**SOC 3290 Deviance**

 **Overheads Lecture 7: The Pathological Perspective 2:**

**\*** Today: social control policies/assessment of the pathological

 perspective

\* “Treatment” = the cure for nonconformity

\* Associated with rise of the “Therapeutic state”

\* Problems: - assumes deviants have no choices in behavior

 - hiding of social/moral judgements in name of science

\* Criticisms rarely heeded:

 - Phrenology once officially recognized/practiced in policy

 - Lombroso’s atavism used to classify delinquents

  **Eugenics:**

\* Popular idea: reduce deviance by “removing deviant individuals from the gene pool.” Manifested in involuntary sterilization laws

\* Very popular in early part of 20th century/ many forced sterilizations

\* Laws increasingly challenged over time

 **The Mental Hospital:**

\* Attempt to rehabilitate/change existing deviants

\* “Great confinement” of 17th-18th centuries

\* Hopeful treatments alternatively proposed/discredited over time

\* Reformers balked at harsh custodial control

\* Mid-20th century: mental hospitals essentially warehouses

\* Thorazine synthesized in 1952: reduced symptoms/restored order

\* Supporters very positive re: drug treatment

\* Detractors: (1) didn’t treat root cause of problem

 (2) really about controlling patients

 (3) disfiguring side effects (e.g. *tarditive dyskenesia*)

\* Drugs soon became treatment of choice

\* Mental Hospitals Depopulated between 1955-1970. Reasons:

 (1) drug treatment

 (2) legal rulings on patients’ rights

 (3) journalistic exposes/sociological research

 (4) cost-cutting by governments

\* Some jurisdictions want to do away with mental hospitals

\* Patients “dumped” into community:

 - don’t access community health facilities often

 - most end up on the street/in welfare housing

 - right to post-hospital care?

 **The Pathological Perspective Today:**

\* Despite failures, the pathological perspective is alive and kicking

\* New movement to study biological/pathological roots of deviance

\* Books/research reviews often don’t consider criticisms:

 - Wilson & Herrstein: criminologists “uncomfortable” with

 biological/psychological explanations

- Ellis: sexual assault a result of natural selection (discounts cross-

 cultural studies/patriarchy)

 **Hyperkinesis:**

\* Considered #1 childhood syndrome, despite being social deviance

\* What was once “bad” is now “sick”

\* Once diagnosed, drug treatment soon follows (Ritalin)

\* Peter Conrad:

 - Researchers never discovered organic defect

- Researchers reasoned that if drugs improve behavior, organic

 problem must have caused unruliness (illogical)

 - New pediatric interest in child mental health (status booster)

 - Synthesis of Ritalin/ FDA approval in 1961

 - Parallel success of drug treatment/control for mental patients

 - Pediatric specialists proposed new diagnosis: hyperkinesis

 - Backed up by Learning Disabilities groups, medical

 representatives on investigating committee

 - Massive advertising campaign/profits by drug industry

 **The Surgical Control of Deviant Behavior:**

\* Began with Buckhardt (1890)

\* Moniz (1935): first prefrontal lobotomy

\* Early 1950's: up to 50,000 lobotomies performed in U.S.

\* Proponents minimized negative outcomes

\* Many patients became vegetable-like

\* Fewer lobotomies after 1950's due to:

 - journalistic expose’s

 - questions about selection of candidates

 - newer drugs

 - newer psychosurgical techniques

\* Newer techniques:

 - directed at hypothalamus, amygdala and thalamus

 - based on animal aggression experiments (e.g. electric implants)

 - proponents say safe/secure ways of control

 - critics say unethical experimentation/real problems not there

 - aggression not always result of electrical/chemical changes

 - even if so, what causes these? The environment

 - pathological speculation about “yet undetected lesions”

 - pathological “profiles” of good candidates for surgery (e.g.

 having a record of physical assaults, intoxication, impulsive

 sexuality, and accidents)

 - similar things can be caused by class related power imbalances

\* Pathological theorists’ retort:

 - hypotheses for neurological investigation

 - why don’t all lower class people act violently (their brains?)

 - propose “early warning tests” for the potentially violent

\* Effectiveness of surgery:

 - some individuals become more violent/incapacitated

 - when those with physical problems removed from sample,

 patients with behavioral problems show no improvement

 - Evidence of effectiveness not convincing

\* Future of psychosurgery uncertain:

 - Controversial

 - Legal/regulatory caution

 - Standards proposed (but vaguely defined)

\* Pathological theorists don’t give up/ remain imaginative:

 - Suggest implanting two-way transmitters into deviants’ brains

 - Total monitoring/control possibilities

 - Illustrates total control potential of positivist science

 - This possibility is not far from being recognizable

 - Who’s in control?

 **Assessment of the Pathological Perspective**:

\* Pathological perspective generally:

 - Promises much/delivers little

 - “Scientific” claims vs. methodological problems

 - Humanitarian intent vs. repressive practices

\* Advantages:

 - Emphasis on naturalistic causation introduces new complexities

 - Humanitarian intent

 - Optimism

 - Flexibility

 - Benefits of “sick role”

\* Disadvantages:

 - Limits role of human choice

 - Limits impact of socio-historical context

 - “Deviants” somehow more determined than others/made

 dependent

- False neutrality: moral decisions hidden by code words

 - Expert Control mystifies discourse/produces “tunnel vision”:

 (1) Possibly self-serving

 (2) Influenced by institutionalized thinking

 (3) Influenced by ad campaigns/drug industry

 - Individualizing social problems/avoids social influences (e.g. on

 homelessness)

 - Ignoring the power politics of deviance

 - The possibility of medical social control “for their own good”

 (e.g. lobotomies, drugs for anxiety/eating disorders)

 - Diverting questions about good and evil

\* In the end: the pathological perspective denies us a full vision of

 deviance & social control as practical, human struggle