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 crosscultural studies/patriarchy)

Hyperkinesis:

- * Considered #1 childhood syndrome, despite being social deviance
- * What was once "bad" is now "sick"
- * Once diagnosed, drug treatment soon follows (Ritalen)
- * 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 Ritalen/ 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 advertizing 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