

The Social Control of Deviance

Mills College – Soc112

Medicalization

The Seven Deadly Sins

Consider the seven deadly sins: pride, envy, gluttony, lust, anger, greed, and sloth. Each of these suggests a range of acceptable human behavior/attitude and implies that those who wander outside these ranges possess a character flaw, in a word, are BAD.

Pride is excessive belief in one's own abilities, that interferes with the individual's recognition of the grace of God. It has been called the sin from which all others arise.

Pride is also known as Vanity.

Envy is the desire for others' traits, status, abilities, or situation.

Gluttony is an inordinate desire to consume more than that which one requires.

Lust is an inordinate craving for the pleasures of the body.

Anger is manifested in the individual who spurns love and opts instead for fury. It is also known as Wrath.

Greed is the desire for material wealth or gain, ignoring the realm of the spiritual. It is also called Avarice or Covetousness.

Sloth is the avoidance of physical or spiritual work.

Lots of examples

A. Social anxiety, mood swings, impotence, concentration, shyness, body size, breast shape, homelessness, childlessness, childhood, aging, teeth, vision, childbirth, menopause, violence, spousal abuse, child abuse, pedophilia, male chauvinism Examples: alcoholism, drug addiction, violence as a genetic or brain disorder

Medical social control: psychosurgery, psychotropic meds, genetic engineering, antitubercular, methadone

A more or less innocuous example: Fertility.

What are some characteristics of "normal" fertility?

- Age (not too young, not too old).
- Marital status (think marked and unmarked : single mom, lesbian mother, but no married heterosexual mother)
- Time since marriage
- Number (not too many, not too few (i.e., zero)).
- How you get pregnant.

Across many cultures there is an expectation that married women should produce offspring. What sorts of reactions exist to violations of this norm?

- Gossip, reputation, feelings of emptiness (maybe biological, maybe cultural, maybe both)
- Many cultures have various fertility rituals to promote fertility.
- Henry VIII killed his unproductive wife. Others divorce.

In recent decades, though, the primary social response to infertility has been medical. Most of us would go along with this as a "good thing" insofar as it has

- Taken something from the realm of the irrational to that of the rational
- Reduced blaming the woman
- Produced real solutions in many cases

But, still, it is a medicalization of a problem insofar as the definitions of what is "normal" and the solutions that can be applied to those who are abnormal are medical in nature.

The point here is, right at the outset, to disabuse ourselves of the simplistic notion that medicalization is a bad thing per se.

Definition of “medicalization”

“process by which non-medical problem become defined and treated as medical problems, usually in terms of illnesses or disorders” (Conrad 1992, 209)

In general : “process and outcome of human problems entering the jurisdiction of medical profession” (210)

"process whereby more and more of everyday life has come under medical dominion, influence, and supervision" (Zola 1983 quoted by Conrad 1992, 210)

"defining behavior as a medical problem or illness and mandating or licensing the medical profession to provide some type of treatment for it" (Conrad 1975 quoted by Conrad 1992, 210)

"occurs when a medical frame or definition has been applied to understand or manage a problem" (Conrad 1992, 211)

The Case of Hyperkinesis

In a well-known article from 1975 Peter Conrad chronicled "the discovery" of hyperkinesis (now known as ADD or ADD/HD).

To literally make a long story short:

A. Clinical Factors

1. 1937 discovery that amphetamines calm problem children
2. 1947 hyperkinetic behaviors noted in post-encephalytic children
3. 1957 “hyperkinetic impulse disorder”
4. 1961 Ritalin approved by FDA
5. By 1975 it is the most common child psychiatric problem. New clinics established. Federal funding. Teachers are taught how to recognize symptoms. School systems become involved in treatment.

B. Social Factors

1. Pharmaceutical Revolution
 - a) Growth of synthetic drugs – molecules synthesized, looking for a market, developing markets and so on
 - b) Advertising to physicians and educators
2. Government Action
 - a) Concern over widespread use – no doubt somebody’s moral crusade – leads to HEW “investigation.” Who’s on it? Physicians and other professionals and they recommend restricting diagnosis and prescription to M.D.s.

Take Away

The analytical work here is to chart the history of how a way of thinking about something and a set of institutional arrangements for dealing with it have evolved. This "historicization" – revealing the history of something and showing that it was not always so – is a key strategy in the social sciences. Here, Conrad traced the process whereby “certain forms of behavior in children” became understood and reacted to as a medical problem.

Moral Entrepreneurs and Claims-Makers

Howard S. Becker introduced the term "moral entrepreneurs" and "moral crusaders" to describe activists who work to change how society categorizes and responds to a particular behavior.

These individuals (and, more commonly, organizations) mount public awareness campaigns, attempt to generate "social panics," and lobby for changes in the law.

The typical steps in the rhetoric of claims-making include establishing grounds – the basic facts which provide foundation for discussion, providing warrants – expressions of logic that justify drawing conclusions from grounds, and conclusions -- what you all should demand.

Establishing grounds is an important first step. The most common methods include

- Definitions and Domain Statements that tell us that something exists. "Do you _____ more than twice a week? Then you may have _____" (ADD, depression, PTSD)
- Orientation Statements – Including redefining problems as medical, say, or legal.
- Examples and anecdotes
- Estimating extent of problem, incidence, growth, social costs

Warrants are generic bits of logic that are provided to make it easy to take the grounds and run with them toward the desired conclusion. Among the most common are:

- Blameless victims
- Affiliated Evils
- Deficient Policies
- Historical Continuity
- Rights and Freedoms

Finally, the rhetoric of claims-making provides conclusions – calls for action – "what must be done" – and these are all the stronger because activists have also provided syllogism for how to reach these conclusions. Conclusions are often in the form of best expert plans as to how to intervene – symbolic steps that are called for at once.

Who were the moral entrepreneurs in the hyperkinesis case? Pharmaceutical companies, Association for Children with Learning Disabilities, parents, teacher organizations, schools of education, American Medical Association, American Psychological Association and so on.

- **IMPORTANT:** This is the action of an organization. Discussion and disagreement stops when the majority rule (or whatever decision making system they use) is in favor of

medicalization. By its size, it sets the agenda, affects how we think. It removes the issue from a simple “debate in the public forum of ideas.” Parents who disregard crusading physicians or educators are called “bad parents.”

II. Typologies of deviance and of social control

A. Consider our bell curve

How do members of a group or society characterize “boundary testers” (or boundary crossers)?

1. Evil god’s law, moral law
2. Selfishness, greed civic, social mindedness
3. Illegality Contrary to legitimate authority, law
4. Sickness Contrary to social definitions of health
5. Lifestyle Contrary to dominant group’s lifestyle

B. And now recall our styles of social control

1. Penal
2. Compensation
3. Prevention
4. Conciliatory
5. Reform
6. Therapeutic

C. As a DEPENDENT VARIABLE, social control can move – that is, over time a given behavior/situation can elicit different kinds of social control. As “deviance” a given act of boundary crossing can be re-categorized.

Medicalization IS about definitions.

Three Levels

Conceptual – How do we think about a behavior?

Institutional – How do we, societally, handle the behavior?

Interactional – How do we use medical frame for interacting with one another around the behavior?

Tone of Research

Mostly critical of “over-medicalization”

Classic studies document historical evolution including how medicine “discovered” the problem

Focus on actors involved lobbying for and against changes in definitions

Big emphasis on social constructedness.

Problems with dismissive social constructedness

Revealing cultural production of idea or practice does not falsify it

Lack of alternatives

Macro-Sociological Processes

Secularization – decline in religion

Faith in science, rationality, progress

Organizational power of medical profession

Corporatization of medicine (pharmaceuticals, device manufacturers, service providers, insurers)

Ideology of individualized solutions vs. structural fixes

Ideology of technical fixes vs. structural fixes

Progress, humanization

Notes for Discussion

What does etiological mean? De facto? Status quo? Hyperkinesis? Ispo facto (by the fact itself = by the nature of the case), deportment (15b2), narcolepsy (14b7), correlates (17b9), drapedomania (17b5)

II. Introduction

DEF. Discovery ≡ origin of the diagnosis and treatment for disorder and identification of children who exhibit the behavior.

III. The Medical Diagnosis of Hyperkinesis

A. Most of the symptoms are “deviant” behavior.

IV. The Discovery of Hyperkinesis

V. Discussion

- A. DJR: issue – another aspect of deployment patterns is what social entity you charge with controlling a particular behavior. Parents and etiquette, clergy and morals, educators, police, medicine, government regulators, private surveillance companies. Each has pros and cons with respect to (1) taking on a life of its own, and (2) how much control society maintains over the control mechanism.
- B. Professional turf battles. Professions are a little like organizations.
- C. Presumably the behavior always existed, but was called disruptive or misbehavior. Was handled by educators, families, etc.
- D. Treatment was available for a long time before the “discovery.”
- E. By late 50s we have BOTH diagnostic label and pharmaceutical product
- F. Doctors like it. Parents like it. Kids like it. Teachers like it. Even seems to do the kids some good.

VI. The Medicalization of Deviant Behavior

A. What’s behind medicalization?

- 1. Lots more research hinting at biological influences on behavior.
- 2. DJR: but note that we’ve always known that if you kill someone, he will stop being bad. Point is that biological detection and solutions may be overkill and may be uncontrollable themselves.
- 3. Correlations become etiological explanations
- 4. Treatments that work are assumed to be removing or attacking a cause

B. Humanitarian trend in responding to deviant behavior

- 1. We think that being sick is “better” than being bad. Not judgemental, not your fault, can be adjudicated outside the realm of an adversarial legal system. State doesn’t have to be involved. Can separate “real” crimes from mere “illnesses.”

C. But some issues...

1. The Problem of Expert Control

- a) Professions are organized monopolies of expertise that are generally self regulating. Given the right by the state to patrol themselves. Cf. earliest corporate charters and guilds.
- b) Moving a problem from deviance to sickness removes it from the realm of public discussion. In the public realm, norms can evolve, values can change. Once it

becomes medicalized, it is subject to a different set of evolutionary controls. If there is a funding source associated with it, there is a large incentive to maintain the problem and discover more and more of it.

2. Medical Social Control

- a) Through medicalization society is able to “reach into” persons in a way that the state alone could not. Cf. our comments about government reaching into the corporation.
- b) Plenty of evidence of this utilization of medicine in Soviet Union.

3. The Individualization of Social Problems

- a) Cf. Mills 1943. Ryan 1971. Individualization rules out structural solutions. We take away the possibility of behavior being a manifestation of a group saying “we’re not going to take it any more.”
 - (1) Uppity slaves. Unruly students. Outside agitators.
 - (2) Ignores possibility that behavior may be a response to a social situation. By rushing to quench any individual deviance we rob society of one of the important functions of deviance, acting as a warning signal.
 - (3) Consider also the phenomenal increase in the number of “medicalized” aspects of children that have been added to our educational system over the last 30 years and how much the quality has declined over the same period. By always being able to diagnose the individual, fundamental changes in the system are never considered.

4. The Depoliticization of Deviant Behavior

- a) Cf. children and violence. Something wrong with children or something wrong with the world they live in?

VII. Conclusion

- A. Issue: medicine and science as the *de facto* agent of the *status quo*
- B. This connects back to points made in the Coser article. The oversocialized concept of man criticism of 1950s era theories of social control was that too often deviant and rebellious behavior was explained as insufficient socialization when in fact it may have represented frictions in society, real conflicts between groups, classes, forms of organization and so on.
- C. Is it unfair to bring up things like drapetomania or Soviet uses of penal psychiatry? Not if we continue to think sociologically. Remember the lessons we learned in Stone – much of the “evil” done by corporations is done without evil individuals. This does not mean that organizations are evil, nor that capitalism and greed are evil. Rather, organizations allow decisions to be made and actions to be taken which would not be taken by “good” individuals. This was the point that Stone began with in his jury example.

What we are faced with here is a recognition that when ways of organizing knowledge (professions) get tied up with ways of socially controlling behavior, things can and do go awry.

Questions

- 1. What is Conrad’s definition of medicalization? (12a.4)
- 2. Examples of behaviors that have moved from “badness” to “sickness”? (12a.5)

3. In what sense does Conrad mean “discovery”? (12b.5)
4. What is hyperkinesis? (12b.9-13a.1))
5. Give a rough sense of the clinical chronology of the discovery of hyperkinesis. (13,14)
6. What are the social factors Conrad cites? (14b.5-15)
7. What is the irony around the fact that the H.E.W. committee recommended that only physicians be allowed to diagnose, treat, and prescribe for hyperkinesis?
8. What is the evidence that this “rule” is somebody’s rule? Used to be deviant. Drug was available before. It was coincidence of drug and diagnosis being available.
9. Who were some of the moral entrepreneurs here and what sorts of things did they do?
10. Do these advertisements remind you of any you’ve seen over last few years? Antacids, antihistamines, yeast infection medications, migraine medication. Why worry? These all seem like good advances.
11. Is medicalization of mental illness a new thing? No, but we move new behaviors into the category.
12. What is the logical sequence of medicalization described at 17b8ff? Science finds correlates of behavior. Findings become etiological explanations. Technology produces a tool that affects the behavior. We conclude that the thing attacked by the tool is the cause. We become convinced that it was a disease entity behind the behavior and that it is located in individual bodies. The behavior passes from legal jurisdiction to medical jurisdiction.
13. What is particularly worrisome to Conrad about moving a behavior under the jurisdiction of experts?
14. What does Conrad mean at 20a.8 “medicine becomes a *de facto* agent of the *status quo*”?
15. Compare this to comments we made at the start of our discussion of Stone about the properties that organizations had that make them of particular concern for social control. Their sheer size and potential impact in combination with their relative imperviousness to outside control.

Coming Out All Over

In his 1979 SSSP presidential address¹ sociologist John Kitsuse introduced a concept he called “tertiary deviance.” The term is a play on “secondary deviance” which is what happens when people who are labeled deviant commit further infractions (either because they internalize the label or because the label makes legitimate behavior impossible – as when an ex-con cannot get an honest job).

Kitsuse suggests that we might want to extend our ideas of deviance to include people in social groups that are in one way or another “outcast” based on racial, ethnic, and sex categories. When such the experience of such groups/categories is included in the social control and deviance realm, we can start including the political mobilization of “deviants” in the study of social control.

The technique typically involves a sort of reverse politics. Calling the labelers things like pig, sexist, prude, etc. If the former labeler persists s/he can become the deviant. The dynamic of such entrepreneurial efforts – not all of which succeed – is an interesting study in its own right. Some of the research questions one might pose include

¹ Kitsuse, John I. “Coming Out All Over: Deviants and the Politics of Social Problems,” 1979 Presidential Address, SSSP, *Social Problems* 28:1-13.

1. what are the historical cusps that groups can take advantage of to unite and engage in tertiary deviance?
2. When are these moves successful? When are they inconceivable?
3. Can they (these moments) threaten society? Are they the moral Achilles heel of any truly free society?
4. Is there a deconstructionist theme in all this? Aren't the first few questions above really the ones that Marx was trying to answer?

In Black's typology, the social movements of deviants can be seen as "reform" social control – social control that aims at changing the rules. **Tertiary deviance** is when a deviant group becoming conscious of themselves as a group¹ and attempting to take control of the stigma attached to them. The example from which the talk's title is derived is the formation of the homosexual "community" which began to say "yes, we are gay, but we are all over, and we deserve the same rights that everyone else deserves." Other examples of groups/categories that have engaged in such tertiary deviance include sex workers, transsexuals, poly-amorites, the deaf, HIV positives.

The concept of "coming out" and "fighting back" is a sociological conundrum. Such fighting back is putting into practice the ideas about cultural relativism that we've been teaching for the last generation or so, taking seriously the idea that "deviance is relative." But, also sociologically, we know that groups ARE defined by their boundaries and so it raises the question, "Where will it all end?" Should the pedophiles be able to organize against Megan's law? Are "drug dealers people too"? How far can adherence to a liberal democratic norm of tolerance lead a society? Is that the only irrevocable norm? Or is it too changeable? The best summary is provided by his closing lines:

What are the limits of cultural and social pluralism for the operational integration and symbolic coherence of liberal democratic societies? Is such an integration and coherence necessary, is it desirable, and is it, finally, possible to achieve? These are the larger issues that lend significance to the proliferation of deviant populations and their organized activities to claim legitimation.

Reading

- *Conrad, Peter. 1975. "The Discovery of Hyperkinesis: Notes on the Medicalization of Deviant Behavior." *Social Problems* 23,1 pp. 12-21.
- *Conrad and Schneider. 1980. "Medicine and Crime: the search for the born criminal and the medical control of criminality," pp. 215-240, "Medicine as an institution of social control: consequences for society," pp. 241-260, and "A theoretical statement on the medicalization of deviance," pp. 261-276 in *Deviance and Medicalization: From Badness to Sickness*.

¹ This may remind you of Marx's distinction between class "in itself" and class "for itself."