

**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.