**SOC: 3290: Deviance:**

 **Overheads Lecture 31: Mental Disorder III**

**\*** Today we conclude our discussion of mental health by considering radical perspectives

\* Introduction: controversial recent articles on mental health & illness:

 (1) Washington (1999): neo-biological approach: mental disorder the

 result of biological infection

 Objections: not the whole story: other factors also at play

 the negative implications of medicalization (Conrad

 & Schneider)

 (2) Koerner (1999): mental disorders increasingly the result of

 marketing by the pharmaceutical industry

 (3) Rogers (2003): psychological intervention does little to help people

 suffering from traumatic events: may even make it

 worse

 **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; (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) Turning 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

- 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

 **Conclusion:**

**\*** Much more is going on in mental health than what we see at first glance

\* It is important to be critical.