controlling popular rebellion. This is revealed in Obama's criminalizing Snowden's revelations so that they would not effect change in normal pathology.