POPULAR INQUIRY

The Journal of Kitsch, Camp and Mass Culture

Volume 1 / 2022

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Abstract
Social aesthetics is an aesthetics of the social situation as it is lived and experienced. As humans we are always and everywhere social beings, so the question no longer arises as to whether we live socially but rather *how* we live socially. This question of the How – how we experience and structure our life together – determines the core field of work and research in social aesthetics. European intellectual history teaches us that beauty is not just an adornment to life but is also a major source of strength for our life. Moreover, the positive aesthetic experience also has healing power. That beauty is a highly effective antidote to life's suffering, i.e. acts as an "anti-depressant". Social aesthetics that wishes also to be understood as the science of beauty in interpersonal relationships provides us with knowledge that in medical-therapeutic practice becomes a key pillar of human-centered approaches to prevention and treatment.

Keywords
Social Aesthetics, Mental Health, Power of Beauty, Aesthetic Anthropology, Hospitality, Human-based Medicine.

"Social aesthetics is, ..., an aesthetic of the situation. ... Like every aesthetic order, social aesthetics is contextual. It is also highly perceptual, for intense perceptual awareness is the foundation of aesthetics. Furthermore, factors similar to those in every aesthetic field are at work in social aesthetics, although their specific identity may be different ... creative processes are at work in its participants, who emphasize and shape the perceptual features."[1] These words from an article by Arnold Berleant on "Ideas for a Social Aesthetics" were and are visionary for the development of research in the human sciences that focuses on the interpersonal encounter and relationship, which has culminated in the creation and operation of two Institutes for Social Aesthetics and Mental Health at Sigmund Freud University, first in Vienna and then in Berlin. With his ground-breaking work on social aesthetic perspectives, Arnold Berleant has not only made a significant contribution to art theory, and not only has he fertilised philosophical everyday aesthetics to an extraordinary degree, he has also opened the doors to new fields of work in the area of prophylactic and curative medicine in general, and that concerned with mental health in particular. For this, we owe him our thanks to this day, and will continue to do so.

In an email reply to a lecture invitation to Vienna issued by the authors, he wrote in 2016 in all modesty regarding our social aesthetic treatment project entitled the "Orpheus Programme for Addicts": "Knowing little of your field, I had never before come across the idea of humanistic medicine, and your discussion of social aesthetics in guiding treatment of addiction seems to me to present a powerful and convincing argument ... It is, of course, extremely gratifying to learn that my work in social aesthetics has borne such fine (and unexpected) fruit. Since first presenting the idea of social aesthetics, I have developed it further in several directions, especially in social (and cultural)

criticism."[2] On the one hand, it documents how far-reaching his philosophical impact is, and on the other hand it also expresses his openness to new developments, ideas and their practical implementation. The highly interesting and extremely stimulating discussions that followed his brilliant lecture in Vienna in 2017, and the wonderful moments of the meeting at the subsequent dinner at a typical Viennese inn will always remain in our best memories. We would also like to express our gratitude for this. We wish the jubilarian and his family the very best for the future, and especially many more such fruitful conversations and beautiful experiences, which may further increase the effectiveness of his abundant philosophical knowledge.

The main tasks of our two institutes for social aesthetics and mental health are the research of concepts, models of mental health from a social aesthetic perspective, as well as the development of practical implementation possibilities in everyday life. Social aesthetics is understood here to go far beyond superficial aspects of beauty and attractiveness, which also encompasses all the effective ranges of deep aesthetics[3] in the context of human encounter with the attainment and maintenance of mental health. The term aesthetics is derived from the ancient Greek word "aisthesis", which means sensual experience. In this broad sense, social aesthetics is also understood by us as a science that deals in general with the sensory experiences of interpersonal coexistence. Particular focus is placed on the areas of successful, i.e. beautiful, interpersonal encounters and relationships, so that, in short, social aesthetics can be defined as the science of the sensorially beautiful experience of people coexisting, of feeling and sensing in being with one another.

Human beings are at the centre of social aesthetics: the human being as a social aesthetic living being. The human being is a *homo communicans* or *homo socialis* from the very beginning (whenever we place the beginning of human life). With and within their possibilities they are a living being that in principle is open to purpose and capable of independent further development (they are not only what they are; they are also always what they could be). As a living being, as a living entity, they are able to live and also to experience life, *their life*. In social aesthetics, as we understand it, the human being is understood as a highly complex community being. Thus, it is always also a form of anthropology, an anthropology for which the question of the How of the human being – how is the human being, how does the human being live, how does the human being experience their life, how is the human being possible, how does the human being shape their life, how can the human being shape their life – becomes the focus of interest.

The human being is a fundamental community being according to the main thesis of social aesthetics. They are always and foremost a community being, even when they forget to be one. Today we live in a time of "individualisation", of the isolation of people, in which many think that man is a genuine individual, who only in the course of their life must painstakingly learn to become a community being. This must be countered by the fact that the human being lives in community with other people from birth (and even before), indeed, as an unfinished being coming into the world he is even dependent on living with and from others – first she is in symbiosis with her mother, then she lives together with her loved ones who are close to her. And only later does she become independent step by step; she believes more and more in wanting to and being able to do everything on

her own – a delusion born of her *forgetfulness of community*. For we are constantly reminded that without community we cannot solve the many problems that come our way. This is particularly evident in the Covid crisis – here too, some thought that they were able to cope with the crisis alone, and then had to realise that overcoming this crisis is only possible through broad-based solidarity.

An aesthetics that is oriented towards the human being in its entirety can and must therefore always be a social aesthetics – just as a human-oriented ethics can only ever be a social ethics. Social aesthetics thus becomes fundamental aesthetics. Even if every aesthetic must necessarily be a social aesthetic, it still makes sense to distinguish between an individual aesthetic and a social aesthetic in particular. Individual aesthetics focuses its research on the individual sensory experience of beauty or on individual possibilities of experience for the individual, while social aesthetics, conceived in a narrower sense, is primarily concerned with the aspects of encounters and relationships from an aesthetic perspective. In other words: Individual aesthetics and social aesthetics in the narrower sense differ in the focus of their research projects. At the same time, individual aesthetic perspectives must be included in social aesthetic research programmes because individual aesthetic forms of experience constitute social relationships and the aesthetic experience of social relationships – that is, they are inseparable from encounters and relationships, they are one. Therefore, if the focus in what follows is primarily on social aesthetics in everyday life and, above all, on their relationship to mental health, this does not mean that individual aesthetic aspects are lost sight of.

Following the definition of social ethics by Ulfig[4], the term social aesthetics stands for a kind of aesthetics in which community values are at the centre (contrast with: individual aesthetics). Community values become superior to individual values. Possibilities and impossibilities of the human being are only considered and determined with regard to their relevance for the community. Aesthetic forms of experience and beliefs are formed and are relevant above all in being with fellow human beings. If one understands the human being as a genuine community being, then questions arise first and foremost about his or her encounters and relationships with other people[5]: How does s/he "function" as a relational being? How does s/he meet other people? How does s/he experience other people? How does she perceive herself in the community with other people? How does she shape her life in the community with other people? Social aesthetics understood as social aesthetic anthropology thus does not really pose the question of *what* man is, but rather of *how* man is: How is man as a community being? How does he live together with others? How is community life possible for people? How can he shape his life in common togetherness? How can he cultivate his relationships with others?

The main tasks of the Institute for Social Aesthetics and Mental Health therefore lie in dealing with all those fields of research and teaching that can be located at the point of intersection or at the areas of overlap between the fields of interest of social aesthetics and those of mental health research. As an interdisciplinary research institute and university teaching institution, the Institute for Social Aesthetics focuses on all those aesthetic aspects, fundaments and dimensions of the health sciences – especially medicine, psychology and psychotherapy – that are indispensable as a knowledge base for the development of human-based medicine. It is the How of dealing with life and

with fellow human beings that is the main subject of the Institute's scientific endeavours and teaching activities. This knowledge of the How in our coexistence in general and in prophylactic and curative medicine in particular also provides the indispensable social aesthetic basis for human-based and human-focused therapeutic action, in which the human being again becomes the measure of all things and activities.

The WHO defines health not only as the absence of disease, but also as complete physical, mental and social wellbeing[6]. Since illness is understood as a dysfunction or a reduction in function, mental wellbeing cannot relate solely to functioning in psychological sub-areas. This raises the question of when the state of mental health in the sense of complete mental wellbeing is reached. The WHO states that mental health is a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community[7]. Whitbeck notes in this context that health is understood here as the ability to set activities autonomously and participate in the community[8]. This ability to be active in a self-determined manner is equivalent to what Gernot Böhme understands by a confident way of living: The individual is capable of acting, reacting and shaping in a self-determined and confident manner in the circumstances of his life[9]. Nordenfeldt goes beyond Whitbeck's claim to autonomy[10]. In his definition of health, he emphasises that it is not only a matter of setting activities, but above all of setting so-called vital goals. For him, these vital goals are all matters necessary for the realisation of an essentially joyful life. This also makes it clear that we can only speak of mental health when a state is reached that makes it possible for the individual to lead his or her life essentially autonomously or confidently, and also succeeds in experiencing it largely joyfully[11].

It is no coincidence that "Social Aesthetics *and* Mental Health" was chosen as the name of the above-mentioned Institute. Martin Heidegger in a lecture on "Hölderlin's Earth *and* Heaven" explains the meaning and understanding of the word "and": "The expression states a connection. The connective word "and" expresses it, but does not say what the reference is and how it can be – whether it exists for itself, whether it comes from far away…"[12]. It is similar with the "and" in our institute's name. It signals that there is a close connection between sensory perceptions in general and those related to community life on the one hand, and mental health on the other; but it also points to the two main tasks of our institute's research: on the one hand, to explore the effects of everyday social aesthetic aspects on our lives and experiences, and on the other hand, to illuminate the constellations of conditions of mental health and to record the influences of different social aesthetic ways of life on our health.

As community beings, since we are always and everywhere cultural beings, too, social aesthetics is also always cultural science. It is impossible to "imagine a human being outside of culture"[13] and this culture is always a shared culture, a jointly created and communicated culture. We are the ones who create our world. How this world of ours is constituted, how we can live and experience it, depends on all of us. It is only when someone removes themselves from this creative process and simply leaves the creation of the world to others that it is the others who create this world of ours.

For those working in social aesthetic research, the question “How do we humans create and shape our culture?” is thus always posed, making social aesthetics the central cultural science.

In the last two decades, various concepts have been developed in connection with the main questions of social aesthetics listed so far, such as concepts of place, time, narratives, dialogue, shame and guilt, the attractive and the possible, to pick out some of the essential ones. They all grapple with the three main areas of social aesthetic research: touch, atmospheres and hospitality. The theme of touch was ultimately also the starting point of Arnold Berleant’s social aesthetic concept[14]. As he so impressively explained in the above-mentioned lecture during a symposium on the topic of “Hospitality”, his reflections on social aesthetics began with the observation that when we are confronted with a fascinating image in an exhibition, we not only approach this image, but this image also comes towards us at the same time. Not only do we touch the image with our gaze, the image touches us, too. When we enter into a relationship with the painting, the contemplation of a painting is thus not a one-way relationship, but always a two-way relationship, an encounter in the actual sense. The same thing happens when we encounter a human being. Again, as is often mistakenly assumed, this is not a one-way relationship. Not only do I encounter the other, but in this encounter process the other also encounters me.

However, such an encounter is only possible if we also allow an encounter by the other. Encountering the other in the sense of touching each other can only succeed if we allow the other to touch us, on the one hand, and are willing to open ourselves to the extent that we can also touch the other, on the other. This touch can be a physical touch, but it can also be a mental touch. We can touch somebody and have them touch us. But we can also smile at someone physically distant and have them smile at us. In both cases, we are immediately emotionally moved and simultaneously move the other emotionally. Encounter is emotional touch. The question of how we touch others, how we meet them, becomes the central question of our community life.

We have thus already immersed ourselves in the second main topic of social aesthetics, namely that of hospitality. Hospitality is therefore not only a theoretical concept invented by people or a way of living invented by them that they can choose or reject. Hospitality is an immediately tangible phenomenon and one that can be lived, without which human existence would not have been possible in the first place[15]. Hospitality also plays an important role not only in migration and refugee issues. It is also above all a central theme in encounters in medicine. Seeing and recognising as a guest a patient who is initially still a stranger, and also experiencing him or her as a guest, allows an understanding of the other that is indispensable for therapy. Hospitality and hospitableness are of particular importance in the area of inpatient treatment.

In the Middle Ages, hospitals were still chiefly general places of hospitality for people who needed a roof over their heads. They were poor houses for the destitute, or hostels for exhausted pilgrims, in other words, places where people in need were taken in and, if necessary, also (well) cared for. In English, this can still be traced linguistically: Hospital, hospice, hostel and hotel all have the same origin. The latter originated from the former and is derived from the Latin *hostis* or *hospes* – the words used by the Romans for newcomer, stranger, foreigner. *Hospitium* is also derived from

hospes, which in English then became hospitality and denotes the special relationship between guest and host, between the one seeking protection and the one offering protection. Hostility is the antithesis of the hospitable relationship between host and guest.

The close conceptual connections and multiple transitions between hospitality (*hospitalité*), hostility (*hostilité*) and hostipitality (*hostipitalité*) highlighted by Jacques Derrida[16] are also related to this: The stranger is always received either as a guest (*hospes*) or as an enemy (*hostis*); usually even as both, but with different focuses. In addition to these qualitative/quantitative transitions (one stranger is more of a guest and less of an enemy, the other stranger more of an enemy and less of a guest), there are also possibilities for temporal transitions: With the help of hospitality, a threatening stranger can become a familiar face, a guest, while a primarily friendly guest can become an enemy due to a lack of or rejected hospitality. This dual figure of the guest/enemy, the enemy/guest, constitutes the discourse of hospitality.

When we take up the topic of hospitality in social aesthetics, we do not just mean a superficial "welcoming", we use this term in the strong sense of Derrida[17] and Levinas[18]. Both understand hospitality as meaning stepping back from oneself, from one's self, in order to create space for oneself and one's self for the Other or the Others. The Other can then enter this space and in turn step back from herself, from her self, in order to create the space for herself and her self that the first needs in order to be able to enter it in turn. Hospitality in this sense is always a two-way relationship, a relationship from the host to the guest, who in turn must also become the host in order to allow the first to become a guest herself.

Referring to the customs of ancient Greece, Derrida distinguishes unconditional hospitality from partial hospitality. Such an "unconditional hospitality implies that you don't ask the other, the newcomer, the guest to give anything back, or even to identify himself or herself. Even if the other deprives you of your mastery or your home, you have to accept this."[19] In his view, partial hospitality follows the "concept of 'invitation'. If you are the guest and I invite you, if I am expecting you and am prepared to meet you, then this implies that there is no surprise, everything is in order". Although such unconditional hospitality cannot always be implemented in all situations of life, in the discourse on hospitality we mean one which comes close to this unconditional hospitality, namely one in which the other is fully valued in his or her particular humanity, regardless of his or her origin, social status and approach to life. This does not mean that one must always agree with everything the other thinks and does.

However, the first encounter with the other person should take place in full appreciation as a human being without prejudices and pre-judgements. In the encounter with the person who is still a stranger, the questions then arise: How do I deal with the stranger? How do I approach the stranger? How do I deal with the stranger as a human being, how do I deal with the stranger as a characteristic? How do we deal with people from outside the family in general and in specific situations? How do we meet the newcomer? How do we welcome others, how do we invite them, how do we grant them the right to host, how do we accept them, how do we reject them? In other words: It raises questions not only about the nature and ethics of hospitality as found in the discourses of

Jacques Derrida and Emmanuel Levinas, but above all questions about an applied aesthetic of dealing with the Other in general and in the medical context in particular.

In medicine, one encounters the Other, the stranger, everywhere. Harmful, threatening, even hostile scenarios lurk everywhere. As a result, hospitality is often a problem in medicine. It is an intrinsic part of medical practice, even where it is not perceived or negated. Hospitality as a natural, life-determining moment of human togetherness with the Other and medicine as the epitome of human assistance in states of the greatest helplessness and highest vulnerability are inextricably linked in complex interactions. Hospitality is therefore not only a luxury to be indulged when all the necessary medical care is already in place; It is an integral and integrative part of any medical activity. The question is therefore not whether hospitality has or should have a place in medicine, but only how it is lived, how it is introduced into the medical system. In other words: The only question is whether and how it succeeds, or whether and how it fails. Successful as well as failed hospitality affects us all: as therapists, caregivers, patients, clients, relatives or, quite simply, as people who cannot and will not look past the illness of their fellow human being. To refuse hospitality, to deny it to someone, to not make use of it not only leads to suffering, but can even threaten the person concerned in his or her previous being-in-the-world. The “How” of hospitality in medicine thus becomes an existential question beyond the aesthetic aspect.

The issue of hospitality and mental health is, of course, not limited to medicine. Questions about how I meet the other, how can I meet someone, how can I build relationships with others, don’t just arise in medicine. Hospitality moves us all in our lived and experienced daily lives. Especially when we lose it, its absence moves us emotionally to a great extent. Particularly in times of crisis such as the current Covid crisis, we feel how the chronic stresses that accompany it lead to an increase in irritability, inner tension and even dysphoric mood or dysphoria, which in turn make successful hospitality difficult or even impossible. But also certain atmospheres can jeopardise the success of hospitality or make it impossible, which brings us to the third main topic of social aesthetic research.

All interpersonal encounters and relationships arise and exist in certain atmospheres – some of these atmospheres may favour the emergence of relationships, others are inhibiting or obstructive. They are often difficult for us to grasp, and yet they have such an impact on us. In his work “Atmospheres”, Gernot Böhme explains: “One has the impression that atmosphere is meant to denote something indefinite and difficult to say, even if it is only to mask one’s own speechlessness. It’s almost like Adorno’s *More*. This also hints in an insinuating way at a hereafter of what can be rationally accounted for, and with emphasis, as if the actual, the aesthetically relevant begins there ... Atmosphere simultaneously denotes the basic concept of a new aesthetic as well as its central object of knowledge. The atmosphere is the common reality of the perceiver and the perceived. It is the reality of the perceived as a sphere of his presence and the reality of the perceiver, insofar as he, sensing the atmosphere, is physically present in a certain way.”[20]

Atmospheres are all around us and yet are actually physically experienced. We can perceive them in a highly differentiated way. We can distinguish between frightening and calming atmospheres. We can also differentiate between exuberant, mysterious, secretive, embarrassing, pleasant,

unpleasant, irritated, magical, seductive, destructive, solemn, familiar, unfamiliar, intimate, non-committal, neutral, threatening, melancholic, strange, tragic, dramatic, dreamlike and expectant atmospheres, to mention but a few of the myriad possible atmospheres at random. It is not uncommon to equate the term atmosphere with that of aura. "What, then, is the aura?" asks Walter Benjamin in his paper "The work of art in the age of its technical reproducibility", and immediately gives the answer himself: "A strange tissue of space and time: the unique apparition of a distance, however near it may be. To follow with the eye – while resting on a summer afternoon – a mountain range on the horizon or a branch that casts its shadow on the beholder is to breathe the aura of those mountains, of that branch."[21] But this peculiar web of space and time gives us an intense sensory impression. We feel the atmosphere or aura long before we become aware of it. We feel them as a kind of radiance, halo, charisma or air[22].

"And the aura is obviously something that spatially flows out, almost something like a breeze or a haze – just an atmosphere. Benjamin says that we 'breathe' the aura. So this breathing means taking them in physically, letting them enter into the bodily economy of tension and swelling."[23] But we cannot only feel such atmospheres and auras perceptively, we can also create, produce and reproduce them ourselves. Within the framework of social aesthetic work, certain atmospheres can be repeatedly created and then experienced in the same way by different people again and again[24]. Especially in a therapeutic situation, such atmospheres play an important role. The right ones can make successful medical treatment possible, but those that are not suitable can also make it tremendously difficult.

The production and reproduction of atmospheres presupposes an "*aesthetic attitude*"[25], namely an attitude that allows atmospheres to have a distanced effect on oneself, to recognise their constellations of conditions and then to create them based on this knowledge. Such a social aesthetic attitude in turn presupposes the formation of a social aesthetic subject. Social aesthetics is thus not only a science, but also an art that can be unfolded and developed as applied social aesthetics. This form of social aesthetics, juxtaposed with theoretical social aesthetics, finds its main task in the application of social aesthetic theories and maxims in lived and experienced everyday life.

A practical implementation of social aesthetic theories, concepts and maxims has already been carried out in the Orpheus programme, a treatment programme for addicts[26]. The aim of this therapy programme is to enable addicts to live an autonomous and joyful life again. Living a joyful life is, on the one hand, a typical social aesthetic goal, and at the same time it is nothing other than – as already explained above – a concretisation of what we understand by mental health. Attractive forms of treatment are also needed to achieve such an attractive therapeutic goal. It is not enough to deal only with the defects and dysfunction of the addict, but rather, above all, to create and open up spaces in order to make what is possible for the individual possible[27]. To this end, treatment modules have been created which enable the addict to explore and develop his or her own resources to enable a life that is beautiful for himself or herself. The social aesthetic maxim is: Create a life that is beautiful in itself – but not only for you, also for others, because only if it is a life that is beautiful for others can it also become a life that is beautiful for you.

At the beginning of this treatment programme, which in the meantime is also being developed into an Orpheus project for everyone[28], there are attentiveness and mindfulness modules, followed by various experience and creativity modules that are designed to satisfy the preferences and interests of the individual. The culmination of joy is reached by means of enjoyment modules, whereby *Genießen* and *Genuss* (enjoyment, pleasure, delight) are understood as both the highest and deepest form of experiencing beauty. These modules, which are ideally completed together with others, are not training or educational programmes, but rather spaces and protective zones for the dialogical unfolding and development of the individual's own beauty[29], which in turn can become effective as a source of strength in the therapeutic process[30].

The ultimate aim of this social aesthetic project is to create a world that is beautiful to us, in successful commonality. Social aesthetics and mental health are thus inextricably linked. Arnold Berleant[31], with his outstanding theoretical work for the development of such a social aesthetic in the service of mental health, has created a solid foundation and at the same time extremely fertile ground – thank you Arnold Berleant!

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