

# lecture 14N:

- a. Bodies and Identity
- b. Deviant Careers in Mental Illness
- c. Sociology's Central Concept

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eating disorders (Hudson et al. 2007, *Prevalence and Correlates of Eating Disorders*)

- Varieties and Prevalence: (Hope et al. 2007)
  - Anorexia Nervosa – purposeful starvation, high mortality (6% per decade) [.9%F; .3%M]
  - Bulimia – binge eating followed by vomiting or laxative abuse [1.5%F; .5%M]
  - Binge Eating Disorder – uncontrolled episodic consumption without compensatory activities [3.5%F; 2%M]
  - College surveys much higher (15%+), recent cohorts
- Correlates: young, white, women
  - Why the close link to gender, age, and cohort?
  - Adolescent onset
  - Why is risk of bulimia and binge eating disorder increasing with successive birth cohorts?
- Causes: genetic, neurochemical, family/psychodevelopmental, and sociocultural

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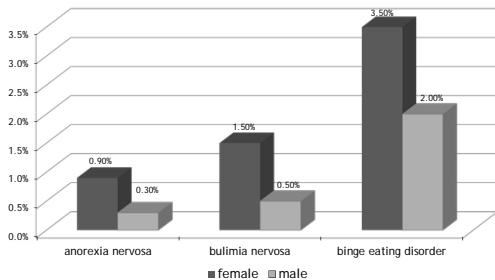
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Lifetime Prevalence in National face-to-face survey N=9282 (Hudson et al, 2007)



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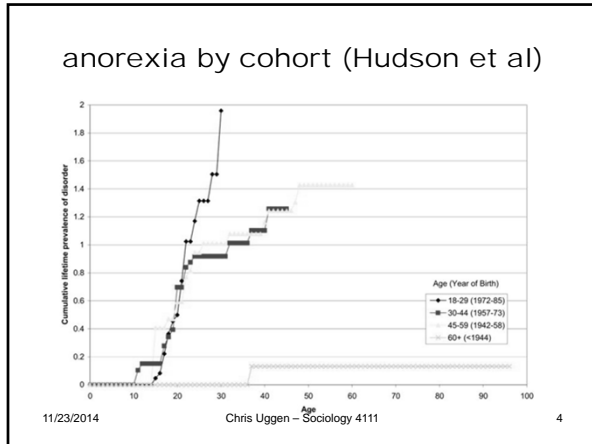
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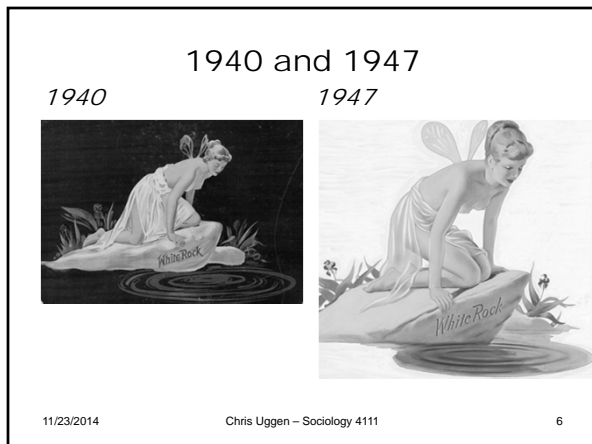
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1970s, 2002, and 1894 (Lapini)

1970s      2002

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"white rock girl" Psyche 1894-2000

	5' 4"	5' 6"	5' 8"
HEIGHT	5' 4"	5' 6"	5' 8"
NECK	12.5"	12.5"	12"
BUST	37"	35"	35"
WAIST	27"	25"	24"
HIPS	38"	35"	34"
THIGH	22.5"	20.5"	19.5"
KNEE	15"	14"	13"
CALF	13.2"	13"	12"
ANKLE	7.4"	8"	7.5"
WEIGHT	140 lbs.	125 lbs.	118 lbs.

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but... male body ideal shifting too

- Men's "Health"

BATMAN 70" tall

26.8" bicep

57.2" chest

30.3" waist

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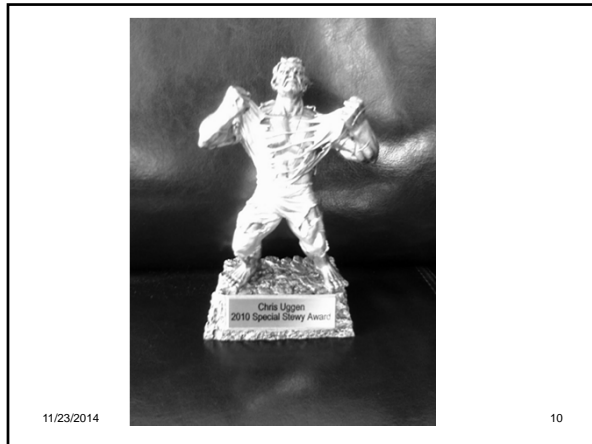
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McLorg & Taub (1987) anorexia and bulimia

- Data- self-help group (n=30; meeting 2 years)
- Learning - individual and cultural
  - parents emphasized nutrition and exercise
  - appearance norms/visual objectification of women
- Career Sequence and self-labeling
  - CONFORMITY/POSITIVE DEVIANCE: eat less, exercise
  - PRIMARY DEVIANCE: "obvious solutions" to weight problem; coping mechanism for other problems
  - SECONDARY DEVIANCE: norm violation in response to anorexic or bulimic label
    - Limit activities to eating/exercising
    - Bulimics "discreditable"; anorexics "discredited"
    - Deviant "master status" (Hughes) and other traits
- Changes since 1987? Desistance?

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*lecture 14B:*

*Mental Illness*

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**Mental Illness/Disorders**

- Medical: alterations in thinking, mood, or behavior associated with distress or impaired functioning
- Sociological: violating unspecified "residual norms;" starting as residual rule-breaking (Scheff)
- APA's DSM-IV (1994 - DSM-V 1999-2013) 300 disorders - broad classes
  - Schizophrenia - distorted perceptions and beliefs (dropped subtypes in DSM-V)
  - Mood disorders - depression, bipolar, dysthemia (grief in DSM-V)
  - Personality disorders - e.g., antisocial, obsessive-compulsive (dimensional, not categorical in DSM-V)
  - Substance-related disorders ("Addiction" in DSM-V)
  - Sexual and gender disorders - e.g., paraphilias, low sex drive (hypersexual; gender dysphoria (not disorder) split off from sexual disorders in DSM-V)
  - Disorders diagnosed before adulthood - e.g., mental retardation (intellectual disability in DSM-V; autism)

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**Lifetime Prevalence (Kessler et al. 2005) [national face-to-face survey]**

- Anxiety Disorders: 28.8%
  - E.g., panic, agoraphobia, social phobia, PTSD, OCD, GAD, separation
- Mood Disorders: 20.8%
  - Major depression, dysthemia, bipolar
- Impulse Control disorders: 24.8%
  - Conduct, ADHD, Oppositional-defiant
- Substance Use Disorders: 14.6%
  - Alcohol & drug, abuse v. dependence
- Any disorder: 46.4% (about half)
  - Half start by 14, 3/4 by 24

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**Correlates (Rand 1997), selection, and labeling**

- Marital Status (clear)
  - Married have lower rates on most disorders (esp. v. divorced or separated) [selection/causation]
- Class (clear)
  - Low SES tied to higher rates on schizophrenia, cognitive impairment, panic disorder
- Age (clear)
  - Younger: schizophrenia, panic, depression
  - Older: cognitive impairment
- Gender (partly cloudy, but patterned)
  - Women: panic and depression (and help-seeking)
  - Equal: bipolar, schizophrenia, cognitive impairment
- Race/Ethnicity (cloudy - caution here)
  - Whites often higher, few differences in depression, bipolar
  - African Americans: schizophrenia, cognitive impairment
  - Latino: less panic disorder

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Obstacles to Exiting Emotional Disorder Identities (Jenna Howard 2008)

- Snowball sample of “delabelers”
  - 31 women, 9 men; anxiety, eating, substance, mood disorders
  - Label “outserved its usefulness” but still an “identity void”
  - Loss of group solidarity – deserter complex and reverse stigmatization (in denial), cultural pressure to medicalize
- Recovery from recovery through bridging social capital, financial capital

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David Rosenhan's *On Being Sane in Insane Places* (1973)

- 8 “sane” people get admitted to 12 mental hospitals
  - Complained of voices (e.g., saying “thud”)
  - 7 got schizophrenia diagnosis, 1 manic-depressive
- Hospitalized average of 19 days, released “in remission”
  - Took notes, described conditions
  - Other patients quickly discovered
  - Released after taking meds, admitting
- Controversial classic
  - Evidence for labeling theory? [contexts]
  - Or biased by bad methodology?
  - Follow-up “non-existent imposter” 41 imposters, 42 suspects of 193 admitted
- Deinstitutionalization – different today

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Deinstitutionalization: one of several waves of reform (NIMH)

Reform movement	Era	Setting	Focus of Reform
Moral Treatment	1800-1850	Asylum	Humane, restorative treatment
Mental Hygiene	1890-1920	Mental hospital or clinic	Prevention, scientific orientation
Community Mental Health	1955-1970	Community mental health center	Deinstitutionalization, social integration
Community Support	1975-present	Community support	A social welfare problem (like housing)

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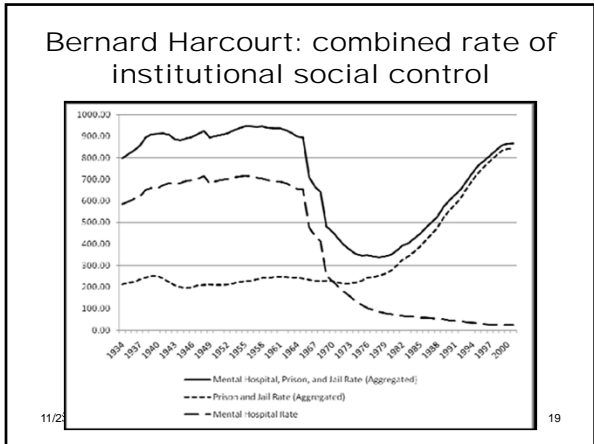
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Current issues

- Contrast stigma with physical illness
  - Violence?
  - Discrimination
- Labeling and constructionist versus psychiatric accounts
- Systems of social control and deinstitutionalization
  - homelessness
  - Incarceration (Harcourt)
  - "Parity" laws
- Medicalization of "rule-breaking"

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Schnittker, Massoglia, Uggen (2012)  
Incarceration and Psychiatric Disorders

- Big correlation between psychiatric disorders and incarceration, but is there a *causal* relationship?
  - How strong is it?
  - For what sorts of psychiatric disorders?

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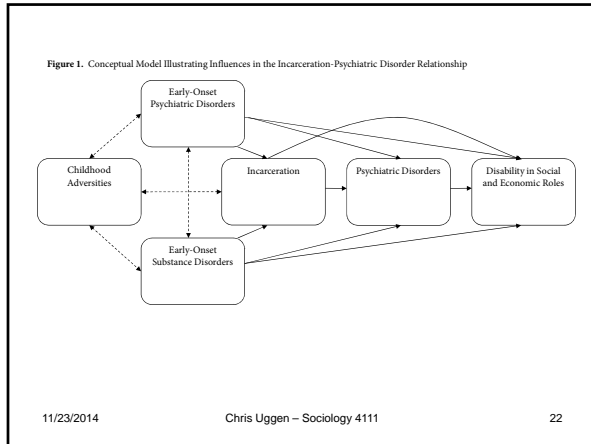
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**Table 1. Lifetime and 12-Month Prevalence of Psychiatric Disorders Among Those With and Without a History of Incarceration: NCS-R (N = 5,692)**

	Lifetime Prevalence		12-Month Prevalence	
	No Incarc.	Incarc.	No Incarc.	Incarc.
<i>Anxiety Disorders</i>				
Panic Disorder	4.4	7.4*	2.5	4.5*
Agoraphobia	2.3	3.4	1.2	2.7*
Specific Phobia	12.2	16.0*	8.4	11.7*
Social Phobia	11.3	18.6*	6.2	11.5*
Generalized Anxiety Disorder	7.6	9.3	3.9	5.3
Post-Traumatic Stress Disorder	6.3	10.8*	3.2	6.3*
Adult Separation Anxiety	5.7	13.2*	1.6	4.0*
<i>Mood Disorders</i>				
Major Depressive Disorder	16.1	19.8*	6.4	9.2*
Dysthymia	3.8	5.9*	2.0	4.1*
Bipolar Disorder	3.8	8.5*	2.5	5.8*
<i>Impulse Control Disorders</i>				
Oppositional Defiant Disorder	4.5	13.7*	.4	2.4*
Conduct Disorder	3.4	18.3*	.3	2.2*
Attention Deficit Disorder	3.5	10.8*	1.7	5.9*
Intermittent Explosive Disorder	6.7	15.7*	3.4	10.3*
<i>Substance Disorders</i>				
Alcohol Abuse	8.4	47.0*	1.9	10.0*
Alcohol Dependence	3.1	21.3*	.8	5.2*
Drug Abuse	4.9	29.2*	.8	4.8*
Drug Dependence	1.7	12.9*	.3	1.5*

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*Lecture 14(B)*

*Sociology's Central Concept?*

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Sociology's Central Concept?

- Writing on deviance thrives, but no longer *labeling*, as deviance
  - Authors *avoid* "deviance" in title (cite impact)
- But *concepts* of deviance, norms, and rule violation are core to sociology.
  - Statistical, absolutist, reactivist, normative def.s
    - Deviance is departure from norms that draw social disapproval and elicit, or are likely to elicit if detected, negative sanctions.
  - What question is more basic for sociology?
    - Sociology as the study of human social behavior -- the origins, organization, institutions, and development of human society
- We know a society by its working definition of deviance and conformity

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Adlers & Goode

- Soc of deviance obituary (1994, Sumner)
  - Clinard text since 1953; Glory days of 1960s; 1980s publication peak; still popular but *relabelled*
  - new categories & targets (e.g., cutters)
  - "morality" and normative expectations
  - political contestation (e.g., marriage); deviance and control "battle story" (Pfohl)
- Necessity and functions of "deviance"
  - "Without deviation from the norm, progress is impossible" (Zappa)

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**Two Logics of Course**

1. Durkheim's "sociological realism" and social facts
  - learn the "social facts" (e.g., charts) but also critique them
2. Social constructionism
  - Focus on labels and power in rule-making
    - "The deviant is one to who that label has been successfully applied; deviance is behavior that people so label" (Howard Becker)
  - Rule creators and rule enforcers as well as "deviants" (Adler & Adler text; Best)
  - Emphasis on deviant careers

• So, learn both social facts and big ideas about them

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**Course Organization**

1. Basic Concepts – Deviance, Control, Careers, Subcultures
2. Theories
  - Overlap, but distinct from criminology
3. Method
4. Case Studies
  - Violence, other crime, organizational and occupational, substance use, sexuality, suicide, disability, and mental illness

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**second-half outline**

- Outline on handout
- Exam format
  - % MC
  - % IDs
  - % Essays
- Office Hours
  - Chris:
  - TA:
- FINAL: Next week, right here

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childhood prevalence (9-17)  
(US Surgeon General)

Disorder	Prevalence (%)
Anxiety disorders	13.0%
Mood disorders	6.2%
Disruptive disorders	10.3%
Substance use disorders	2.0%
<i>Any disorder</i>	<i>20.9%</i>

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