lecture 13N:

a. drug recap
b. suicide
(exercise)
b. disability

Howard Becker, 1963 Outsiders

- Learning to use Marijuana
  - identify appropriate internal states
  - associate those states with the drug use
  - define the states as pleasurable
    (disoriented, nauseous)
- Subculture
  - socialization
  - supply
  - neutralizes stigma
- Reefer Madness and moral panics
  - http://www.youtube.com/watch?v=54xWo7tTFbg

http://www.youtube.com/watch?v=54xWo7tTFbg
Speaking from the tongue of an egomaniacal simp who obviously would rather be an
emasculated, infantile complain-ee. This note should be pretty easy to understand. All the
warnings from the punk rock 101 courses over the years, since my first introduction to the,
shall we say, the ethics involved with independence and the embracement of your community
has proven to be very true. I haven’t felt the excitement of listening to as well as creating
music along with reading and writing for too many years now. I feel guilty beyond words about
these things. For example when we’d kick around and the lights go out and the manic roar of
the audience makes your heart race. It’s amazing. We’re so close to the love, the love and adoration
from the crowd, which is something I totally admire and envy. The fact is, I can’t feel you any one of you. I
can’t lie to you or you. The worst crime I can think of would be lying to you or pretending as if I’m having 100%
fun. Sometimes I feel as if I should have a punch-in time clock before I walk out on stage. I’ve
heard everything within my power to appreciate it (and I do. God believe me I do, but it’s not
enough). I appreciate the fact that we and we have affected and entertained a lot of people. I
must be one of those narcissists who only appreciate things when they’re gone. I’m too
sensitive. I need to be slightly numb in order to regain the enthusiasm I’ve had as a child.

On our last 3 tours, I’ve had a much better appreciation for all the people I’ve known
personally and as fans of our music, but I still can’t get over the frustration, the guilt and
empathy I have for everyone. Thank you all for your letters and concern during the past years. I’m too
much of an erratic, moody, baby! I don’t have the passion anymore, and so remember, it’s
better to burn out then to fade away. Peace, Love, Empathy. Kurt Cobain. This is my

**Who have you lost?**

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**SUICIDE**

- **Suicide:** deliberate destruction of one’s own life
  - **Euthanasia:** taking one’s life to end suffering from disease or injury
  - **“Indirect Suicide”**: long-term destruction

- **Prevalence:**
  - 38,364 in US (2010) or 12.4 per 100,000 population in MN (42nd); highest in NV, AZ, MT, NM
  - 800,000-1,200,000/year in World (WHO)
  - 3rd-leading cause of death (20-24) (was 2nd)

- **Individual correlates, then rates**
  - “ecological fallacy” and case for sociology
strong correlation of unemployment & suicide

statistics
- WHO data (male rate per 100,000)
  - >40s: Russia, Ukraine, Latvia, Hungary
  - 20-30s: Japan; Korea, Estonia, Slovakia, Switz.
  - <20: Sweden, Germany, US
  - <10: Mexico, much of South America
- Correlates:
  - Age (peak of 45-54 (85+ also high));
  - Males (4X in US),
  - Whites (14 v. 5 for Af-Am & Latino),
  - Unmarried, Protestant, Occupation (?),
- Method in US (2010): 51% firearms; 25% suffocation/hanging; 17% poison
- Attempts: at least 20X more attempts than completions.
  - Women, Youth, more likely
learning theory and suicide

- Do we learn definitions favorable and unfavorable to suicide?
  - How are suicide (attempts) reinforced?
  - Is there a sequence or process (“career”)?
    - Problems, self-directed responses, suicidal thoughts (ideations), behavior
  - Dr. Kevorkian, legitimation of physician-assisted

- Publicity and suicides (D. Phillips)
  - Possible imitative effects on suicide, single-car accidents, etc.

- Analysis of suicide notes (12-15%)  
  - Transforming the self?

from suicide notes

- And so I leave this world, where the heart must either break or turn to lead.
  -- Nicolas-Sebastien Chamfort, French writer, d. 1794
- The future is just old age and illness and pain... I must have peace and this is the only way.
  -- James Whale, film director, d. May 29, 1937
- I feel certain that I'm going mad again. I feel we can't go thru another of those terrible times. And I shan't recover this time. I begin to hear voices
  -- Virginia Woolf, author, d. March 28, 1941
- I must end it. There's no hope left. I'll be at peace. No one had anything to do with this. My decision totally.
  -- Freddie Prinze, comedian, d. January 29, 1977
- Frances and Courtney, I'll be at your altar. Please keep going Courtney, for Frances for her life will be so much happier without me. I LOVE YOU. I LOVE YOU.
  -- Kurt Cobain, musician, d. April 8, 1994

US Suicide Rates Ages 10 Years and Older, by Race / Ethnicity and Sex, 2002-2006

- American-Indian/Alaskan and Non-Hispanic White Men >24
- Non-Hispanic Black and Hispanic Women < 4 per 100k
- (Older white men and younger AI/Alk men)
Durkheim’s *Suicide*

- **Social Integration**: Rates vary with social interaction and regulation, group unity, and strength of ties.
- **Societies vary**
  - In integration: from egoistic to altruistic
  - In regulation: from anomic to fatalistic
- **Typology of suicides**
  - **Altruistic**: to benefit group (Kamikaze; Eskimo)
  - **Egoistic**: societies lacking close ties or relations
  - **Anomic**: normlessness with shock to social system
  - **Underregulation** (e.g., 1929 crash) or total freedom (lottery winner?)
  - **Fatalistic**: analog to anomic.
  - **Overregulation** (e.g., slaves; prisoners?)

### CDC suicide by state (NV, MN, DC)

- **Suicide Rate**
  - 2000–2006, United States
  - Age-adjusted Death Rates per 100,000 Population

![CDC Suicide Rate Map](image)
Week 13B.
Are physical disabilities deviant?

- **Deviance** as departure from norms that elicit disapproval or negative sanctions
- **Physical Disability** as loss of function accompanying a physical impairment
  - A condition rather than a behavior
  - Ascribed rather than achieved (typically)
  - A master status that overrides other characteristics
- **Social construction of disability**
  - Fluctuating definitions of blindness, deafness, mental retardation, obesity

Disability in Film:
http://www.youtube.com/watch?v=lICDd85yEFY
norms and reactions

- Appearance norms
  - Health, youth, beauty, independence
  - Historical and cross-national variation
- Statuses viewed as fixed invoke pity or fear
  - Blindness
  - Developmental disabilities
  - Physical Disability (Leviticus – no man that hath a blemish may approach the temple)
- Statuses viewed as changing invoke moralistic reactions
  - Obesity (height/weight - Met Life in 1940s)
  - Stuttering (?)
- Tattooing and piercing as deviant physical characteristics, but not disability
  - Now normative in younger cohorts

disability and the “sick role”

- The sick role exempts one from:
  - responsibility for one's own condition
  - normal role obligations and responsibilities
- Imposes new expectations to:
  - define the role as undesirable
  - facilitate own recovery
- A career sequence or process
  - Self-concept shaped in interaction, including professionals and subcultures/communities
  - Parallels Kubler-Ross 1969 on dying: denial, anger, bargaining, depression, acceptance and adjustment
  - Correlation with depression, stress

Review: Erving Goffman’s *Stigma and “ Spoiled Identity”* (1963)

- Social life as a stage, a drama
- Stigma as trait in relationship; an "undesired differentness" turning others away (3 types)
  1. Physical deformities ("abominations of the body")
  2. Blemishes of individual character (e.g., addiction)
  3. Tribal stigmas of race, nation, religion
- Two groups
  - The discredited – cannot hide or have revealed trait
    - Must manage tension in interaction
  - The discreditable – concealable traits
    - Must avoid the damage by concealing trait
- Impression management/information control – trying to control the reactions of others by manipulating what we reveal about ourselves
Goffman on stigma management

- Passing as manipulating visibility
  - disguise stigma
- Normalizing as “covering”
  - minimize stigma, but not hidden
- Coping-managing tension in interaction
  - sarcasm, avoidance, levity
- Dissociation as “retreating backstage”
  - avoid social contact, positive or negative
- Others - teamwork
  - to prevent leakage of discrediting information, to jointly manage impressions

Two Stigma Management Problems

  - Ethnography, interviews with 89
  - Management: leading double life (passing); strategic silence; selective disclosure
  - Participant-observation at shelter program
  - Management via Inclusion (friendships; passing; covering) and Exclusion (physical & sexual posturing)

ADA – Americans with Disabilities Act of 1990

- Physical or mental impairments define a “protected class” with civil rights protections
  - INCLUDES: speech, hearing, MD, MS, retardation, drug addiction, heart disease
  - EXCLUDES: gambling, kleptomania, current illegal drug use
- Employers must make “reasonable accommodation” to the disabled person’s condition
  - E.g., teaching a blind student at U of M
CDC and construction of obesity

- **Norms and Definitions (CDC-medical)**

  **Obesity**: a very high amount of body fat in relation to lean body mass, or Body Mass Index (BMI) of 30 or higher

  **BMI** = \[
  \frac{\text{Weight in Pounds}}{((\text{Height in inches}) \times (\text{Height in inches})) \times 703}
  \]

- **Labels**:
  - Underweight if < 18.5
  - Normal if 18.5 – 24.9
  - Overweight if 25 – 29.9
  - Obese if 30 +

- **Uggen at 26.3 (5'10" 183)**

**Obesity Trends** Among U.S. Adults

(FBM µ3, or about 38 lbs, overweight for 5'4" person)
Degher & Hughes 1991, The “Fat” Identity

- Social construction at individual level
  - Obesity as setting to study identity change
- Method?
  - 2 qualitative approaches – field + interviews
  - Who participated?
- Theory: Social-Psychological Model of Identity Change
  - External public dimension (soc)
  - Internal cognitive dimension (psych)

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**model of identity change**

- Status cues can be active (namecalling) or passive
  - Recognizing that current status is problematic
  - Placing self in a more appropriate status (big range)
- New status – internalization of new self-concept (fat)
- Isn’t the status self-evident, or obvious?
- What other deviant identities might follow this process? Alcoholic?

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Martin: organization & stigma management (2000)

- How did Martin prepare for participant observation and interviews?
- Goffman and “Organizational Framing”
- Overeaters Anonymous: 12-step program
  - Redemption frame: spiritual solution to “disease”
  - Shame avowal (acknowledge it)
- Weight Watchers: corporation
  - Rationality frame: education and science
  - Shame management (contain it)
- National Association to Advance Fat Acceptance – “size rights movement”
  - Activism frame: challenge beauty norms
  - Fat bodies as shameless (challenge it)
Next

- Stigma and Mental Illness
- [supplemental slides]