



## Symptoms of Organization\*

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The contributions to this issue, which were all written by PhD students, reflect upon the meaning of a symptomatology of organization and explore its possible practice. The idea of symptomatology itself originates from medicine and refers to the study of the signs of a disease. In medicine, the general task of the symptomatologist is to interpret and organize different symptoms in such a way that they designate a more or less coherent disease. Given this medical sense of ‘symptomatology’, it might sound like we are trying to hand over the theory and politics of organization to the ‘management doctors’ of the world: the management gurus, motivational experts and self-improvement writers who offer diagnoses and cures for organizational problems.

This is not what we have in mind when we speak of a symptomatology of organization. For us, symptomatology of organization is about the relation between organization studies and philosophy.<sup>1</sup> It refers to a distinct approach to philosophy which differs from current uses of philosophy in organization studies in two main ways. Firstly, symptomatology makes philosophy a part of organizational research. This approach differs from the use of philosophy in organization studies as an epistemological foundation upon which organizational research can stand. Secondly, philosophy has also been used in organization studies to search for the cause of organizational diseases (e.g. capitalism causes alienation) and for their cures (e.g. the need for a social and economic revolution). But this is not what symptomatology is about either: a symptomatological approach to organizational research does not turn to philosophy in the hope of finding guidance to tackle real-life problems. A symptomatology of organization is not interested in how philosophy can help (or hinder) managers.

But why are we using the term ‘symptomatology’, which is drawn from medicine, to discuss the use of philosophy within organization studies in the first place?

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1 The idea for an issue on ‘symptoms of organization’ originated at the second Critical Management Studies PhD Forum in Copenhagen, October 12-13, 2006. In early 2007, this idea took further shape in a two-day workshop entitled ‘Symptoms of Organization: Deleuze, Foucault and Clinical Management Studies’, held at the Centre for Philosophy and Political Economy, University of Leicester School of Management, February 1-2.

## Why Symptomatology?

Within medicine, symptomatology is the science of symptoms. Broadly speaking, a symptom is a sign of a disease.<sup>2</sup> The symptomatologist looks for a logic between particular symptoms which allows him or her to produce a clinical picture of the disease. For example, if the patient has chills, fever, sore throat and muscle pains the symptomatologist is able to diagnose the disease as influenza. Smith elaborates on this procedure:

What a doctor confronts in an individual case is a symptom or group of symptoms and his diagnostic task is to discover the corresponding concept (the concept of the disease). No doctor would treat a fever or headache as a definite symptom of a specific illness; they are rather indeterminate symptoms common to a number of diseases, and the doctor must interpret and decipher the symptoms in order to arrive at the correct diagnosis. (Smith, 2005: 183)

The symptomatologist interprets the local circumstances of the symptoms in order to find the concept that best designates the disease. It is this aspect of medical diagnosis that is most interesting for a symptomatology of organization.

We borrow the notion of a philosophically-informed symptomatology from Deleuze (e.g. 1983; 1989; see also Smith, 1998), but the ideas articulated here are equally indebted to Foucault's 'diagnosis of the present' and Nietzsche's 'physician of culture'. For these thinkers, symptomatology is concerned neither with designating the eternal structure of being (symptomatology is much more worldly) nor with finding the solution to actual problems (symptomatology is much less worldly). Instead, symptomatology in this philosophical sense engages with the present by reinterpreting the world and its 'symptoms'. This inevitably opens up new ways of thinking about life and creates new ways of living. Van Tongeren puts it nicely with regard to Nietzsche's idea of the philosopher:

The philosopher [that Nietzsche] presents is not just designing abstract theories or making subtle speculations; rather, he is trying to influence modern men and their culture. His goal is not to be read and recognized but instead to test modern people, challenge them and eventually change them. Nietzsche presents the ideal philosopher as one who brings about something in the world, not in place of interpreting the world (as Marx suggested of his own philosophy in the famous eleventh thesis on Feuerbach), but precisely through reinterpreting it. (2000: 2)

This is a crucial point. Symptomatology does not seek to *represent* the world by examining its symptoms. Rather, symptomatology aims to *intervene* in the world by rearranging its symptoms in thought.

But what is a symptom in this philosophical sense? For Deleuze, almost anything can be treated as a symptom. On the most basic level, symptoms pertain to the forces of "life gushing forth or draining away" (1995: 143). Deleuze emphasizes the importance of these forces in his reading of Nietzsche:

We will never find the sense of something (of a human, a biological, or even a physical phenomenon) if we do not know the force which appropriates the thing, which exploits it, which

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2 Symptomatology sometimes makes a distinction between a sign and a symptom: a sign is a 'piece of evidence' of a disease that is observed by the doctor, while the symptom is felt by the patient.

takes possession of it or is expressed in it. A phenomenon is not an appearance or even an apparition but a sign, a symptom which finds its meaning in an existing force. (Deleuze, 1983: 3)

According to Deleuze, Nietzsche treats all phenomena as symptoms of the various forces that take hold of them. Locating symptoms and their relations to other symptoms is thus a matter of understanding and conceptualizing the state of forces in play. These forces can be mapped out by conducting a symptomatology.

Understood in this way, it becomes clear that symptomatology is as concerned with health and vitality as it is with sickness and infirmity. Symptomatology is not solely interested in disease, but indeed in *all* 'modes of existence'. Symptoms of organization therefore imply different ways of living, thinking, speaking and feeling within an organizational setting – and do not exclusively refer to those lives which organizations have ruined. The contributions to this issue are bound together by their concern to show how these symptoms shape our organizational lives.

## Doing Symptomatology

Methodologically, the symptomatologist identifies and modifies forces of life by examining and rearranging symptoms. It is important to emphasize that symptomatology does not take place on the level of representation. This is illustrated by the fact that the concept of the disease, mentioned earlier by Smith, is not a direct representation of the disease. It is, rather, a 'palpation' of a state of forces (May, 2005). In much the same way as doctors use their hands to palpate a lesion that they cannot see directly, symptomatology gives voice to this lesion: "it allows the lesion to speak: not in its own words, for it has none, but in a voice that will at least not be confused with something it is not" (ibid: 20). A symptomatology creates a zone of touch that gives voice to the state of forces that cannot be directly experienced. Palpating the symptoms of the world is never a representation, then, but a reinterpretation of other interpretations.

This reinterpretation and rearrangement of symptoms involves a process of creation and serves to bring something new into the world, namely, a new concept of the disease which implies a modified state of forces. By giving voice to the lesion, symptomatology creates a new state of forces and, as a result, recomposes the way in which we think about and make sense of the world.

We are now in a better position to explain how a symptomatology of organization differs from the most popular engagements with philosophy in organization studies. On the one hand, managerial theory for organizations makes use of philosophy by incorporating some degree of philosophical thought into organizational practice with the hope of improving efficiency, increasing profits, facilitating communication, et cetera. Critical management studies, on the other hand, is not dedicated to the improvement of organizational practice but attempts to understand organization as a broad social phenomenon. Philosophical thinking is used here to clarify the ontological, epistemological and methodological foundations upon which such a project can stand.

A symptomatology of organization, however, is not interested in using philosophy to improve organizations. Nor is it concerned with translating philosophy into paradigms or methods to discover things about organizations. The task of a symptomatology of organization, rather, is to experiment with ways in which we can think, see or feel organizational phenomena. It does this by palpating the state of forces that constitute a specific mode of organizational existence and by reorganizing the symptoms of organization. This, we believe, is what all the articles in this issue engage in. But what a symptom is and how they are to be grouped together is something that varies between each contribution. Perhaps this variation is exactly what is needed in the attempt to make philosophy part of organization studies and to avoid turning ourselves into philosopher-doctors who have already made our diagnoses in advance.

## **Mapping Out Symptoms**

In the first contribution, 'Critical and clinical management studies', Nick Butler combines Deleuze's notion of symptomatology with Michel Foucault's idea of the 'diagnosis of the present' to discuss clinical management studies in terms of a critique of critical management studies. For Butler, Foucault's diagnostic activity refers to the historical work of simultaneously describing and transforming something about the present: our knowledge, our power relations, our selves. In this sense, Butler suggests that Foucault's 'archaeology of knowledge' is a diagnostic method for clinical management studies which exercises a critical attitude towards the present. Just as Deleuze's symptomatology is not exclusively confined to the actions of the doctor, so Foucault's diagnosis of the present raises questions about epistemology, politics and subjectivity beyond the actual practice of medicine. Clinical management studies thus seeks to regroup the symptoms of management and organization into modified arrangements and 'original clinical pictures'.

In the second contribution, 'Melancholy and the somatic subject of stress management', Rasmus Johnsen diagnoses the contemporary group of signs surrounding the phenomenon of stress in light of the concept of the somatic subject of melancholy. Through a reading of Aristotle, Johnsen identifies melancholy as a somatic subject confined to extraordinary individuals. This mode of existence is then discussed in three contemporary presentations of stress-management. These presentations all have common features with the somatic subject of melancholy, but they also herald a new mode of existence. The somatic subject in these stress-management books is no longer limited to extraordinary individuals, but is now a subject at work within every individual. This new somatic subject presents an idea of a healthy life as a matter of a dynamic and efficient self-transgression. According to Johnsen this encounter between the classic Greek conception of melancholy and contemporary stress-management discussions teaches us that stress is not only a result of contemporary work-conditions, but also presents itself as the foundation for a productive and efficient self-management.

The two contributions that follow, by Carl Cederström and Rickard Grassmann, and Casper Hoedemaekers, draw on the work of Jacques Lacan in their efforts to think about symptoms of organization. Psychoanalysis always examines the specific way in

which symptoms are organized and relate to each other, so it is perhaps unsurprising that Lacan serves as a focal point for both contributions. What is important for psychoanalysis is its attempt to understand the local logic of the symptoms instead of rushing through the process of analysis to therapy.

Cederström and Grassman's article 'The masochistic reflexive turn' locates and explores such local logics. By contrasting the cases of Google and a London-based consulting firm, Cederström and Grassman identify different ways of regulating symptoms. They draw on Lacan and Slavoj Žižek to argue that these two cases do not only present different ways of organizing work but also portray different ways of organizing affects such as *jouissance*. In fact, symptoms themselves are suggested as ways of organizing affects. In the case of Google employees are expected to domesticate these symptoms. But in the London based consulting firm, which is interpreted as part of what the authors call the masochistic reflexive turn, employees are encouraged to enjoy their symptoms.

Hoedemaekers, in his contribution, proposes to use the Lacanian term 'sinthomatology' to understand the local processes that bind affects such as *jouissance* together in managerial and organizational settings. For Lacan the sinthome is what enables the Symbolic, Imaginary and Real to be knotted together in a specific way. For Hoedemaekers, the sinthome is first of all that which regulates the distribution of *jouissance*. The sinthome is also the element that ensures the coherence and reproduction of different ideological discourses.

In the last article of this issue, 'In the name of love: Let's remember desire', Anders Bojesen and Sara Louise Muhr examine the symptoms revolving around the notion of love in contemporary HRM discourse. They pinpoint the inherent danger of this discourse turning into a paternal form of control if love and passion are reduced to a question of striving for the same. Drawing on the work on Levinas, they propose a notion of passion and love that exposes the self to what they call 'critical wounding'. To love here is not to fuse, to put two together as one, but to diffuse. Love ruptures and exposes the self to the other.

The engagement with philosophy that a symptomatology of organization entails might sound like dangerous territory for organizational scholars who do not have a formal training in philosophy. Indeed, we have often heard complaints about strands of critical management studies that are deemed to be 'too philosophical'. Organizational scholars, these critics argue, should leave philosophy to the professional philosophers at departments of philosophy. We strongly disagree with this opinion and draw inspiration instead from the management scholar P. D. Anthony (1977: 3) who said more than thirty years ago that "[we must] be allowed to do the best we can when philosophers show little interest in helping us in the analyses of practical affairs which seem to us to be important". We believe that all the PhD students who have contributed to this issue have been successful in finding an affiliation between philosophy and organization studies without sacrificing one for the other. None of these contributions, we should add, could have been written by professional philosophers at philosophy departments.

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