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## chapter

# Deviance and Politics

*"Who can, in fact, force others to accept their rules and what are the causes of their success? This is of course, a question of political and economic power."*

Howard S. Becker  
Outsiders (1968)

### THE NEW POLITICS

Despite a surface fascination with political celebrities and intrigues, Americans have until recently shown little instinct for politics in the deepest sense of the word. Our tradition of individualism has frequently caused us to overlook the institutional sources of social problems and has likewise inhibited us from recognizing collective interests and organizing to promote change. Our inveterate optimism has bred political inertia and a complacent unawareness of the power configurations and manipulations that necessarily and continuously shape our lives. The oft-noted failure of a socialist or other working-class political movement ever to attain real power in the United States is but one illustration of this broadly apolitical tradition. For most Americans politics has been an episodic (election-time) concern, involving only the two major parties and an assortment of successful and unsuccessful candidates, elected and appointed officials. Furthermore, the dominant view of political figures and activities has been a mildly jaundiced one; we have tended to see politics as a somewhat corrupt game rather than as a locus of deep moral commitment.

Today these outlooks are in a state of flux. Over the past few decades, substantively diverse social movements have helped to promote a broadened and more positive political perspective. Especially influential in this regard have been the civil rights and antiwar movements, the contemporary women's movement, and the movements for environmental and consumer protection. Collective efforts to change attitudes, behaviors, and politics in these several spheres have, of course, met with varying degrees of success. But the overall impact has been to produce an expanded definition of basic human rights, to strengthen the demand for public accountability, and to encourage yet other attempts at promoting desired social change through organization and collective action. These movements, furthermore, have not been restricted to or necessarily aligned with either of the major political parties. They have transcended specific election campaigns. And they have rested on, and reinforced, deeply felt moral convictions. As a result, many Americans have come to view political activity in a more favorable light and to realize that politics is a continuous and virtually omnipresent process.

Our ways of talking and thinking about the substantive content of political life have changed accordingly. We are not startled, nowadays, by references to the politics of welfare reform, the politics of health-care delivery, or even sexual politics. Before long, the central theme of this book—the politics of deviance—may similarly become a “cultural commonplace.” If that does happen, it will partly reflect developing academic outlooks on deviance and politics, but more directly it will be because of significant public situations and activities that link the two domains. As Horowitz and Liebowitz (1968) recognized, the changing relationship between political dissidence and personal “deviance” has involved at least two developments. On the one hand, persons who see themselves as furthering political goals have increasingly felt it necessary to engage in widely disapproved rule-violating acts, ranging from civil disobedience and passive resistance to self-immolation and armed violence. On the

other hand, persons whose behaviors or conditions traditionally led to their being treated as deviant have, in recent years, been drawn to organizing politically to advance their collective interests. The best-known example of this trend probably is the gay liberation movement, but recent efforts to organize prisoners and prostitutes, to change drug laws, and to legalize abortion also illustrate this general pattern. Both broad trends may reflect a widening and intensification of overall political consciousness, as a result of which people may be coming to realize that the very process of deviance-defining is political in nature. Such controversial assertions as, “All prisoners are political prisoners,” indicate—in somewhat extreme form—the conclusions to which such an outlook may lead.

### REINTERPRETING DEVIANCE

Even if one is not prepared to go that far, there is good reason to stress the political aspects of deviance situations. Sociologists do not all agree on a precise definition of the term *deviance*. The most influential perspectives that have emerged recently in the sociology of deviance, however, inevitably lead the analyst to consider deviance a political phenomenon—in the broadest sense of the term. These perspectives have altered the course of deviance studies in at least two important ways. One major change has been in the general focal points for research and analysis; the other has involved the substantive scope of the field. Traditionally, sociologists were preoccupied with deviating behavior and individual deviators. They studied deviance largely in terms of “causation,” which they often sought to explain by comparing the supposed deviants and “nondeviants.” (This approach presents a great many difficulties, methodological as well as theoretical. Although its major limitations will be apparent as we proceed, no detailed consideration of such shortcomings is possible in this brief essay.) More recently, at-

tention has shifted away from the individual deviator and toward the processes of defining and reacting to deviance.

Interest in why some individuals and not others deviate has not completely disappeared. But many investigators are now convinced that the more sociologically interesting questions concern the definitional and social-reaction processes themselves. How does a type of behavior or condition come to be viewed and treated as "deviant" in the first place? What factors influence the identification of, and reaction to, individual "offenders"? How do these reaction processes actually work? What functions do they serve, for the specific reactors or for society at large? What are the social consequences, for the individuals reacted to in this way, of being treated as "deviant"? Distinctive patterns and processes of definition and reaction are now widely recognized to be the core features exhibited in common by all deviance situations.

It is not easy to specify the "content" of this kind of reaction—which, as we shall see, is better thought of as appearing or being imposed in degree, rather than as being an all-or-nothing, present-or-absent matter. Deviance situations seem to arise when (and to the extent that) people who are in a position to impose their judgments find other people's behavior in one way or another "unsettling" (Suchar 1978, p. 1). The specifics of such reactions and the grounds for them may vary considerably—sometimes incorporating strong moral outrage, at other times reflecting merely feelings of distaste or even pity. Common to all these situations, however, is a process of social typing through which those who, for whatever reason, feel threatened seek to avoid the persons and negate the conditions they find objectionable. To the extent it succeeds, this process depersonalizes the offending individuals—who are treated as mere instances of a discreditable category, rather than as full human beings—thus imposing personal stigma and providing a basis for collective discrimination against them. There is no one generally agreed-upon sociological concept used to describe

these processes. For want of a better term, we can say that in such situations certain types of behavior and conditions, as well as particular individuals, are—in varying degrees—*deviantized* (Schur 1979).

Once we see that the key to understanding deviance lies not in specific kinds of acts and individuals but rather in this deviantizing process, then the stage is set for reconsidering as well the range of specific substantive problems in which the deviance sociologist should have an interest. Traditional deviance analysis tended to focus on specific rule-violating acts for which individuals were commonly held morally blameworthy and personally responsible. Thus, study of such behaviors as crime and delinquency, suicide, and drug addiction formed the basis for most theorizing about deviance. Given the recently emphasized focus on definitions and reactions, these standard "forms of deviance" are themselves being interpreted in new ways. But in addition sociologists increasingly point to important elements of similarity between these standard deviance situations and others in which moral blameworthiness is less readily or fully assigned—such as those involving mental illness, mental retardation physical handicaps, deviating conditions or lifestyles (e.g., homosexuality, nudism, and bohemianism), and deviating political or religious beliefs and practices. All of these situations seem to display—in varying ways and degrees—the same basic deviantizing process. Indeed, as we shall see further, strong analogies can also be drawn to the treatment in our society of racial and ethnic minorities and women. Although the substantive detail varies, a common process of stigmatization (employing similar elements of stereotyping, depersonalization, and the like) is present in all of these situations. And by the same token, as already noted, the stigmatized in all of these different categories are likely to organize to counter such stigma—in much the same way and with recourse to many of the same techniques.

These substantive extensions and analogies help us to ap-

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preciate more readily the broadly political nature of deviance situations. Politics, according to the classic formulation of Harold Lasswell (1936), has to do with, Who gets what, when, how? Deviance defining represents one key arena within which such distributional outcomes emerge and undergo change. On its face, the Lasswell dictum would seem to point primarily to the allocation and control of economic and (conventionally conceived) political resources. Yet power, the basic stuff of politics, has many aspects and dimensions. At both the individual and collective levels, all of the deviance situations noted above center around the distribution of a certain kind of social power. Although economic, legal, and direct political power may sometimes be involved, what is most essentially at stake in such situations is the power or resource of moral standing or acceptability. Other appropriate terms for this would include propriety, respectability (Douglas 1970), and rectitude (Lasswell and Kaplan 1950, pp. 87-89). Individuals on the receiving end of the deviantizing process face as a result the prospect of a significant lessening of moral standing, and often they vividly experience it. Thus sociologists note that people defined as deviant—be they larcenists, drug addicts, “radicals,” nudists, or even persons with mental or physical disabilities—all suffer from a “spoiled identity” (Goffman 1963) and must make various efforts to avoid or counteract the social and psychological impact of this stigma (Schur 1979, chap. 5).

By the same token, of course, placing some persons in these disvalued categories necessarily implies valued status for others, the so-called conformists. It is their rules that are applied, their standards that are legitimated, their “respectability” and power that are sustained and reinforced. We can see, then, that the power at stake in deviance-defining directly affects specific individuals and somewhat less directly affects the relative standing of various groups or segments within a society. As a mode of social subordination—one writer has recently used the term *inferiorization* (Adam 1978)—deviantizing is, in

effect, a key element in a society's stratification order. At both individual and collective levels, it is a process of putting down those who in some way or other offend. In a sense all those who have been designated deviant comprise, by virtue of such treatment, some kind of have-not class. Since this would include an enormously heterogeneous collection of supposed nonrespectables, however, we should not expect it to act like a class in the “conflict group” sense (Dahrendorf 1959, chap. 6). Indeed, as we shall see, it is not likely that even the subclasses within this broad category (e.g., homosexuals, prisoners, mental patients) will always exhibit the social cohesiveness and consciousness of collective interests that are necessary for concerted and effective political action.

In part, the situation reflects the complicated intersection of this type of moral stratification with other dimensions of the stratification order (economic class, racial and ethnic divisions, and so on), some aspects of which we will be considering below. Describing the social order in terms of the distribution of an element he termed “social honor,” Max Weber pointed out that “the social and the economic order are not identical. The economic order is for us merely the way in which economic goods and services are distributed and used. The social order is of course conditioned by the economic order to a high degree, and in its turn, reacts upon it” (Gerth and Mills 1958, p. 181). This comment suggests too an important complexity in the implications and uses of power that will concern us greatly throughout this book. Power, of any sort, is more like a process than an object. From that standpoint, it tends to operate as both cause and effect. Deviance outcomes (individual or collective) thus both reflect and determine configurations of power. Indeed, in a sense, it is only by observing their success—which we then attribute to the exercise of preexisting power—that we can determine who the powerful really are. At the same time, however, such success often does help us to predict future outcomes as well. Thus, if the economic and political power of large corpor-

ations enables them to influence legislation and administrative policy in a way that protects their interests and insulates them from stigma, it is evident that this achievement confers power as well as reflecting it. Similarly, to cite a different kind of example, if preexisting wealth or professional attainments enable a suddenly handicapped person to maintain relatively favorable self-conceptions despite disvaluation by the nonhandicapped, such success will itself sustain and strengthen his or her resources for coping with future situations.

Much recent deviance sociology has emphasized the other side of this process—documenting, for substantively diverse areas of disvaluation, many of the ways in which powerlessness and vulnerability to stigma can snowball. Despite such self-propelling tendencies in the development and uses of power, however, it would be a serious error to think that every deviance outcome could be considered a foregone conclusion. As we have seen, there are always at least two sides in a deviance situation—that of the reactors and that of those reacted against. Indeed, one of the best ways of thinking about the entire area of deviance is in terms of what might be called *stigma contests*. In these continuing struggles over competing social definitions, it is relative rather than absolute power that counts most. The power of either side may be subject to change, not only through external causes but to an extent by conscious effort. When people engage in organized political activity on deviance issues they are, in fact, intentionally attempting to influence what might otherwise seem an irreversible course of events. They are trying to ensure that a particular balance of power will tip in their favor.

*labeling, re-labeling & de-labeling of laws & fines are class 3:5 gender open*

### Deviance as a Construct

Before turning more directly to the politicality of deviance, it may be useful to indicate a bit further certain key themes in contemporary deviance analysis that generate a political focus.

As we have seen, recent studies emphasize the processes of social definition and reaction out of which deviance situations arise. The already-classic statement by Becker laid the groundwork for recognizing that deviance in fact is "produced" or "constructed" through such processes:

... social groups create deviance by making the rules whose infraction constitutes deviance, and by applying these rules to particular people and labeling them as outsiders. From this point of view, deviance is not a quality of the act the person commits, but rather a consequence of the application by others of rules and sanctions to an "offender." The deviant is one to whom that label has successfully been applied; deviant behavior is behavior that people so label. [Becker 1963, p. 9]

Deviance, then, is not some kind of objective and immutable entity to which people respond subjectively and *about* which public policies sometimes are instituted. On the contrary, it is *through* social definitions, responses, and policies that particular behaviors, conditions, and individuals acquire their "deviancy" (Schur 1979). The importance of this definitional aspect of deviance should be apparent from the fact that deviance defining shows considerable variability—for example, from culture to culture (see Edgerton 1976), and within any one culture, variability over time. Thus in our own society we are familiar with a good many instances of change in the deviancy attaching to particular behaviors and conditions. For example, recently such behaviors as cigarette smoking and acting like a "white racist" have increased in overall social objectionableness and are more and more likely to be grounds for stigmatizing reactions. On the other hand, marihuana use, premarital intercourse, and being a divorcee, are not as likely as before to be widely and heavily stigmatized.

These examples point up the fact, furthermore, that deviancy usually is not an either-or phenomenon but is instead a matter of degree. There is, to be sure, a considerable amount of public consensus regarding the seriousness of certain major

criminal offenses (Peter Rossi et al., 1974; Newman 1976). Nonetheless there are wide ranges of sometimes-problematic behaviors with respect to which responses are simply not so clear, uniform, or stable that we can sensibly describe them as being either deviant or not deviant. Instead, they are subject to highly varying characterizations (not only over time but at any one time, depending on the context and who does the characterizing). A few additional examples will highlight the fact that, quite apart from broad cultural and temporal variability, the very same behavior or condition may—at any time—be subject to multiple characterizations. Thus, the same ingestion of chemicals may be viewed and reacted to as drug use or drug abuse. A single pattern of sexual behavior may cause a person to be labeled as sexually active or, alternatively, promiscuous. An offending or upsetting action or incident can provide the basis for such diverse interpretations as eccentricity, instability, and mental illness. Some people might argue that severity of response (i.e., degrees of deviancy read into the situation) tends to correspond to degree of objectionableness or upsettingness. Yet even if we could agree on a way of measuring the latter, such correspondence would not have to occur.

More crucial still, claims that it does occur can never really be proved or disproved because the feelings or beliefs that give rise to deviantizing—"objectionableness," "upsettingness," and the like—are precisely that, feelings or beliefs rather than objective conditions or facts. What one person finds objectionable another does not, and there is no way for a scientific "referee" to establish the correctness of either response. The distinction between behaviors and conditions, on the one hand, and the social characterization of these behaviors and conditions, on the other, is then central to the recent perspectives on deviance. In many respects, "what is made of an act socially" (Schur 1971, p. 16; see also Freidson 1965) is the most important and interesting ingredient of any deviance situation. This realization lies behind the declining interest in studying individual deviators with an eye to

uncovering "causal factors" and the corresponding wish to study instead, or at least as well, the processes through which such behaviors and individuals are defined and reacted to as deviant.

As Erikson has properly emphasized, "Sociologically . . . the critical variable is the social audience . . . since it is the audience which eventually decides whether or not any given action or actions will become a visible case of deviance" (Erikson 1962, p. 308). Whether we are primarily focusing on the selection and treatment of individual "offenders," or on the broader social processes through which collective deviance definitions arise and change, we clearly need to transcend simplistic types-of-deviance and types-of-deviants theories. At all levels and in all cases, it is not just what the so-called deviant did but also what other people do that must be examined. We must recognize that—to modify the aphorism about the tango—it takes two to deviance! This is why the recent perspectives on deviance are often termed interactionist (Rubington and Weinberg 1978; Goode 1978); deviance situations develop through an *interaction* between the supposed deviators, on the one hand, and those who seek to impose deviantizing conceptions and processes on the other. The notion of developing situations is itself very important, for it underlines the point that deviance does not so much inhere in any given set of circumstances as it emerges (F. Davis 1963, pp. 10–11) or is actualized (Suchar 1978) through this not fully predictable interaction process. The aforementioned concept of *deviance outcomes* may help us to keep this emergent quality in mind. Just as the prevailing "outcome" at any one stage, (e.g., fate of a perceived deviator, implementation of a deviance policy) has developed out of, and been shaped by, what went before, so too is such an outcome usually tentative, subject to change, likely in turn to evolve into yet another set of circumstances. Since deviance situations are best thought of in terms of such evolving and shifting outcomes, what the outcome will be in any given instance becomes highly problematic. It is because deviance definitions, reactions, and policies are

in large degree problematic that broadly political forces come into play.

As noted above, the leeway in these situations for using individual or collective resources in seeking desired goals suggests that any deviance outcome is likely to have evolved out of past power struggles. Similarly, many deviance outcomes reflect ongoing power struggles or will give rise to future ones. In these stigma contests, we see clearly the central role of social conflict in shaping deviance situations. Indeed, one observer has gone so far as to assert: "Deviance is the name of the conflict game in which individuals or loosely organized small groups with little power are strongly feared by a well-organized, sizable minority or majority who have a large amount of power" (Lofland 1969, p. 14). This statement refers primarily to collective struggles over deviance definitions, but as several of the examples cited earlier indicate, power differentials are also very important in affecting what happens to specific individuals who may be subject to stigma. Indeed, it is precisely because any one such individual usually holds relatively little power to withstand strong deviantizing pressures that collective organization to influence deviance-defining comes about.

### The Deviantizing Process

A great deal of recent research and theorizing on deviance has documented this typical vulnerability of the individual perceived deviator. The reference to the "perceived" deviator is important because a person can be reacted to, even "processed" as deviant, regardless of whether he or she actually committed the objectionable act. Here, as in the collective perception of threat, it is the perception that counts. At an extreme, deviance processing can even go beyond "false accusation" of particular individuals for acts that did occur and involve processing for totally imaginary "violations." Witchcraft trials and Stalinist purges have been cited to illustrate this point (Currie 1968; Connor 1972). As

the reference earlier to the often-snowballing nature of powerlessness suggests, sociologists have shown that once set in motion the deviantizing process develops a momentum of its own. Through self-fulfilling, self-reinforcing, and self-propelling processes, a powerful tendency toward deviance amplification (Schur 1979, chap. 4) comes into being. Stigma successfully imposed lowers the individual's confidence and self-esteem, restricts his or her opportunities, sets the stage for "engulfment" (Schur 1971, pp. 69-81) in the stigmatized role, and generates the likelihood of further, and intensified, stigmatization.

That is so in part because stigmatized statuses and identities tend to carry a "master status" quality (Becker 1963, pp. 33-34). When an individual is assigned a deviant status this identification (including the myriad stereotypes about "that kind of person" that usually are associated with it) deeply governs other people's perceptions of the perceived offender. As Becker notes, the deviant status tends to "override all other statuses." The offending individual is no longer just another person. Rather, he or she is now a thief, an addict, a hooker, a cripple. These categorizations and the depersonalized response they imply form the basis for the insidious process of *retrospective interpretation* through which other people "reread" the character of the perceived deviant. Among the most dramatic examples of this rereading phenomenon are the "status degradation ceremonies" discussed by Garfinkel (1956). Official processing, as in criminal trials and mental commitment hearings, signals dramatically the processed individual's abrupt and substantial change of status. (It is partly because our society provides few "status elevation ceremonies" for the formerly deviantized that stigma imposed in this and other ways is so hard to shed.) But retrospective interpretation is not restricted to official proceedings of this sort. It is, rather, a deep-seated tendency built into the deviantizing process at all levels of social interaction.

In a well-known study of students' reactions to acquaintances they discovered or suspected were homosexual, Kitsuse found

that his respondents typically reinterpreted such persons' earlier behavior in the light of this newly perceived deviant status.

The subjects indicate that they reviewed their past interactions with the individuals in question, searching for subtle cues and nuances of behavior which might give further evidence of the alleged deviance. This retrospective reading generally provided the subjects with just such evidence to support the conclusion that "this is what was going on all the time." [Kitsuse 1962, p. 253]

Members of the so-called helping professions may also reread the character of their clients in much the same way. The case histories and records of patients in mental hospitals, Goffman suggests, do not always entail a comprehensive and nonselective recording of all life occurrences but instead seem to serve the function of showing "the ways in which the patient is sick and the reasons why it was right to commit him and is right currently to keep him committed, and this is done by extracting from his whole life course a list of those incidents that have or might have had 'symptomatic' significance" (Goffman, 1961, pp. 155-156). As Lofland has argued, a need for perceptual consistency (in terms of the stereotypical notions people have about various kinds of problematic behaviors) seems to lie behind these reinterpretation or "biographical reconstruction" processes: "There must be a *special history* that *specially* explains current imputed identity. Relative to deviance, the present *evil* of current character must be related to *past evil* that can be discovered in biography" (Lofland 1966, p. 150). Goffman's further observation that anyone's life history or current behavior could provide a basis for such selective interpretation was borne out in Rosenhan's startling *pseudopatient* study (Rosenhan 1973). When confederates of the researcher, who were not mentally ill, managed to obtain admission to mental hospitals, no matter how normally they acted staff members routinely responded to them in terms of their imputed condition of mental illness. Their perfectly sensible questions were ig-

nored, their quite ordinary actions past and present were interpreted as symptoms of underlying psychopathology, and even when they finally obtained release their supposed disturbances were simply described as being in remission.

Even the relatively secure research-confederate pseudopatients in the Rosenhan study, in the wake of the uniform response to them as patients only, experienced strong feelings of powerlessness and depersonalization. It is hardly surprising, then, if other persons (i.e., nonresearchers) subjected to deviantizing responses—persons who typically have few resources enabling them to withstand the effects and whose real life chances are usually as a result badly impaired—suffer a severe loss of self-esteem as well as a restriction of their social options. Quite simply, it is very difficult to maintain a favorable view of yourself if other people see you in a negative light and treat you accordingly. As depersonalization increases and the response of others to you is primarily in terms of the deviantized status, it becomes difficult not to become convinced yourself that such status provides your main identity. At an extreme, the heavily deviantized person may come to see himself or herself as "nothing but" an instance of the stigmatized category—be it a rapist, a corrupt official, an alcoholic, a homosexual, or a midget. We must note too, in this connection, that it is the stigmatizing quality of the response—whatever the motivation underlying it may be—that triggers these self-fulfilling, self-derogating processes. Thus, "The blind person comes to feel that he is not completely accepted as a mature, responsible person. As a second-class citizen, he must deal with the eroding sense of inadequacy that inevitably accompanies that status" (Scott 1969, p. 87).

As suggested above, such processes are by no means uniform, absolute, or irreversible. Individuals vary in the resources and techniques they personally can use to avoid or offset stigma (details of such techniques cannot be considered here) and also in their access to opportunities to join with others in mounting a collective response to deviantizing. Furthermore, there is con-

siderable variability in the exposure to and nature of the deviantizing responses and pressures themselves. Generally it can be said, however, that "other things being equal, the greater the consistency, duration and intensity with which a definition is promoted by Others about an Actor, the greater the likelihood that an Actor will embrace that definition as applicable to himself" (Lofland 1966, p. 121). Lemert highlighted this probability of self-propelling stigma reinforcement by suggesting a sequence in which initial or "primary" deviation might, under the pressure of negative reaction, increasingly lead to "secondary" deviation: "When a person begins to employ his deviant behavior or a role based upon it as a means of defense, attack, or adjustment to the overt and covert problems created by the consequent societal reaction to him [i.e., to his initial deviating], his deviation is secondary" (Lemert 1951, p. 76). At a theoretical extreme there might be "ultimate acceptance" by the perceived offender of "deviant social status and efforts at adjustment on the basis of the associated role" (*ibid.*, p. 77). While such acceptance is in fact rarely total, the very substantial engulfment in deviant self-images and roles that typically does evolve in these situations makes Lemert's concept very important.

The many practical role restrictions that offending individuals may experience interact with and heighten the impact of attitudinal rejection. Thus, the publicly identified homosexual may face not only interpersonal scorn and humiliation but also limited work opportunities and economic prospects, obstacles to residing in a desired location, difficulties in joining various organizations, routine harassment, let alone inadequate protection, by the police, and many other practical problems. Combined with the general tendency among the dominant heterosexual population to respond to homosexuals primarily if not exclusively "as" homosexuals, these difficulties often make self-segregation seem a logical protective and morale-enhancing step. Along with degrees of segregation imposed from without, this may lead to involvement in and preoccupation with "the gay world" beyond

the extent that might—in the absence of such pressures—seem "natural" (Altman 1973, chaps. 2,3, and 7). As we are going to see below, this particular situation happens at present to be undergoing considerable change under the impact of the gay liberation movement.

### Beyond the "Labeling" Controversy

Studies that have developed and applied some of these recent perspectives on deviance and that have focused especially on what is here called the deviantizing process are usually referred to as incorporating the "labeling" perspective (as per Becker's "deviant behavior is behavior that people so label"). Recently a great deal of sociological controversy has centered on the validity and limits of that perspective. (For a variety of viewpoints see Schur 1971; Hawkins and Tiedeman 1975; Gove, ed., 1975; Suchar 1978; Schur 1979.) It is not necessary, for our purposes, to thoroughly review and evaluate all of the arguments involved in this dispute. A few, however, call for brief comment here, and we will touch on some others in later sections of the book. At least some of the criticisms of the labeling orientation rest on a misunderstanding, or unnecessarily restrictive interpretation, of what that perspective is all about. In this regard, the very popularity of the term *labeling* has been unfortunate, for often it has taken on very narrow connotations. Particularly for some of the critics, labeling seems to refer to one thing only—the alleged unfavorable consequences produced by direct negative labeling of specific individuals, the process that was briefly sketched out in the section above on deviantizing. Yet as our entire discussion so far should have made clear, this direct interpersonal deviantizing process—as it is revealed directly in behavioral and social psychological consequences—is but one aspect, albeit an extremely important one, of the recently emphasized social reactions or definitional perspective. What that

orientation more broadly points to is the fact that at every level of social life—in personal interaction, in the processing of individuals by designated (social control) organizations, and in the generation of broad deviance conceptualizations and classifications at the societal level—deviance is always a social construction, brought about through a characteristic process of social definition and reaction. In all instances, and whatever substantive behavior or condition is involved, a necessary condition for the very existence of deviance is the imputation or assignment of "deviancy." This distinctive complex of social meanings and the defining-reacting process through which it is applied are the features we find to be common to all deviance situations.

Critics who treat the labeling orientation as though it were little more than a formal theory about the individual causation of deviating acts, a theory they insist must be quantitatively tested and assessed relative to the supposedly alternative traditional theories of causation, thus ignore the perspective's broader significance. Similarly misguided are critics who treat the approach as being narrowly social-psychological in its interests, some of them going on to argue as well that it is therefore an essentially apolitical orientation. In fact, and as we have already discussed in very general terms, by providing a broad interpretive outlook on deviance-defining as it occurs at different levels of the social order, a reactions or definitional perspective inevitably highlights many aspects of deviance situations that both reflect political processes and are subject to pressure and influence through concerted political action. (See the different focal points for analysis in "A Paradigm for Studying Deviance Situations," in Schur 1979, pp. 507–520.) The underlying power factor in all deviance-defining has been indicated above. We shall be returning to that key point, and to many specific examples of the diverse political elements in deviance situations, throughout this book. At this stage, however, it may be useful to indicate very briefly some further ways in which the concerns of a broad reactions focus help to underline the politicity of deviance.

One such concern is with the amplification of deviance by the mass media. The media affect deviance-defining at various levels through reinforcement of deviance stereotypes and selective depiction of various events. As Scheff has noted (1966, pp. 67–80), the frequent references to "an ex-mental patient" in reporting on incidents of violent crime promotes distorted public impressions about both the consequences of mental illness and the causes of violence. The equally common references to "an ex-convict on parole" similarly encourage public misunderstandings. (In both cases it is the selectivity of the reporting that creates the false impression—the media cite neither meritorious actions of ex-mental patients and ex-convicts when they occur nor the involvement of "non-ex-mental patients" or "non-ex-convicts" in current crime incidents.) As one British study of media references to high delinquency rates in a Glasgow neighborhood showed (Armstrong and Wilson 1973), media coverage of local situations can trigger self-fulfilling cycles of community fear, stepped-up policing, and stigma amplification. More generally, media coverage becomes a key element, shaping and interacting with public attitudes and social-control efforts in connection with any and all perceived local or national "crime waves." (See Fishman 1978.) Overall, it should be emphasized that since deviance by definition represents that which the dominant majority finds unsettling and contaminating and therefore seeks to avoid, a great many of our impressions about, and attitudes toward, specific deviance issues necessarily derive from the media. These public conceptions usually have important public-policy implications, and as a consequence the influence or control of media content can become a key resource for those engaged in large-scale stigma contests.

Another way in which the focus on definition and response calls attention to potential arenas of political action is through its concentration on organizations that process deviance. In line with the sociological turn away from deviating acts and individuals and toward deviantizing reactions, the role of social-control agents and agencies in influencing deviance outcomes

has come to the fore. (See Schur 1979, chap. 6; also Hawkins and Tiedeman 1975, chaps. 5-8.) Many labeling-oriented studies have documented the selective or routinized intervention that characterizes much deviance processing and the fact that these tendencies are often grounded in, and facilitated through, the stereotypes or "typifications" held and developed by control agents. (See, for example, Piliavin and Briar 1964; Sudnow 1965; Scheff 1966; Mercer 1973.) Obviously such processing fatefully affects the lives of the individuals who are processed. Equally significant is the fact, perceptively noted by Kitsuse and Cicourel (1968), that how these processing organizations treat deviance and the kinds of information they put out largely determine public conceptions regarding the general nature and dimensions of deviance problems and the characteristics and social distribution of the so-called deviants.

As many of the recent control-agency studies have shown, furthermore, these deviance outcomes often reflect the emerging needs of the organization itself—to develop a smooth-working processing system, to maintain community demand for, and support of, its policies and programs, and to operate in relation to other organizations and additional outside forces, including especially sources of funding and legitimization. Many social-control organizations are state agencies or receive governmental funding and certification. Others may be subject to governmental regulation. Given the importance for their general standing and day-to-day work operations of public policy and funding priorities, most agencies that deal with deviance—private organizations as well as public, and regardless of specific ideology or professional standing—inevitably find themselves thrust into the maelstrom of political life (Emerson 1969; Scott 1969; and see also Dickson 1968). A corresponding point, implied by comments above and brought out by some of the same deviance studies, is that private or state control organizations may develop strong vested interests in particular public policies and may even actively engage in political

efforts to advance and protect these interests. These remarks should indicate too that the state itself clearly plays a significant role, direct or indirect, in virtually all of the broad deviance situations (e.g., "the drug problem," "the war against crime," "treatment of the mentally ill") that preoccupy the citizenry in a modern society. As we shall see below, there is considerable disagreement regarding the precise nature, extent, and overall implications of this role. That the state must in some way be taken into account in any general interpretation of deviance defining does, however, seem indisputable.

### **Collective Definition**

Finally, there has been one other broad political thrust in the recent approaches to deviance. It has resulted from their direct attention to processes and patterns of collective definition at the societal level. This has pushed sociological analysis in a number of different, but complementary, directions. One has to do with the general functions that the very process of deviance defining—of any sort, whatever form it takes—may serve for the collectivity itself. The major concept arising out of this work has been *boundary maintenance*. Deviance defining contributes to social cohesion and reinforces the dominant standards in a society by establishing social and moral limits. As Erikson comments:

The deviant is a person whose activities have moved outside the margins of the group, and when the community calls him to account for that vagrancy it is making a statement about the nature and placement of its boundaries. It is declaring how much variability and diversity can be tolerated within the group before it begins to lose its distinctive shape, its unique identity. [Erikson 1966, p. 11]

Interpretations of this sort show how some strands of the definitional, or reactions, perspective draw on, rather than break

with, the tradition of "functionalist" theory in sociology. (See Durkheim 1893, 1933; Coser 1962; Erikson 1962.)

Another direction that sociological analysis has taken, and which also represents a link between functionalism and recent deviance theory, is seen in works that explore the particular forms of deviance-defining in a given society in relation to its dominant value patterns and social arrangements. From this "mirror image" aspect (see Bell 1961; also Davis 1987) we begin to see that in many respects a society has "the deviance it deserves" (Schur 1979, pp. 71-73). Each society displays at a given time, a particular set of "deviances" that in many complex ways reflect the other features of that social system. A key point, properly emphasized by Erikson (1966), is that these patterns of deviance especially reflect a society's major preoccupations and fears. Just as fear of witches makes it more likely that one will encounter them, so too a society preoccupied with sex is likely to have a great deal of sexual deviance, and a society vigilantly on guard against political deviation will experience it in high degree. Thus too, the further point developed by Erikson and others that the amount and deployment of social-control resources (e.g., the extent of policing in an area, the number of mental-hospital beds, the intensity of efforts to curb prostitution) help to determine deviance outcomes. These functional ties between control and deviance represent a key theme in the reactions perspective, pointing out that the self-fulfilling prophecy mechanisms operate not only in the deviantizing of individuals but on broader levels as well. A given society, then, is likely to have the kinds of deviance it fears and perhaps even the amounts of deviance that it seeks out.

A third major focal point for studies of collective definition has to do with the processes through which, and conditions under which, particular deviance categories develop and change. In this connection, sociologists have become extremely interested in the "natural history" of social problems (Spector and Kitsuse 1977). Whether or not they will succeed in generalizing about common sequences through which all perceived social problems

develop, it is quite clear that each such perceived problem goes through a specific course of development, the exploration of which may be very enlightening. Two characteristic and interrelated features of the developmental process have been highlighted in the recent studies. One is the fact that at certain times a particular substantive type of deviance may be "discovered" or "invented"—in the sense that a totally new deviance category is generated. This is not to say that such a new definition has literally created the problematic behavior itself, though as we saw earlier, the extreme cases of witchcraft trials and the Stalinist purges came close to that. Rather, the point is that the new collective characterization of the behavior has extremely important social consequences. Thus, the conceptualization, dimensions, and ways of dealing with the perceived problem are all affected—indeed, it is usually as part of this process that the behavior is first collectively defined as *being* a distinct, classifiable problem. That is what happened, for example, when the sociolegal classification of "juvenile delinquency" was created through passage of the first juvenile court act (Platt 1969). Recent examples include the "discovery" of hyperkinesis (Conrad 1975; also Schrag and Divoky 1976), and child abuse (Pfohl 1977). Sociohistorical analysis has become an important tool, then, for completely understanding any type of deviance-defining at the collective level.

In this book the historical dimension will not be a primary focus. We are going to be more directly concerned here with the key features of stigma contests in contemporary American society. Whether we examine deviance situations from a historical standpoint or by exploring their currently manifested aspects, a second key aspect of collective definition becomes central. This aspect is *moral enterprise* (Becker 1963, chaps. 7 and 8). Although trends in deviance-defining may reflect broader patterns of social change, the process always requires a degree of initiative—specific individuals and groups must promote or resist particular ways of conceptualizing deviance and policies toward it. Hence the inevitable links between deviance, political

action, and social change: We have seen that deviance struggles involve competition over relative moral standing. Usually, Becker's terms *moral entrepreneur* and *moral crusade* are used in reference to efforts to impose or extend deviance definitions, while the aforementioned idea of *politicization of deviance* is applied to collective attempts to resist or reduce such deviance defining. Yet, as we shall see repeatedly in the pages that follow, these terms really cut both ways. Both sides in a stigma contest are seeking moral dominance; both may try to use political means toward that end.

The concept of *perceived threat* provides a key link between the overall or basic boundary-maintaining function of deviance defining and the emergence of particular collective definitions of deviance within specific social contexts. Changes in collectively experienced threat, of whatever sort, seem to underlie both abrupt shifts and general trends in deviance defining. As emphasized earlier in this chapter, it is the feeling that behaviors, conditions, or individuals are in some way threatening that triggers the personal or collective initiatives that propel stigma contests. Such perception can grow without any actual increase in the perceived deviation itself. Thus in an ingenious laboratory experiment, Lauderdale (1976) found that when the deviation from group norms by research confederates planted within experimental groups was held constant, negative reactions to these "deviants" on the part of other group members varied along with the introduction of an external "threat" element (reason to believe the group's work might be terminated). Lauderdale points out that "moral boundaries of a social system move independently of the actual behavior of individuals defined as 'deviant' by the system" (Lauderdale 1976, p. 660).

In trying to understand deviance situations, therefore, we must always address the crucial issue of perceived threat. Who feels threatened? By whom or what? In what ways and under what conditions. What can those who feel threatened do about it? How can their efforts to resist threat, in turn, be resisted and opposed by the perceived deviants? Recognizing the importance

of the threat element necessarily brings us face to face with the question of interests. On this matter, regardless of claims to the contrary, and although they undoubtedly may develop the point in different ways, reactions theorists, and even functionalists, share a basic understanding with Marxists and self-proclaimed radical sociologists. To ask who is threatened is to ask whose interests are at stake. Likewise, sophisticated functionalists have emphasized that—while all existing social arrangements have functional ties with other aspects of the system in which they appear—any given arrangement is going to be a good deal more "functional" (in the positive sense) for some people than for others. So we need always to ask, functional for whom? Particularly in the designation of social problems and the selection of favored policies, functionalism and the reactions approach both emphasize that people's judgments and priorities are bound to differ in socially patterned ways. (See Merton 1976.) As we are going to see in much of the discussion that follows, where mainstream sociologists and some of their radical critics do tend to disagree is on the issue of whether *all* deviance outcomes can be attributed exclusively to the control imposed and exercised by a single identifiable and cohesive ruling elite. The argument to be developed in this book is that deviance issues, viewed collectively, are more complex than that. The multiplicity of interests at stake and the problems on every side, and with respect to each issue, of generating cohesive support and mobilizing collective action, make the monolithic elite model of a deviance-defining overly simplistic.

#### DIMENSIONS OF POLITICALITY

We have already seen that, in the broadest sense, deviance is an inherently political issue. By definition, since they are modes of disvaluing and discrediting, the designation of deviance and the deviantizing of individuals involve the exercise of power and

affect the subsequent distribution of power. Furthermore, as Becker has noted:

In addition to recognizing that deviance is created by the responses of people to particular kinds of behavior, by the labeling of that behavior as deviant, we must also keep in mind that the rules created and maintained by such labeling are not universally agreed to. Instead, they are the object of conflict and disagreement, part of the political process of society. [Becker 1963, p. 18]

Although sociologists have sometimes debated the merits of a "conflict approach" in this area, once one recognizes deviance to be a matter of social definitions and reactions there is no need to continue that debate. Public disagreement on standards of moral evaluation and on their specific uses make clear that what the deviance analyst is most essentially concerned with is in fact a form of social conflict.

Precisely who is in conflict with whom, and just which and how many interests are at stake in a given deviance situation, will not always be self-evident. Nor is it usually a foregone conclusion by what means the conflict will be carried out, or with what consequences. Even the general types of interests involved, let alone the more specific ones, vary considerably. As the comments earlier about power and deviance outcomes indicated, the relevant interests may be economic, narrowly political, or primarily symbolic. They may be individual or collective, obvious or subtle, openly professed or latent and not even consciously recognized. As the many examples to be developed in this book will show, in any given deviance situation or broader problem area we will often find various combinations of these different types of interest at work. Complicating matters still further is the fact that individuals and groups frequently have ambiguous or multiple interests relative to a particular deviance issue. From this it follows that in collective deviance struggles individual allegiances and degrees of commitment, group mobilization and cohesion, and the formation of general alliances and working coalitions all tend to be variable and uncertain.

In exploring stigma contests we also need to keep in mind that they can be played out at several different levels of social life and in a variety of institutionally influenced contexts. Table 1 offers a typology of the political dimensions of deviance, which attempts to depict in very broad terms this multilevel, multicontext feature. With respect to any substantive deviance category, the power elements and struggles can appear in varying degrees on any or all levels. A particular level will be more important—both to the participants themselves and for purposes of sociological interpretation—in one substantive area, less so in another. To an extent, the inherent power element in deviance defining implies that some kind of "intrinsic politics" is always present, even if it hasn't been widely recognized. The women's movement has brought that out, for example, by referring to the "personal politics" of various patterns of sexist interaction—which could also be seen as involving the deviantizing of women. The situated politics of deviance may involve

TABLE 1  
A Typology of Political Dimensions

- 
- I. The Micropolitics of Deviance
    - A. Intrinsic
    - B. Situated
  - II. The Institutional Politics of Deviance
    - A. General
    - B. Organizational
    - C. Professional
  - III. The Collective Politics of Deviance
    - A. Conceptual
    - B. Official
-

any number of things. Passage of a specific drug law, police harassment of homosexuals in a given locale, mental commitment proceedings in a particular court, determinations of suicide by a given medical examiner, defensive adaptations of prostitutes, the programs of an organization to assist the physically handicapped—all of these have a "situated" character and require analysis of the power, or political, interplay partly in those terms.

Although all kinds of deviantizing must have some intrinsic and situated aspects, there is likely to be considerable variation among them in the extent to which they also develop openly or actively at the broader social levels indicated by dimensions II and III in the table. Indeed, it may be useful for some purposes to picture a kind of continuum of degrees of politicization, with situations ranging from the less-overtly politicized ones dominated by category I features to more highly politicized ones, where many of the category II and category III features are evident. Much of the discussion and illustrative material to follow will point up such variation and consider some of its sources. We shall also examine specific examples of the several subcategories listed in the table. As we shall see, the politics of deviance may at times significantly involve the general institutions of a society (e.g., family and sex-role differentiation, religion, education). In many instances a dispute will crucially affect or be influenced by organizations that deal with deviance (e.g., mental hospitals, the juvenile court, the police), and sometimes the role and jurisdiction of major recognized professions (e.g., psychiatry, law) will be at stake. The extent to which collective conceptions regarding a perceived deviation become generalized throughout the society at large and the enactment of official policies toward it are potentially important, but similarly variable, foci of political concern and struggle.

As should be apparent, the different levels are not mutually exclusive but instead indicate elements that typically overlap and interact in their operation. In a sense, the broader collective dimensions reflect the sum total of all that goes on at the

situated and personal levels, and vice versa. As in all of social and political life, "the individual, the microsocial, and the macrosocial levels together make up social reality. None has necessary existential or explanatory priority" (Lehman 1977, p. 10). In this book, we are going to devote primary attention to the institutional and collective politics of deviance, but especially in considering various substantive illustrations, microsociological elements will be touched on as well.

Politics is sometimes said to be the art of the possible. The politics of deviance reflects such a constraint, revealing an amalgam of moral principles, gut reactions, and realistic goal seeking. What is possible for individuals and groups participating in stigma contests keeps changing, in part through their own continuing efforts to maximize resources, manipulate key symbols, monopolize decision making, and in general gain and wield social power. In the discussion and examples that follow, we are going to be examining many such efforts and attempting to make some tentative generalizations about them. It will be particularly apparent that on most major deviance issues public definitions and policies are indeed—as the aforementioned theorizing suggests—subject to continuous fluctuation. This should convince us that, by virtue of the power and conflict elements shaping deviance outcomes, the politics of deviance is inextricably bound up with social change. While major changes in a society help to determine the course of deviance struggles, such struggles at the same time themselves contribute to the changing nature of our society—crucially affecting the way we live.

#### **EXAMPLE 1. *Politicality Revealed: Psychiatry and Mental Illness***

As in the case of deviance in general, a combination of academic work and public debate has spurred recognition of the political aspects of psychiatry and mental illness. Among the most important general themes that have emerged in the course

of this recognition are the following: "Mental illness" is first and foremost a designation, a way of characterizing and classifying behavior. As a consequence, it necessarily involves an element of evaluation. For the most part, standards of mental health and illness are not fixed scientific ones, but rather they entail judgments that often may vary along socio-cultural lines. Not surprisingly, then, psychiatric diagnoses are themselves uncertain and highly variable; and since they usually refer to social behavior rather than organic illness, the relevance of medical criteria is not always clear. These diagnoses, furthermore, convey as well as incorporate social judgments. Mental illness designations are highly stigmatizing and thus impose reductions in power and social standing. By the same token their imposition constitutes a wielding of social power. Because psychiatric diagnosis is inherently evaluative and hence in a way necessarily arbitrary, application of the mental illness designation is, if unchecked, almost infinitely expandable. Therefore, despite the undoubtedly benefits that voluntary psychotherapy may confer, and notwithstanding the good intentions of most therapists, compulsory impositions of psychiatric "help" represent a significant mode of social control. Particularly when the state becomes implicated in its public uses, psychiatry may become a potent tool for controlling any or all individuals and groups deemed to threaten or undermine the (political as well as social or cultural) status quo.

These outlooks have been brewing for some time, partly as a result of diverse lines of analysis developed by social scientists and social critics—including some members of the psychiatric profession itself. In a classic essay, sociologist Kingsley Davis (1938) suggested that the then-emerging "mental hygiene" movement employed evaluative criteria closely linked to the American social-class system—incorporating, in particular, the dominant Protestant work ethic that called for "prudence, rationality, and foresight." Hollingshead and Redlich (1958), in their major study of the social-class distribution of psychiatric patients in New Haven, found that both diagnosis and treatment

varied systematically according to social-class membership. Diagnoses of psychotic conditions and use of custodial and physical treatment (mental hospitalization, electric shock, and the like) predominated for the lower-class patients, whereas those of higher status were more likely to be diagnosed as neurotic and to receive the more sophisticated and individualized therapies. The researchers believed that systematically varying reactions by therapists to persons of the different social strata helped to account for such treatment outcomes.

Additional power and political aspects of psychiatry were implied by early studies of the wide-ranging application of mental illness models. In his critique of psychiatric theories of drug addiction, Lindesmith (1940) emphasized the circularity and lack of specificity that often characterized the diagnosis of addicts. He concluded that persons known to be addicted were judged in advance (psychiatrists presuming underlying psychic disturbance in such cases) and that whatever personality characteristics these persons displayed—and however contradictory these might be, from one case to another—were then taken to be indicators of psychopathology. An early study by Sutherland (1950) similarly highlighted the questionable application of the amorphous "psychopath" diagnosis to a range of sexual offenses. Sutherland's work is especially pertinent here, because he examined the natural history, or sequence of typical stages, underlying the passage of special "sexual psychopath" laws in numerous jurisdictions. Community fear aroused through a few serious sex crimes, "agitated activity" in connection with that fear, and appointment of a committee to study the problem and make recommendations always preceded the legal enactments Sutherland studied. Thus, a new deviance category employing vague mental illness concepts emerged through a process of changing community definition and response.

For many years, sociologists had been pursuing another line of relevant research by studying the mental hospital in organizational terms and internally as a social system. Many of these

studies depicted the implicit politics of interaction between staff and patients and the substantial powerlessness of the latter. A high point in this body of work, one which in a sense combined traditional social-system perspectives with the evolving interactionist focus on deviance, was Erving Goffman's book *Asylums* (1961). Goffman saw that the mental hospital was but one instance of a more general type of setting he termed the *total institution* (other examples would be prisons, concentration camps, military barracks). In such a setting the individual is subjected to all-enveloping control and undergoes a ritual "mortification" process through which his or her old identity is stripped away and a new basic (patient or inmate) identity imposed. Both in the path toward admission to a hospital—here Goffman wrote of a "betrayal funnel"—and within the institution, processes of interaction with other persons vitally influence the course of the patient's "moral career." While professional staff profess to a helping or serving orientation, much that occurs in the hospital seems to belie this "service model." Goffman asserts that "to be made a patient is to be remade into a serviceable object, the irony being that so little service is available once this is done" (1961, p. 379). Nor are those on the outside totally without interest in this deviance processing: "Mental patients can find themselves crushed by the weight of a service ideal that [through its application in other contexts] eases life for the rest of us" (*ibid.*, p. 386).

Since his main aim apparently was to identify and analyze a general type of social institution, Goffman did not specifically develop the political implications of his study. Nonetheless, it has had considerable public influence — being drawn on constantly by critics of the mental hospital, provoking modification of treatment programs, and helping to spark a movement for deinstitutionalization — i.e. putting fewer persons in mental hospitals and releasing those unnecessarily incarcerated. Foucault, in a work to be discussed later in this book, has more

pointedly suggested that such total institutions can be seen as symbols or symptoms of repressive and depersonalizing social systems in general. At the very least, it is clear that mental hospitals keep a great many disturbing, if not disturbed, people under strict control. As already noted, the Rosenhan (1973) pseudopatient study starkly demonstrated the powerful effect on inmates of being treated virtually as nonpersons and the almost complete powerlessness of these individuals to resist such characterization.

The very fact, furthermore, that Rosenhan could for all practical purposes "produce" mental patients through research subterfuge underlines the point that mental illness is, above all and whatever else, a perceptual and social designation or characterization — rather than a mode of behavior or condition intrinsic to, and revealed in, particular kinds of individuals. Numerous studies have explored aspects of this characterizing process, showing how mental illness outcomes invariably develop through processes of social interaction and changing "definitions of the situation." In some well-known research (Yarrow et al. 1955) on the interaction between wives and husbands that led to mental hospitalization of the husbands, the investigators traced out a process in which the wives at first attempted to "normalize" the husbands' eccentric behavior (discount it, find rational explanations for it) but gradually and increasingly came to redefine the situation in mental illness terms. One sociologist (Gove 1975, p. 39) sees this finding as proof that people are not glibly or arbitrarily labeled mentally ill. He claims it shows that only those really sick and "impossible to deal with" are hospitalized. A more significant implication of the study, however, is the central and necessary role of interpersonal reactions and redefinition in the decision to hospitalize. (See discussion in Schur 1979, pp. 175–177.) If the wives had continued to normalize the husbands' eccentricity, or for whatever reason had felt compelled to accept it, the outcomes would have been very

different. Power differentials—in the form of resources for coping, ability to compel acquiescence, and so on—seem to lie beneath the surface of such an interaction process.

Even in voluntary psychotherapy, one writer (Scheff 1968) has suggested, the situation may be influenced by latent power elements. Thus, a subtle form of "negotiation" may occur with respect to defining just what kind of a problem it is that the patient has and what the ground rules for the therapy will be. As Scheff notes the therapist invariably has greater power to influence this outcome, "principally because he is well trained, secure, and self-confident in his role in the transaction, whereas the client is untutored, anxious, and uncertain about his role" (p. 6). Studies of mental illness designating within work settings also reveal that an interaction process usually is involved. Lemert (1962) found that the identification of paranoid individuals within an organization often occurred as part of an evolving process during which the persons involved were in fact being isolated and excluded or manipulated by coworkers, even if their perceptions regarding this treatment ultimately became exaggerated and distorted. More recently Goffman has suggested (1972, pp. 355-357) that mental symptoms as seen within an organizational context arise when group members perceive an actor's behavior as involving "willful situational improprieties," or an unwillingness to "keep his place." Such behavior is defined as mental illness because it "must create organizational havoc and havoc in the minds of members." Again, the relative power positions of persons in a situation of this sort appear likely to influence such outcomes.

In his effort to present a more general reactions-oriented theory, Scheff (1966) has referred to mental illness as consisting of "residual rule breaking"—acts people find objectionable or upsetting but which they cannot easily fit into some other standard conceptual category. Social response patterns, often built around mental illness stereotypes that condition both interpersonal reaction and organizational processing of such residual de-

viators, determine whether a mental illness definition of the situation becomes "stabilized." If it does, or to the extent it does, not only the reactions of others but even the deviator's own self-conceptions may reflect this characterization. Some of the research that led Scheff to these conclusions represents part of a recent multifaceted development that reaches beyond the mental illness issue, and which might be termed the unmasking of euphemism with respect to deviance processing. (For similar developments in the area of juvenile justice, see Schur 1979, pp. 461-468.)

In this connection, two major themes have been emerging. The first is that authoritative efforts to do something for people believed to have or to pose problems typically involve doing something to them as well. From this standpoint, the well-intentioned helping professions may in fact often be serving as agents of social control. (See Gaylin et al. 1978; also Rosenheim 1976; Allen 1964; Piven and Cloward 1971; Freidson 1971; Illich 1976.) The second, related recognition has been that supposedly nonstigmatizing legal and administrative procedures established to facilitate these efforts—juvenile court, civil commitment to mental hospital, civil commitment to drug treatment programs, administrative regulation of welfare benefits—not only are, in fact, stigmatizing but also typically involve a failure to safeguard the processed individuals' basic constitutional rights. For the area of mental illness, Scheff's research on mental commitment proceedings (Scheff 1968, chap. 5), disclosed a pattern of harshly routinized commitment in which judges unhesitatingly followed the recommendations of court-appointed medical evaluators—recommendations based on scant observation and an apparent desire to err on the side of "safety" by almost always presuming illness. The evaluation interviews "ranged in length from 5 minutes to 17 minutes, with the mean time being 10.2 minutes" (*ibid.* 1968, p. 144). Both in these commitment proceedings and in hospital release proceedings, which Scheff also studied, the actual medical condition of the processed

person—as objectively determined by Scheff and his research team, partly by questioning the medical staff themselves—rarely appeared to determine the outcome. Scheff concluded that “there is a large proportion of the patient population, 43 percent, whose presence in the hospital cannot readily be explained in terms of their psychiatric condition” (*ibid.*, pp. 167–168).

During the past two decades a few renegade psychiatrists have, along with some very active civil liberties lawyers, contributed even more directly than the social researchers to making psychiatric power an issue of public controversy. Preeminent among the psychiatrists has been Thomas Szasz, who is perhaps best known for his provocative insistence that mental illness is a myth (Szasz 1961). Although Szasz’s ideas have been hotly contested by many of his professional colleagues, his writings have strongly influenced reformers and activists as well as researchers and even some mental health practitioners. According to Szasz, “mental illness” really refers to “problems of living”—social situations that inevitably have moral implications as well, and the assessment of which therefore cannot be made according to standard medical criteria. Psychiatric diagnosis, he insists, necessarily involves making judgments and imposing classifications and, as such, constitutes a powerful mode of social control. The uses of psychiatry, Szasz believes, must be kept limited, private, and voluntary, in order to protect individual liberty and prevent the growth of “the therapeutic state” (Szasz 1963; see also Kittrie 1971; Foucault 1977). Szasz has been particularly vocal in condemning psychiatrists’ acceptance of various roles in our legal system—as when they provide alleged medical testimony in criminal trials or participate in involuntary commitment proceedings. In such situations and others where psychiatrists are called on to determine what should happen to people, they are—in Szasz’s view—asked to go beyond their legitimate helping role. Medical terminology is

used to shield the fact that they are inevitably taking sides in social and ultimately moral disputes.

By questioning the scientific status and even the appropriateness of key psychiatric determinations—such as those of social “dangerousness”—and by documenting through case studies the role of psychiatry in specific instances of mental commitment that may have violated legal standards of due process or may have been completely unnecessary, Szasz has helped to provide a basis for challenging the legality of various uses of psychiatric power (Szasz 1963, 1965). The widely read British psychiatrist-writer, R.D. Laing, while not so directly concerned with legal issues, has also contributed to the growth of some of the same general outlooks. He has argued, for example, that “in the context of our present pervasive madness that we call normality, sanity, freedom, all our frames of reference are ambiguous and equivocal,” and has further stated, “The standard psychiatric patient is a function of the standard psychiatrist, and of the standard mental hospital” (Laing 1965, pp. 11, 28).

The writings of Szasz and Laing and research such as that of Goffman and Scheff have been drawn on as support by civil liberties lawyers working to protect the rights of prospective, current, and former mental patients. This developing legal campaign has reflected the more general substantive broadening of politics in America noted in the beginning of this book. In recent years for example, the American Civil Liberties Union has widened the substantive application of its traditional efforts to protect individual rights and ensure due process of law. It has litigated specific cases and made more general assessments of the law in such areas as the rights of prisoners, the rights of mentally retarded persons, the rights of the poor, and the rights of gay people as well as the rights of mental patients. (Those are some of the topics in its current mass-marketed handbook series.) Such efforts in the mental illness field have resulted in quite a few changes in procedures relating to mental commit-

ment, review and appeal, and release, and have increased public awareness of various denials of rights to institutionalized and released mental patients. There have been a few landmark court decisions, such as that in the *Donaldson* case (*O'Connor v. Donaldson*, 1975). Ruling unconstitutional the nearly fifteen-year incarceration of a harmless patient, which had allegedly been for his own good, the U.S. Supreme Court stated:

A finding of "mental illness" alone cannot justify a State's locking a person up against his will and keeping him indefinitely in simple custodial confinement. Assuming that term can be given a reasonably precise content and that the "mentally ill" can be identified with reasonable accuracy, there is still no basis for confining such persons involuntarily if they are dangerous to no one and can live safely in freedom. [as quoted in Ennis and Emery 1978, p. 38]

The legal fight to protect the rights of patients while they are within mental institutions—for example, to refuse certain kinds of unwanted treatment—has not yet met with comparable success. The authoritative ACLU report on rights of mental patients states:

Generally, mental hospitals neither inform patients about the risks and benefits of drugs nor respect a patient's refusal to take drugs. Drugs are routinely forced on patients by "shooting" them with a needle while they are physically restrained. Some patients struggle; others learn resistance is in vain. Much of the physical abuse of patients in mental hospitals occurs during these incidents.

Of course the law protects "normal" patients from unwanted drugs. Everyone but mental patients can refuse any drug he does not want, and doctors have a duty to inform "general" patients of the likely effects of drugs before they consent to drug therapy. Several courts have recognized a similar right for mental patients in many situations. [Ennis and Emery 1978, p. 141]

Encouraged by the recent civil liberties effort in this area, and to an extent strengthening and reinforcing it, some former mental patients have attempted to organize collectively and to join forces with disaffected therapists to form a radical mental health movement (Agel et al. 1973; Severo 1978). The combination of geographical separation, diversity of outlooks on questions of therapy, and uncertainty or disagreement regarding the proposed movement's relation to other radical movements appears so far to have limited its direct impact. (We will be considering further, in chapter 4, the general problems of mobilization and support that invariably face nascent protest movements of this sort.) Remarking that the organization of this particular protest "remains fragile, even in its militancy," one investigating journalist nonetheless recently stated, "It remains unclear how many people are involved. But at least thousands of past and present mental patients are participating in what they regard as their liberation movement, a nonviolent effort that has attracted people of all ages and has an orientation that is essentially middle-class" (Severo 1978, p. D14).

More significant, perhaps, in propelling the politicization of psychiatry and mental illness have been the movements for women's and homosexuals' liberation. Psychiatry has been attacked by women's liberationists on a number of grounds—for adopting and perpetuating untenable theories of basic female passivity and dependence; for overdiagnosing women's problems as being personal rather than institutional in nature; for treating women as though they should, in all situations, be the ones to "adjust." (See Weisstein 1972; Chesler 1972; Ehrenreich and English 1973.) Even if these critiques have not yet led to substantial changes in psychiatric practice, they have publicly exposed the previously latent gender politics of psychiatry. As two activist writers have put it, "The medical system is not just a service industry. It is a powerful instrument of social control, replacing organized religion as a prime source of sexist ideology."

and an enforcer of sex roles" (Ehrenreich and English 1973, p. 83). Exerting influence in combination with the more general movement for public accountability of the medical profession as regards inequities in the delivery of health care, the feminist challenge has meant that psychiatry, like all of medicine, is increasingly subject to political as well as personal scrutiny.

A similar recognition that much psychiatric thinking and practice have been in opposition to their collective interests has led to stepped-up critiques of psychiatry by gay activists. Actually, the standard psychopathology assumption with respect to homosexuality has for some time been in dispute. In an important experimental study (Hooker 1968), when standard psychological tests were administered to homosexuals drawn from the public at large (the subjects were neither in psychotherapy nor in trouble with the law) and the results examined blind (by psychologists who did not know of the subjects' homosexuality), no greater indications of psychopathology were found than among the test results of carefully selected nonhomosexual, control subjects. Though many therapists used to consider "conversion" to heterosexuality the major or only appropriate goal in treating homosexual patients, there was never unanimity on this point and recently opposition to it has grown even within psychiatry. (See Marmor 1965; Hoffman 1969; Weinberg, 1972.) A crucial development has been the increased unwillingness of homosexuals themselves to accept the notion that they are necessarily sick. Although a sickness definition of their condition may previously have been seen as preferable to one that labeled them immoral, the former is now also being widely recognized as oppressive in its consequences. One advocate of gay rights has stated:

The use of the sickness designation serves much the same purpose in keeping homosexuals subordinate as did the older anthropological studies purporting to show that, in one way or another, the Negro was intellectually and otherwise inferior.

In short, homosexuals have, in effect, been defined into sickness by a mixture of moral, cultural, social, and theological value judgments, cloaked and camouflaged in the language of science. [Kameny 1971, p. 61]

Intraprofessional and extraprofessional opposition to overdiagnosis of psychopathology came to a head in the early 1970s when the American Psychiatric Association undertook a reconsideration of the relevant provisions of its standard diagnostic manual. In a much-disputed decision (see discussion in Spector and Kitseuse 1977, pp. 17-20), the association finally in 1973 deleted homosexuality from its published list of sexual disorders. The term *sexual orientation disturbance* was substituted, with commentary indicating that homosexuals might experience disturbance in connection with such orientation but that homosexuality per se was not to be viewed as a psychiatric disorder.

In the wake of all the aforementioned research and public activity relating to diverse aspects of psychiatry and mental illness, major political issues persist. Despite all the criticisms of extending psychiatric diagnosis into substantively inappropriate areas, the tendency to view various problematic social conditions as psychiatric problems has not fully abated. A good example is the current use of the rubric "learning disabilities" to cover a range of troublesome behaviors on the part of schoolchildren. Condemning the allegedly predictive screening efforts, and the widespread administration of tranquilizers and other drugs, practices associated with this trend, Schrag and Divoky (1976, p. 14) assert that "the techniques of medicine are used extensively to serve the purposes of social control." (See also Conrad 1975.) The conversion of social deviation into medical disturbance, they argue further, legitimizes and enlarges "the power of institutions over individuals," and at the same time provides a "bonanza" for a wide range of specialized staff, program administrators, and pharmaceutic manufacturers (Schrag and Divoky 1976, pp. 16, 69). Exposés such as theirs

and the growing general interest in collective action to advance children's rights should help to keep this recent trend a matter of public controversy. Another extension of psychiatry that is likely to face continuing challenge (in this instance, from opponents of "ageism") concerns treatment of the elderly. Investigative reporting on nursing homes and disclosures of the extent to which our society simply "warehouses" old people both in those institutions and in state mental hospitals have uncovered a situation that Americans earlier had tried hard to ignore. Psychiatry often helped to protect the nonelderly from confronting these facts. One socially conscious member of the profession has stated, "If a psychiatrist treats the unhappiness of the older person as an illness, he may help to justify society's unwillingness to treat that person decently" (Halleck 1972, p. 131).

Partly because of critiques of conventional psychiatric therapies and institutions, the "community mental health" movement has been heralded as a major advance. There is considerable controversy about this popular approach—the political implications of which are not entirely clear. On the one hand, it reflects a commendable desire to extend help in the local community setting to people who might not otherwise readily obtain it, and also a well-intended wish to head off psychological disturbance in an effort to eliminate the need for long-term treatment or even hospitalization. On the other hand, critics see the central notion of community outreach in a different light—as an aggressive, unasked-for seeking out of "cases," in which many social problems and situations may be treated as psychiatric problems, a development that has dangerous potential for extensive social control (Leifer 1966; Szasz, 1970). A recent study of psychiatric emergency teams (PET) doing crisis-intervention work out of a community mental health center in California, found that PET workers themselves often questioned the helping nature of their efforts.

In many instances, when unable to do something for a client, PET workers ended up doing something to him; that is, they

found themselves acting in opposition to the client's explicitly stated desires, in ways [primarily, ordering mental hospitalization] in which both PET and client felt were not likely to result in a qualitative up-grading of the client's life, and which often involved deception, coercion and constraint. [Emerson and Pollner 1976, p. 249]

Tied to the community mental health effort, through aftercare and noninstitutional treatment programs, is the policy of deinstitutionalization. Following court decisions such as that in the *Donaldson* case and others requiring upgrading of institutional conditions, and in the face of mounting hospital costs, various states have recently speeded up an already-existing trend toward a decline in the hospitalization of mental patients. A recent survey notes, "Mental hospital populations in the United States are now well under half their 1955 levels, having declined over a twenty-year period (1955-1974) by more than sixty percent. The initially moderate yearly decline has accelerated markedly in recent years, with almost half the recorded fall (154,400 out of a total of 343,300) taking place since 1969" (Scull 1977, p. 68). In New York City, a recent state policy of placing patients in "the least restrictive setting" possible has meant the release of large numbers of previously incarcerated persons, many of whom have been placed in single-room-occupancy buildings, often located in deteriorating residential neighborhoods. Of the controversy this policy has evoked, a journalist recently wrote, "Smoldering community resentment against the state's deinstitutionalization program has reached a flash point. Irate community groups and local officials contend that the state has actually been 'dumping' thousands of chronic mental patients into their communities without providing for their after-care [Sullivan 1978; see also Witten et al. 1977].

Deinstitutionalization provides an illustration of how complex the set of interests at stake in a particular deviance policy dispute may be. A leading student of the trend cites the state's interest in controlling soaring costs as "the primary factor un-

derlying the move towards decarceration" (Scull 1977, p. 140). Noting that fiscal conservatives have joined with welfare-oriented liberals to support deinstitutionalization, the same writer suggests that cost savings explain "the curious political alliance" favoring this policy (*ibid.*, p. 147). At the same time, the labor movement—which might ordinarily be expected to support efforts to release and help the typically downtrodden state hospital patients—has apparently been torn because of its economic interest in preserving hospital jobs. In 1977 a major national union that includes hospital workers (the American Federation of State, County and Municipal Employees) ran large newspaper advertisements condemning deinstitutionalization of mental patients—ostensibly in support of "the dignity of the mentally ill through real care, not empty promises" (*New York Times*, May 22, 1977, p. E5). Ordinary taxpayers, who might expect ultimately to benefit economically from deinstitutionalization, may likewise have conflicting interests—particularly if mental patients are being released to their particular neighborhoods. Additional economic interests also come into the picture because of the potential for private profit that decarceration produces. Thus Scull has noted, "There have appeared whole chains of enterprises seeking to capitalize on this emerging market, ranging from privately run drug treatment franchises to fair sized corporations sprawled across several states dealing with derelicts and discharged mental patients" (Scull 1977, p. 150). In a news story about a specific dispute over a community-based program for released mental patients on New York City's upper West Side, it was reported,

In the Bridge and Brewster case, there is also the added question of the motive of the building's operators. Some people, including Henry J. Stern, the Liberal Councilman at Large for Manhattan, have charged that the plan is a "real estate scheme" designed to allow the lessees to convert the building into a government-supported operation. The lessees have denied that such a plan exists" (Meislin 1976).

A final aspect of psychiatry that may continue to provoke public controversy is its broad potential as a device for direct control of clearly political deviation. This has been another major theme in the writings of Szasz, who has cited both the political uses of psychiatry in the Soviet Union and some possibly similar incidents in the United States. He has discussed especially the long-term incarceration of the pro-Fascist poet Ezra Pound and the temporary hospitalization of right-wing General Edwin Walker, claiming that both incidents were politically motivated (Szasz 1963, 1965). Recently increased disclosures of the use of mental hospitalization as a major device for curbing political dissidence in the Soviet Union (Bloch and Reddaway 1977; see also Spector and Kitsuse 1977, chap. 6) do lend credence to the argument that there is always a potential for governmental use of psychiatry in direct furtherance of political ends. Yet probably few observers (even among those sympathetic to many of his other arguments) would agree with Szasz that the situation in the United States today presents an imminent danger in this regard, any more than they would accept the extreme antipathy to publicly provided social services that his condemnation of institutional psychiatry has sometimes led him to express.

#### **EXAMPLE 2. Politics Intensified: The Abortion Conflict**

The intrinsic sexual politics of abortion have long been apparent to feminists. Over the years, the impact has been deeply felt, if not always openly analyzed, by the millions of women who needed to terminate a pregnancy. Women's vulnerability and dependence, their low social power relative to men, were until recently reflected in virtually all aspects of the abortion situation: the passage of restrictive laws—usually by men, who dominated legislatures; the women's need to take total responsibility for dealing with unwanted pregnancies—since husbands

and lovers often proffered little help or support; the control of legal procedures by the medical profession—requiring the woman to plead with male doctors for an operation; the vulnerability at the hands of the illegal practitioner, who was also usually a male. Simone de Beauvoir was eloquent on the subject in her classic work, *The Second Sex* (1957), where she commented particularly on “the hypocrisy of the masculine moral code”:

Men universally forbid abortion, but individually they accept it as a convenient solution of a problem; they are able to contradict themselves with careless cynicism. But woman feels these contradictions in her wounded flesh; she is as a rule too timid for open revolt against masculine bad faith; she regards herself as the victim of an injustice that makes her a criminal against her will, and at the same time she feels soiled and humiliated. [de Beauvoir 1953, p. 491]

In some ways, the recent overt and virulent controversy over American abortion policies represents a culmination of long-standing efforts to promote sociolegal change (Sarvis and Rodman 1974; Humphries 1977) and also reflects broader social trends relating to sexual behavior, population, the family, and the status of women. (See Rossi 1966; Schur 1968.) Yet the intensity and public nature of the current conflict signify as well the force of rapidly and greatly heightened direct politicization efforts on both sides of the issue. The controversial 1973 decision by the U.S. Supreme Court in the case of *Roe v. Wade*, seeking to resolve previous disputes, actually became a major factor in producing this intensification—for it galvanized into concerted and organized action the opponents of the already well advanced liberalization of abortion laws.

In that decision, the court ruled that during the first three months of pregnancy, the abortion decision reached by a woman and her physician is not subject to state interference; that with respect to the second three months, the state may, in order to promote the health of the mother, regulate abortion

procedures—for example, by specifying where abortions may and may not be performed; and that for the third trimester (when the fetus has attained viability—capacity for independent life) the state may regulate and even proscribe abortion except when it is necessary to preserve the life or health of the mother. (See Sarvis and Rodman 1974, chap. 4; Lader 1973, pp. 244–245.) As Sarvis and Rodman (1974, p. 66) have noted, the decision “dramatically and drastically altered the legal situation.” Before examining various aspects of the intense politicization that ensued, it may be useful to sketch out briefly some of the immediate background to this pivotal court ruling.

As of the mid-1950s—and for the most part dating back to the 1800s—statutes in most American states made all abortion illegal unless “necessary to preserve the life of the mother.” Given medical advances that had by then occurred, it was in fact exceedingly rare that a condition arising during pregnancy would seriously threaten the mother’s life (A. F. Guttmacher, in Rosen 1954, p. 12). From a medical standpoint, therefore, the legal criterion these laws set forth was no longer very meaningful. At the same time, certain recently recognized conditions that many doctors saw as justifying abortion were not covered by the exception written into these statutes. Two notable examples were German measles early in pregnancy—known since 1941 to give rise to a substantial risk of fetal abnormality—and risks created by certain drugs taken by the mother during pregnancy—as eventually dramatized by the many impaired children whose mothers had used the drug thalidomide while pregnant. During this period, then, the legal standing of even hospital-performed abortions was usually unclear or shaky.

Understandably, physicians were extremely cautious about approving terminations of pregnancy. Hospitals often did make an exception in German measles cases; abortions were also sometimes granted on psychiatric grounds, though strong evidence that if the abortion was not performed, the mother was likely to commit suicide—hence posing the “necessary to pre-

serve the mother's life" situation—was required for such intervention. When hospitals did authorize abortions, they rarely encountered direct legal interference. Yet the ever-present possibility of such interference led to caution; not even for pregnancy through rape or incest was abortion permitted by law. More general considerations of the mother's overall health and socioeconomic welfare, while no doubt taken into account by physicians to the extent possible, clearly did not alone constitute legal grounds for terminating a pregnancy. It was around this time that many American hospitals established special boards and routine procedures for the processing of therapeutic-abortion applications. These mechanisms clearly reflected medical concern about the legal status of abortion decisions, and they also served to formalize and diffuse responsibility for denying individual abortion requests. From the standpoint of abortion seekers, however, the system was confusing, intimidating, and offensive in requiring them to justify their need of medical help. As one account suggested, under the abortion-board scheme "the patient becomes the pawn in a bureaucracy often more intent on protecting hospital status than meeting critical human needs" (Lader 1966, p. 30). Whatever the subjective reactions of the various participants may have been, the objective consequences of the board system were readily apparent. All available evidence indicates that during this period the boards contributed significantly to a sharp decline in the performance of hospital abortions (see Schur 1968, pp. 138–139), and there is some indication too that in effect if not in intent this system discriminated against the poor (Lader 1966, pp. 29–30).

The fact that relatively few abortions were performed in hospitals did not, of course, mean that women were not having unwanted pregnancies terminated. There was, obviously, no way of determining precisely the magnitude of illegal abortion. An estimate made by a statistical committee of abortion experts in 1955 placed the annual number of induced abortions in the United States anywhere between 200,000 and 1,200,000 (Cal-

derone 1958, p. 180). Of these, only around 8,000 were hospital-authorized terminations. Restrictive laws were merely diverting an enormous demand from legal to illegal channels. As published accounts increasingly documented (for example, Schur 1955; Calderone 1958; Schur 1965; Lader 1966) these laws were in fact largely responsible for the thriving black market in abortions. Because the securing of an illegal abortion was a "consensual transaction" that rarely produced a citizen complainant to initiate enforcement activity and provide evidence, illicit abortionists were difficult to prosecute. Legal restrictions on obtaining the relatively scarce service they provided buttressed the economic incentives for black market practice, establishing what one writer (Packer 1968) called a crime tariff—an economic market situation in which illicit practitioners willing to take some legal risks were in an almost monopolistic position and could charge whatever the traffic would bear.

Given that this illegal practice attracted persons varying greatly in training, competence, conscientiousness, and general ethical concern—and that the abortions were in almost all cases necessarily performed under less than optimal conditions—it is hardly surprising that medical complications and even deaths from these operations were widespread. Estimates of abortion deaths ranged as high as 10,000 annually; writing in 1966, Lader reported that "deaths from abortion have doubled in New York City in the last decade. The principal victims are the deprived minority groups" (Lader 1966, p. 66). Recourse to the underground abortionist was more often than not preceded by various attempts at self-induced termination of the pregnancy, usually by methods that (whether manual or chemical) were unlikely to be effective unless undertaken in such a manner that they would also be extremely dangerous. When these attempts failed and women sought out the black market, they faced not only physical dangers but also the likelihood of financial and even sexual exploitation, and often the need to deal with unsavory and unscrupulous individuals in secret and under sordid conditions.

The potential for psychological disturbance involving severe postabortion shame and guilt — which comparative studies showed was not high in countries that widely permitted safe, legal, hospital abortions — was very great under these circumstances.

These adverse consequences of criminalizing abortion were emphasized in the developing open critique of the American laws that began to accelerate in the 1950s and became even stronger in the next decade. Initially, this critique was spearheaded by individual physicians and legal analysts, who highlighted both the medical inadequacy and the social inequity that these laws entailed. A key theme that emerged had to do with the social-class politics of abortion. It soon came to be widely recognized that making abortion a crime imposed special hardship on poor women. Under conditions of illegality, socioeconomic status becomes a major determinant of the quality of abortion services a woman obtains, and hence of the risks she runs. The educated and relatively affluent woman usually has a good chance of locating a skilled medically trained practitioner, even if she may have to pursue at length various informal information networks in order to do so (Lee 1969). Lower-class women will more likely end up with the lower-priced operatives, who are often both untrained and unscrupulous. Thus, these women are at least doubly disadvantaged. Not only are they likely to be in a relatively weak position with respect to finding out about and pursuing any available opportunities for a legal, hospital abortion, but they are also highly vulnerable in the black market situation. Furthermore, since many of them seek abortion in the first place precisely because of inadequate resources for raising a large family, the socioeconomic disparity in access to safe abortion often compounds an already deep-seated situation of dependency and despair. The current restrictions on public funding of abortions for the poor (see below) point up the fact that revision of the statutory grounds for legal abortion does not by itself provide a full solution to this problem.

At this stage in the evolving liberalization trend — the late 1950s — the professional politics of abortion remained unclear, owing to the complex situation in which medical practitioners found themselves. On the one hand, it was becoming evident that hundreds of thousands of women were failing to receive the competent medical services they desired, and that when rejected by licensed physicians, they almost invariably turned to unauthorized and often incompetent operatives. On the other hand, many physicians no doubt continued to view abortion as running counter to their healing and life-preserving role and were content to leave this undesired patient population to the illicit market. At the same time, however, the medical profession's jurisdiction or authority to make the crucial decisions with respect to abortion was being impaired by the laws. A special irony in the situation was that what constituted a *therapeutic abortion* — the term generally applied to any hospital-approved termination of pregnancy — was being decided not by doctors but by legislators. In fact, as opinion surveys of the medical profession increasingly showed during the 1950s and 1960s (see Schur 1968, p. 144), large numbers of doctors — and especially obstetrician-gynecologists — by then believed that it would be broadly therapeutic to abort under a considerably wider range of conditions than those that constituted legal indications under existing statutes. It was in the matter of authority to determine general criteria for acceptable abortion, according to their best medical judgment, that doctors felt most threatened and limited by the restrictive legislation. If, instead, direct control over procedures for ruling on specific requests had been what was most crucially at stake, then the hospital abortion-board system might well have satisfied the profession. But even though physicians had themselves created this system, largely for protective reasons, they continued to view it with ambivalence. It seemed to institutionalize a harshly judgmental role for doctors, and many believed that the board approach was seriously deficient in meeting legitimate medical needs. For these reasons, promi-

nent physicians came to be among those arguing most forcefully that the boards were impeding, rather than facilitating, good medical care.

During this period, as at other times, there was of course also an element of interreligious politics relating to abortion. The Roman Catholic Church continued to proclaim all intentional abortion—even when performed on allegedly therapeutic grounds, up to and including necessity to save the mother's life—murder and hence irrefutably immoral. (See various discussions in Noonan 1979.) While it would eventually be seen that substantial numbers of Catholics were coming to view the Church's doctrines in this area as overly restrictive (Rossi 1966), and although it was already known that a good many Catholic women did in fact obtain abortions, it seems likely the Church hierarchy did not at this point yet feel under great pressure to combat the evolving movement for legal change. Notwithstanding some membership defection on the abortion issue, the Church still had on its side an enormous potential constituency supportive of its position, direct and easy access to this constituency through the pulpit and other pastoral contacts and communications, and to top this off, powerful religious ideology and church sanctions buttressing its stand. Furthermore, the laws on the books at this time continued to come close to supporting the Church's position, thus in a way giving it a built-in advantage over the opposition, comparable to that usually held by an incumbent candidate in an election campaign.

The late 1950s and the 1960s saw a very much heightened drive for legal reform (Sarvis and Rodman 1974, chap. 1; Humphries 1977). In this period, numerous professional associations—concerned with law, medicine, public health, and even religion—commissioned reports, held conferences, and issued public statements, most of which advocated some change in the laws on abortion. A highly significant development came in 1962 when the prestigious American Law Institute, in its Model Penal Code, provided guidelines for broadening the legal indica-

tions for therapeutic abortion. According to the ALI proposal, abortion by a licensed physician would be deemed legal if there was "substantial risk that continuance of the pregnancy would gravely imperil the physical or mental health of the mother or that the child would be born with grave physical or mental defect." It also called for accepting abortion in cases of pregnancy resulting from rape, incest, or "other felonious assault," including illicit intercourse with a girl below the age of sixteen (American Law Institute 1962, pp. 189–190). Of great importance too was the formation during the 1960s of several organizations specifically concerned with the issue of abortion. Among the national organizations that would wield the most influence were the relatively moderate Association for the Study of Abortion, established in 1965, and the more activist National Association for the Repeal of Abortion Laws (NARAL), established in 1969. Numerous local groups aimed at overturning restrictive laws in particular jurisdictions also sprung up during this period. More and more books and articles on the abortion issue were appearing around this time, and results of numerous opinion polls on the matter were published. In general, for advocates of legal change, the 1960s marked a turning away from an emphasis on research and dissemination of information and a move toward more active development of policy recommendations and organization for collective political action (Sarvis and Rodman 1974, pp. 7–10).

These developments constituted a rapid and complex politicizing of the abortion issue—at least on the prochange side of the controversy—with a wide range of policy positions and recommendations that varied in degrees of militancy coming to the fore. Indeed, this evolving movement was sufficiently broad and diverse that one retrospective account has described it as having had discernible left-wing, center, and right-wing components. According to Humphries (1974, pp. 217–220), the left wing was represented by a radically feminist local group, New Yorkers for Abortion Law Repeal—which viewed abortion as an abso-

lute right of women and hence argued for total repeal of all abortion laws. Humphries sees both of the major national organizations — the collective-action-oriented NARAL as well as the Association for the Study of Abortion — as representing the centrist position, apparently because they were more pragmatic than defiant in their approach, and because, at least in the case of the latter, the membership included reform as well as repeal advocates. On the right wing of the movement, Humphries suggests, were such organizations as the American Medical Association and its local affiliates, which supported moderate legal reform that fell short even of what the ALI had recommended.

While accounts of its role and influence in this area vary, the evolving movement for women's liberation should at least be credited with having served as one major catalyst of abortion-reform activity. The growing view that abortion constituted a major women's issue and the associated marshaling of support for change among women of diverse political perspectives may well have served to tip the balance of power in favor of the liberalization forces. Most of the organizing, canvassing, lobbying, and bringing of test cases into the courts that soon began to produce change occurred in the context of, and with strong support from, the now-active women's movement. Indeed, Lawrence Lader, one of the founders of NARAL has asserted:

It was the surge and fervor of neofeminism that paved the way for the abortion movement. Each was essential to the other, and neither could have advanced without the other. Still, it was the voices of angry women, organizing across the country, that shook legislatures out of their complacency, and produced the first breakthrough for new abortion laws. [Lader 1973, p. 40]

By the end of the 1960s, twelve states had passed reform statutes, extending the legal grounds for abortion roughly along the lines suggested by the ALI (Sarvis and Rodman 1974, pp. 40-44). In 1970, three states, including New York, passed more far-reaching repeal bills, which permitted abortion on the deci-

sion of the woman and her physician provided certain procedural requirements were met (Sarvis and Rodman 1974, pp. 44-46). The New York enactment followed a previous effort that failed, lengthy lobbying and harsh debate, dramatic speeches by individual lawmakers, and a crucial last-minute switch of position by one of the legislators (Lader 1973, chap. 10). Meanwhile, reform groups continued efforts in both state and federal courts to challenge the constitutionality of diverse legal restrictions on abortion. A variety of cases produced mixed rulings, leading finally to the landmark U.S. Supreme Court decision in *Roe v. Wade*.

As noted above, this ruling kindled yet a further intensification of the abortion controversy — in particular, producing heightened political activity on the part of those favoring restrictive laws. Antiabortionists marshaled broad support for a "right to life" movement and since then have scored a number of significant victories and become a noteworthy political force. In 1976 Congress passed an amendment to an appropriations bill (the so-called Hyde Amendment) prohibiting use of federal Medicaid funds for abortion unless a woman's life would be endangered if her pregnancy were not interrupted. As of this writing, the constitutionality of the Hyde Amendment is being challenged in the courts (*N.Y. Civil Liberties*, Jan.-Feb. 1979, p. 4; *NARAL Newsletter*, Jan.-Feb. 1979, p. 5). Two rulings of the U.S. Supreme Court in 1977 held that that states are not constitutionally required to fund nontherapeutic abortions, and most states now severely restrict the public funding of abortions. (Even before these recent restrictions were imposed there was considerable evidence that, without new hospital and funding policies, reform and even repeal laws were going to prove insufficient to guarantee needed abortion services for the poor.) (See Sarvis and Rodman 1974, pp. 46-53; also, Schultz 1977.)

In New York State a formal Right to Life Party has gained access to the ballot, having shown sufficient strength in the 1978 gubernatorial election "to make antiabortionists a new force in

state politics," and to give them, "the highest visibility they have had in the state and also potential leverage with candidates for the legislature and local offices, particularly in marginal districts where Right to Life support could provide a margin of victory" (Lynn 1978). Nationally, the right to life forces have demonstrated considerable effectiveness in many state and local elections and referenda, sometimes managing to defeat candidates who previously had shown great strength. According to one recent account:

Antiabortion leaders have mastered single-issue politics in a number of places so that they are able to defeat opponents or extract pledges of support from candidates even though the vast majority say in public opinion polls that their choice of a candidate does not depend on the abortion issue. They accomplish this by bringing out their supporters in full strength in elections in which overall voter participation is light. [Herbers 1978; see also DeWitt 1979, and Freeman 1979]

Whether or not these developments are taken to reflect or represent an antiabortion backlash, it is clear that there are now powerful forces arrayed on both sides of the controversy and that the contesting forces are prepared and able to employ all the standard political techniques in support of their goals. Advocates of both positions are making extensive use of propaganda, the manipulation of powerful symbols for partisan ends—even if each side sees itself instead as engaging in public education. Key features of this propaganda contest have been name calling—a speaker at a national right to life convention referred to abortion-performing physicians as "executioners" (Herbers 1979); shock tactics—such as displaying photographs of fetuses or actual fetuses (*New York Times*, Feb. 16, 1979, p. B7); and, particularly significant for both sides, various efforts to influence the ways in which the public views the disputants and the nature of the dispute itself. The terminology used to designate the parties to the controversy has thus become a hotly contested issue. Each side has its favored set of designations, the appro-

priateness of which the other disputes. The contesting forces repudiate descriptions of themselves as being "pro-abortion" or "anti-abortion," asking instead to be characterized as "pro-choice" or "pro-life," respectively. Some comments from a recent NARAL newsletter provide a further sense of this feature of the propaganda battle:

*Who are the so-called "pro-life" people? They are the COMPULSORY PREGNANCY people, and that's what they should be called. Whose life are they "pro"? Certainly not the life of the woman. Certainly not the life of a child born into poverty. Certainly not the life of a child certain to be born with severe defects. Do they show you women in the death throes of peritonitis? Do they show you the pain, the suicides, the wrecked lives? Do they show you the cost to the taxpayers for raising unwanted children. . . . Where is *their* responsibility after they compel a birth? Suddenly, "pro-life" doesn't sound so noble anymore [NARAL Newsletter, Jan.-Feb. 1979, p. 13]*

Each side has sought to depict itself as favoring freedom and its opponents as favoring compulsion. Each has provided its version of the "horrible consequences" argument; the NARAL ad makes clear that conservatives have no monopoly on that standard technique. (See also Hardin 1964.) Each side has presented its own way of viewing the act of terminating a pregnancy—in one case, the killing of a "human being," in the other, the "removal of fetal protoplasm"—and of locating such acts on a continuum of interventions in reproduction and/or life, opponents of liberalization linking abortion with infanticide and other murder, proponents relating it to contraception or even family planning. The opposing forces also have offered alternative ways of conceptualizing the major moral issue with respect to abortion laws, even if right to life advocates sometimes have implied that it is only their side that is concerned with morals. Here, the clash actually has not been between those who adopt a moral position and those who do not, but rather between disputants with very different ideas about what the major moral issue is.

Right to life proponents have been almost totally preoccupied with the morality of abortion as an absolute and in the abstract, framing the dispute in the same general manner that even very sophisticated philosophers, on both sides of the policy issue, have tended to adopt. (See Cohen et al. 1974.) The primary concern of their opponents, however, has been to show not that abortion is moral but rather that particular abortion laws are immoral, in their operation and their consequences. Thus, they would insist, in an argument many find perplexing or difficult, that even if we were to conclude that the act of abortion is immoral, that would not settle the legal issue. Laws that make a bad situation worse are not socially desirable. This clash, between morality-of-the-act and morality-of-the-laws perspectives and arguments continues to compound a highly complex public controversy. The distinction seems also to have been glossed over in one analyst's contention that the recent critique of abortion laws has embodied a "technocratic" approach that "supercedes the discussion of moral order, because professionals in suspending such judgments emphasize the detrimental effects of moral prohibitions" (Humphries 1977, p. 220). Many of the reform advocates may oppose moral absolutism, but they do so in the very process of making their own kinds of moral assessments.

The conflict over abortion continues to erupt on a number of specific fronts, reflecting a range of general and subsidiary policy issues. In a review of these issues made at the beginning of 1979, the New York Civil Liberties Union cited the following areas of persisting dispute: the basic right to an abortion; public funding of abortion; abortions for minors; husband's consent or notification; requirements of pre-abortion counselling; the performing of abortion in public hospitals (*New York Civil Liberties*, Jan.-Feb. 1979, p. 5). With respect to most aspects of this continuing ferment there are, as we have seen, multiple interests at play, interests that at times elude neat classification. Though the argument has been forcefully made—and substan-

tial documentation attempted—that poor people have a special stake in liberal abortion laws, at the same time there have been claims made that the entire liberalization effort represents some kind of conspiracy to impose restrictions on population increases among blacks. (See Sarvis and Rodman 1974, chap. 10, "Black Genocide.") While the medical profession has a presumed interest in maintaining its authority over the granting of abortions, the positions adopted by leading practitioners and medical organizations have varied greatly and have suggested considerable medical ambivalence on this topic. Notwithstanding the strong conviction on the part of feminists that "control over her own body" is a woman's basic right, women have emerged in the leadership of the opposing right to life movement. Given this kind of complexity, and the fact that as new social and legal developments occur attitudes, allegiances, and alliances are also likely to fluctuate, further shifts in the balance of power and influence regarding abortion can be expected—even if we cannot readily predict the timing, magnitude, or precise nature of such change.

## References

- Adam, Barry D. 1978. *The Survival of Domination*. New York: Elsevier North Holland.
- Agel, Jerome et al. 1973. *Rough Times*. New York: Ballantine.
- Allen, Francis A. 1964. *The Borderland of Criminal Justice*. Chicago: University of Chicago Press.
- Altman, Dennis. 1973. *Homosexual: Oppression and Liberation*. New York: Avon.
- American Law Institute. 1962. *Model Penal Code, Proposed Official Draft*. Philadelphia.
- Armstrong, Gail, and Mary Wilson. 1973. "City Politics and Deviancy Amplification. In Ian Taylor and Laurie Taylor, eds., *Politics and Deviance*. Baltimore: Penguin.
- Ball, Donald W. 1967. "An Abortion Clinic Ethnography." *Social Problems* 14 (winter): 293-301.

- Becker, Howard S. 1963. *Outsiders*. New York: Free Press.
- Bell, Daniel. 1961. "Crime as an American Way of Life," *The End of Ideology*. New York: Collier. Pp. 127-150.
- Bloch, Sidney, and Peter Reddaway. 1977. *Psychiatric Terror*. New York: Basic Books.
- Calderone, Mary Steichen, ed. 1958. *Abortion in the United States*. New York: Hoeber-Harper.
- Chesler, Phyllis. 1972. *Women and Madness*. New York: Avon.
- Cohen, Marshall et al., eds. 1974. *The Rights and Wrongs of Abortion*. Princeton: Princeton University Press.
- Connor, Walter D. 1972. "The Manufacture of Deviance: The Case of the Soviet Purges, 1936-1938." *American Sociological Review* 37 (August): 403-413.
- Conrad, Peter. 1975. "The Discovery of Hyperkinesis: Notes on the Medicinalization of Deviant Behavior." *Social Problems* 23 (October): 12-21.
- Coser, Lewis A. 1962. "Some Functions of Deviant Behavior and Normative Flexibility." *American Journal of Sociology* 68 (September): 171-181.
- Currie, Elliott. 1968. "Crimes Without Criminals: Witchcraft and its Control in Renaissance Europe." *Law and Society Review* 3 (August): 7-32.
- Dahrendorf, Ralf. 1959. *Class and Class Conflict in Industrial Society*. Stanford: Stanford University Press.
- Davis, Fred. 1963. *Passage Through Crisis*. Indianapolis: Bobbs-Merrill.
- Davis, Kingsley. 1937. "The Sociology of Prostitution." *American Sociological Review* 2 (October): 746-755.
- Davis, Kingsley. 1938. "Mental Hygiene and the Class Structure." *Psychiatry* 1: 55-65.
- de Beauvoir, Simone. 1953. *The Second Sex*. New York: Knopf.
- De Witt, Karen. 1979. "Abortion Foes March in Capital on Anniversary of Legalization." *New York Times*, January 23, p. C10.
- Dickson, Donald T. 1968. "Bureaucracy and Morality: An Organizational Perspective on a Moral Crusade." *Social Problems* 16 (fall): 143-156.
- Douglas, Jack D. 1970. "Deviance and Respectability: The Social Construction of Moral Meanings." In Douglas, ed., *Deviance and Respectability*. New York: Basic Books. Pp. 3-30.

- Durkheim, Emile. 1893, 1933. *The Division of Labor in Society*. Translated by George Simpson. New York: Free Press.
- Edgerton, Robert B. 1976. *Deviance: A Cross-Cultural Perspective*. Menlo Park, Calif.: Cummings.
- EHrenreich, Barbara, and Deirdre English. 1973. *Complaints and Disorders: The Sexual Politics of Sickness*. Old Westbury, N.Y.: Feminist Press.
- Emerson, Robert M. 1969. *Judging Delinquents*. Chicago: Aldine.
- Emerson, Robert M. and Melvin Pollner. 1976. "Dirty Work Designations: Their Features and Consequences in a Psychiatric Setting." *Social Problems* 23 (February): 243-254.
- Ennis, Bruce J., and Richard D. Emery. 1978. *The Rights of Mental Patients*. New York: Avon.
- Erikson, Kai T. 1962. "Notes on the Sociology of Deviance." *Social Problems* 9 (spring): 307-314.
- Erikson, Kai T. 1966. *Wayward Puritans*. New York: John Wiley.
- Fishman, Mark. 1978. "Crime Waves as Ideology." *Social Problems* 25 (June): 531-543.
- Foucault, Michel. 1977. *Discipline and Punish*. New York: Pantheon.
- Freeman, Jo. 1979. "An Abortion Rights Group Adjusts its Strategy and Image." *In These Times*, May 9-15, p. 6.
- Freidson, Eliot. 1965. "Disability as Social Deviance." In Marvin B. Sussman, ed., *Sociology and Rehabilitation*. Washington: D.C. American Sociological Association. Pp. 71-99.
- Freidson, Eliot. 1971. *Profession of Medicine*. New York: Dodd, Mead.
- Garfinkel, Harold. 1956. "Conditions of Successful Degradation Ceremonies." *American Journal of Sociology* 61 (March): 420-424.
- Gaylin, Willard et al. 1978. *Doing Good: The Limits of Benevolence*. New York: Pantheon.
- Gerth, H.H., and C. Wright Mills. 1958. *From Max Weber*. New York: Oxford University Press.
- Goffman, Erving. 1961. *Asylums*. Garden City, N.Y.: Doubleday, Anchor Books.
- Goffman, Erving. 1963. *Stigma: Notes on the Management of Spoiled Identity*. Englewood Cliffs, N.J.: Prentice-Hall.
- Goffman, Erving. 1972. "The Insanity of Place," *Relations in Public*. New York: Harper, Colophon Books. Pp. 335-390.

- Goode, Erich. 1978. *Deviant Behavior: An Interactionist Approach*. Englewood Cliffs, N.J.: Prentice-Hall.
- Gove, Walter R. 1975. "Labelling and Mental Illness: A Critique." In Gove, ed., *The Labelling of Deviance*. New York: Sage/Wiley, pp. 35-81.
- Gove, Walter, R., ed. 1975. *The Labelling of Deviance*. New York: Sage/Wiley.
- Halleck, Seymour L. 1972. *The Politics of Therapy*. New York: Harper, Perennial Library.
- Hardin, Garrett. 1964. "Abortion and Human Dignity." Public lecture, University of California, Berkeley, April 29.
- Hawkins, Richard, and Gary Tiedeman. 1975. *The Creation of Deviance*. Columbus, Ohio: Chas. E. Merrill.
- Herbers, John. 1978. "Anti-Abortionists' Impact is Felt in Elections Across the Nation." *New York Times*, June 20, pp. 1, B10.
- Herbers, John. 1979. "Convention Speech Stirs Foes of Abortion." *New York Times*, June 24, p. 16.
- Hoffman, Martin. 1969. *The Gay World*. New York: Bantam.
- Hollingshead, August B., and Frederik C. Redlich. 1958. *Social Class and Mental Illness*. New York: John Wiley.
- Hooker, Evelyn. 1963. "The Adjustment of the Male Overt Homosexual." In Hendrik M. Ruitenbeek, ed., *The Problem of Homosexuality in Modern Society*. New York: Dutton. Pp. 141-161.
- Horowitz, Irving Louis, and Martin Liebowitz. 1968. "Social Deviance and Political Marginality: Toward a Redefinition of the Relation Between Sociology and Politics." *Social Problems* 15 (winter): 280-296.
- Humphries, Drew. 1977. "The Movement to Legalize Abortion: A Historical Account." In David F. Greenberg, ed., *Corrections and Punishment*. Beverly Hills, Calif.: Sage Publications, Inc. Pp. 205-224.
- Illich, Ivan. 1976. *Medical Nemesis*. New York: Pantheon.
- Kameny, Franklin E. 1971. "Homosexuals as a Minority Group." In Edward Sagarin, ed., *The Other Minorities*. Lexington, Mass.: Ginn. Pp. 50-65.
- Kitsuse, John I. 1962. "Societal Reactions to Deviant Behavior." *Social Problems* 9 (winter): 247-256.
- Kitsuse, John I., and Aaron V. Cicourel. 1963. "A Note on the Use of Official Statistics." *Social Problems* 11 (fall): 131-139.

- Kittrie, Nicholas N. 1971. *The Right to be Different*. Baltimore: The Johns Hopkins Press.
- Lader, Lawrence. 1966. *Abortion*. Indianapolis: Bobbs-Merrill.
- Lader, Lawrence. 1973. *Abortion II: Making the Revolution*. Boston: Beacon Press.
- Laing R.D. 1965. *The Divided Self*. Baltimore: Penguin.
- Lasswell, Harold D. 1936. *Politics: Who Gets What, When, How*. New York: McGraw-Hill.
- Lasswell, Harold D., and Abraham Kaplan. 1950. *Power and Society*. New Haven: Yale University Press.
- Lauderdale, Pat. 1976. "Deviance and Moral Boundaries." *American Sociological Review* 41 (August): 660-676.
- Lee, Nancy Howell. 1969. *The Search for an Abortionist*. Chicago: University of Chicago Press.
- Lehman, Edward W. 1977. *Political Society: A Macrosociology of Politics*. New York: Columbia University Press.
- Leifer, Ronald. 1966. "Community Psychiatry and Social Power." *Social Problems* 14: (summer), 16-22.
- Lemert, Edwin M. 1951. *Social Pathology*. New York: McGraw-Hill.
- Lemert, Edwin M. 1962. "Paranoia and the Dynamics of Exclusion." *Sociometry* 25 (March): 2-25.
- Lindesmith, Alfred R. 1940. "The Drug Addict as a Psychopath." *American Sociological Review* 5 (December): 914-920.
- Lofland, John. 1969. *Deviance and Identity*. Englewood Cliffs, N.J.: Prentice-Hall.
- Lynn, Frank. 1978. "Right to Life Party Shows its Strength." *New York Times*, November 10, pp. 1, B.
- Marmor, Judd, ed. 1965. *Sexual Inversion*. New York: Basic Books.
- Meislin, Richard J. 1976. "West Side Rehabilitation Center Proposed for Ex-Mental Patients." *New York Times*, December 20, p. B12.
- Mercer, Jane R. 1973. *Labeling the Mentally Retarded*. Berkeley: University of California Press.
- Merton, Robert K. 1976. "The Sociology of Social Problems." In Merton and Robert Nisbet, eds., *Contemporary Social Problems*. 4th ed. New York: Harcourt Brace Jovanovich, Inc. Pp. 5-43.
- Newman, Graeme. 1976. *Comparative Deviance*. New York: Elsevier North Holland.
- Noonan, John T., Jr., ed. 1970. *The Morality of Abortion*. Cambridge, Mass.: Harvard University Press.

- O'Connor vs. Donaldson. 1975. 422 U.S. 563.
- Packer, Herbert L. 1968. *The Limits of the Criminal Sanction*. Stanford: Stanford University Press.
- Pfohl, Stephen J. 1977. "The 'Discovery' of Child Abuse." *Social Problems* 24 (February): 310-323.
- Piliavin, Irving, and Scott Briar. 1964. "Police Encounters with Juveniles." *American Journal of Sociology* 69 (September): 206-214.
- Piven, Frances Fox, and Richard A. Cloward. 1971. *Regulating the Poor*. New York: Pantheon.
- Platt, Anthony M. 1969. *The Child Savers: The Invention of Delinquency*. Chicago: University of Chicago Press.
- Roe v. Wade*. 1973. 410 U.S. 113.
- Rosen, Harold, ed. 1954. *Therapeutic Abortion*. New York: Julian Press.
- Rosenhan, D.L. 1973. "On Being Sane in Insane Places." *Science* 179 (January 19): 250-258.
- Rosenheim, Margaret. 1976. "Notes on Helping Juvenile Nuisances." In Rosenheim, ed., *Pursuing Justice for the Child*. Chicago: University of Chicago Press. Pp. 43-66.
- Rossi, Alice S. 1966. "Abortion Laws and Their Victims." *Transaction*, September-October.
- Rossi, Peter et al. 1974. "The Seriousness of Crimes." *American Sociological Review* 39 (April). 224-237.
- Rubington, Earl, and Martin S. Weinberg, eds. 1978. *Deviance: The Interactionist Perspective*. 3rd ed., New York: Macmillan.
- Sarvis, Betty, and Hyman Rodman. 1974. *The Abortion Controversy*. 2nd ed. New York: Columbia University Press.
- Scheff, Thomas J. 1966. *Being Mentally Ill*. Chicago: Aldine.
- Scheff, Thomas J. 1968. "Negotiating Reality: Notes on Power in the Assessment of Responsibility." *Social Problems* 16 (summer): 3-17.
- Schrag, Peter, and Diane Divoky. 1976. *The Myth of the Hyperactive Child*. New York: Dell Pub. Co., Inc.
- Schultz, Terri. 1977. "Though Legal, Abortions Are Not Always Available." *New York Times*, January 2, p. 8E.
- Schur, Edwin M. 1955. "The Abortion Racket." *The Nation*, March 5.
- Schur, Edwin M. 1965. *Crimes Without Victims*. Englewood Cliffs, N.J.: Prentice-Hall.

- Schur, Edwin M. 1968. "Abortion." *The Annals of the American Academy of Political and Social Science* 376 (March): 136-147.
- Schur, Edwin M. 1971. *Labeling Deviant Behavior*. New York: Harper & Row, Pub.
- Schur, Edwin M. 1979. *Interpreting Deviance*. New York: Harper & Row, Pub.
- Scott, Robert A. 1969. *The Making of Blind Men*. New York: Russell Sage Foundation.
- Scull, Andrew T. 1977. *Decarceration*. Englewood Cliffs, N.J.: Prentice-Hall.
- Severo, Richard. 1978. "Mental Patients Seeking a Voice in Determining Their Therapies." *New York Times*, December 11, pp. 1, D14.
- Spector, Malcolm, and John I. Kitsuse. 1977. *Constructing Social Problems*. Menlo Park, Calif.: Cummings.
- Suchar, Charles S. 1978. *Social Deviance: Perspectives and Prospects*. New York: Holt, Rinehart & Winston.
- Sudnow, David. 1965. "Normal Crimes: Sociological Features of the Penal Code in a Public Defender Office." *Social Problems*: 12 (winter): 255-276.
- Sullivan, Ronald. 1978. "Mental-Patient Releases Questioned." *New York Times*, March 13, p. B3.
- Sutherland, Edwin H. 1950. "The Diffusion of Sexual Psychopath Laws." *American Journal of Sociology* 56 (September): 142-148.
- Szasz, Thomas S. 1961. *The Myth of Mental Illness*. New York: Hoeber-Harper.
- Szasz, Thomas S. 1963. *Law, Liberty and Psychiatry*. New York: Macmillan.
- Szasz, Thomas S. 1965. *Psychiatric Justice*. New York: Macmillan.
- Szasz, Thomas S. 1970. *Ideology and Insanity*. Garden City, N.Y.: Doubleday, Anchor Books.
- Weinberg, George. 1972. *Society and the Healthy Homosexual*. Garden City, N.Y.: Doubleday, Anchor Books.
- Weissstein, Naomi. 1972. "Psychology Constructs the Female." In Vivian Gornick and Barbara K. Moran, eds., *Woman in Sexist Society*. New York: Signet. Pp. 207-224.
- Witten, Marsha et al. 1977. "State Abandons Mentally Ill to City Streets." *Village Voice*, October 31, pp. 1, 29.
- Yarrow, Marian Radke et al. 1955. "The Psychological Meaning of Mental Illness in the Family." *Journal of Social Issues* 11: 12-24.