**SOC 3120 Social Psychology**

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 **Overheads Lecture 19: Deviance and the Social Order 1I:**

 **Variable Responses to Similar Acts**

\* Focus on variable responses to similar acts

\* S.I. approach: meaning of an act lies in social response, not just act itself

\* Any act may have many interpretations, depending on:

 - its context

 - actors’ intentions

 - the imputations observers make about it

 - how actors respond

\* It is important to outline the processes at work defining the acts of particular individuals in particular cultures as deviant

\* Two questions arise:

(1) Why are some acts and not others perceived as possible breaches of social order and treated as reasons to single out individuals and impute negative characteristics to them?

(2) Why are the acts of some individuals apparently more likely to be regarded as deviant than those of others?

Traditional response: “Naturalistic” approach: social norms more readily invoked in serious situations with a “natural” existential response (e.g. killing)

\* Problem: moving beyond serious personal crimes leaves less universal agreement as to when social norms should be invoked (e.g. theft in societies not founded on private property).

 **Moral Enterprise:**

\* If we move beyond widely agreed types of deviance, there lies far more ambiguous categories we cannot as readily account for (e.g. the relatively new category of “delinquency”).

\* Why are such categories invented?

\* Individual and collective enterprise:

 - creates deviance categories

 - makes and enforces rules

\* Moral entrepreneurs:

 - Becker’s discussion of U.S. Marijuana Tax Act camapaign (1937)

 - Gusfield’s analysis of American Temperence Movement

\* Contemporary moral enterprise (e.g. ADHD, child abuse, elder abuse, family violence, second-hand smoke, war on drugs, etc).

\* Must consider motives or effects underlying such efforts:

 -selling newspapers

 -promoting treatments

 -scoring political points or influence

 -dramatizing “threat to social order” embodied by certain groups

\* “Threats to the social order” are often either:

- manufactured to serve the interests of particular groups/organizations - seized on to provide symbolic support for groups that feel threatened

  **Mental Illness:**

\* Next to violence, mental illness is another example where we can easily grasp why a sense of concern about social order is aroused.

\* Rosenberg argues that we call certain behavior “insane” because our efforts at role-taking are unsuccessful - and we attribute this failure to the other

\* Psychiatrists’ criteria for identifying psychosis don’t tell us much about why we find psychotic behavior disturbing

\* Behavior that under some conditions is treated as evidence of psychosis is viewed entirely differently under other conditions

\* Whether behavior, thought or emotion is regarded as “sane” or “insane” depends on whether and how an observer makes sense of it.

\* Inability to role take only leads us to view the other’s conduct as indicative of insanity when we believe that the failure is not our own fault.

\* Where we think we should observe typical role conduct, and the behavior we observe seems atypical, improbable and inexplicable, then we are likely to impute that the fault lies with the acting person.

\* Rosenberg’s approach to mental illness fits in well with the general approach to deviance developed last class.

 (1) Once we start to consider actions insane, so do we the actor

 (2) Mental illness is a label that comes to apply to the whole person

 (3) Once that happens, negative stereotypes attach to the person

 (4) A sense of threat to social order is mobilized

 (5) Some form of action seems required

 **Jim Stolzman (2000): Social Dimensions of Mental Illness:**

 Here, I sum up in point form relevant sociological work on mental illness as described by Jim Stolzman:

\* Although it is customarily viewed as a psycho/ biological phenomenon, mental illness also has many social dimensions.

\* Psychiatric conceptions of mental illness emphasize that it is:

 - a pathological condition of the body

 -unaffected by what either the individual or others think/ feel about it

\* Sociologists argue that mental illness is also

 - a social state based on cultural standards of normality

- evaluations by other people with consequences for the treatment of the mentally ill

\* Biomedical views of mental illness:

 - arose historically as a reaction to theological conceptions of madness

- medicine’s authority derived more from the key reform role physicians played than the scientific superiority of their ideas/treatments.

 -The recent drug revolution was instrumental in public acceptance.

\* The anti-psychiatry movement of the 1960's and 1970's:

 - challenged the conceptual integrity of the psychiatric enterprise

 - Rosenhan study

 - writers such as Scheff and Szasz

 - raised issue of contextual factors in psychiatric assessment

\* The way society reacts to certain kinds of unusual behavior may or may not result in designating them as “mental illness.”

\* Labeling can lead to:

 - a transformation of identity

 - an adoption of the social role of mental illness

 - stigma and its negative consequences

\* Yet, the labeling perspective:

 - overestimates the extent to which the process is self-fulfilling

- underestimates the extent to which psychological impairment is a reality independent of social definitions and reactions.

\* Sociological analysis seeks to explain variations in the rates or social patterning of mental illness

\* Established patterns of mental disorder appear to reflect the amount of stress associated with different social positions:

 -socially structured inequality

 - socially structured ambiguity

\* Analysis and empirical inquiry into the connections between social stress, psychological distress, and mental disorder are required.

 **Conrad and Schneider: Medicine as an Institution of Social Control**

\* Implications of applying medical labels:

 - On one hand, relate to humanitarian trend (instead of blaming)

 - On other hand, 7 negative implications of applying medical labels:

 (1) Removing responsibility from individuals in favor of “disorder”

(2) Veiling political nature of negative judgement under guise of scientific fact

 (3) The problem of “expert control”

 (4) The potential for medical social control

 (5) The individualization of social problems

 (6) The depoliticization of victims’ behavior

 (7) The implicit “exclusion of evil.”

**Dr. Tana Dineen: Manufacturing Victims:**

\* Dineen is a psychiatrist highly critical of her profession

\* Argues that term “victim” distorted by psychology: difficult to tell “real” victims from “fabricated” ones

\* Argues that “psychology industry” requires expanding number of “fabricated victims.”

\* Fabricated victims manufactured through three processes:

 (1) Psychologizing (e.g. “Experts” interpreting unconscious)

 (2) Pathologizing

 (3) Generalizing

\* *Psychologizing* involves:

 (i) Descriptively constructing a theory about victimization

 (ii) Applying that theory to individuals

 (iii) Turning personal events into psychological symbols/ language

 (iv) Creating the need for psychologists who can interpret symbols/

 cure the patient

 Essentially, the personal experiences of victims morph into the clinical theories through which others are *assessed* and *treated* *as if* they are victims.

\* *Pathologizing* involves “authoritative” experts:

(i) Turning ordinary people in difficult situations into “abnormal” people who are “damaged,” “wounded,” “abused,” or “traumatized”

 (ii) Assuming, looking for, and emphasizing the negative (e.g.

 individual weaknesses, lasting effects)

 (iii) Turns reactions and feelings that are “normal under the

 circumstances” into emotional problems

 (iv) Ignoring or downplaying the possibility - and potential - for

 traumatized individuals to cope

 (v) Identifying the need for psychological treatment

\* Bruno Bettelheim: POW camps:

 - Implications of term “survivor”

 - Traumatized individuals are either “in denial” or “in therapy”

 - Meaning of term “normal” changed from average to exceptional cases

\* *Generalizing* involves “slippery slope” reasoning where exceptional/ brutal circumstances are equated with the ordinary/mundane

\* Example: Iran Hostage Crisis: psychologists identified

-Their own prior feelings of victimization (e.g. from divorce, break-ins, etc.)

 - Thought of hostages

 - Felt empathy

 - Concluded they understood

\* Example: Holocaust “death guilt” progressively applied to:

 - Dr’s attending dying patients

 - Anyone seeing someone die

 - Anyone knowing someone who died

\* “Everything means ‘victim’ and ‘victim’ means nothing at all”

\* Dineen provides evidence to counter these practices:

 - Iran hostages: while professionals predicted lifelong emotional

 problems, most had few problems readapting to freedom

 - Concentration camp survivors: many were later found to be well-

 adapted

\* While not trivializing suffering of victims, must realize that many are capable of coping, getting better, even thriving

\* This runs contrary to medical view: if a victim, should be a patient

\* Must be wary of “psychology industry” predisposition to see deviance, psychopathology and weakness wherever they look.