# lecture 13N:

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

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## Howard Becker, 1963 <u>Outsiders</u>

- **Learning to use Marijuana**
  - **<u>identify</u> appropriate internal states**
  - **<u>associate</u> those states with the drug use**
  - **define the states as <u>pleasurable</u> (disoriented, nauseous)**
- **Subculture**
  - **socialization**
  - **supply**
  - **neutralizes stigma**
- **_Reefer Madness_ and moral panics**
  - **http://www.youtube.com/watch?v=54xWo7ITFbg @33**

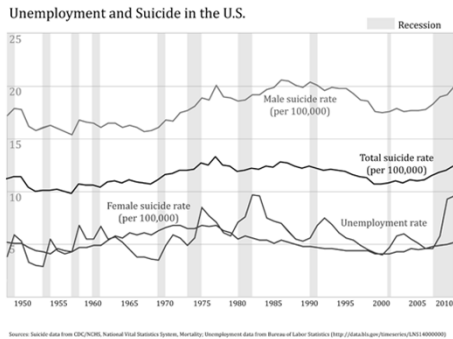Chris Uggen – Sociology 4111                    2

THE INCIDENTS AND CHARAC-
TERS PORTRAYED IN THIS
MOTION PICTURE ARE PURELY
FICTIONAL AND ANY SIMILARITY
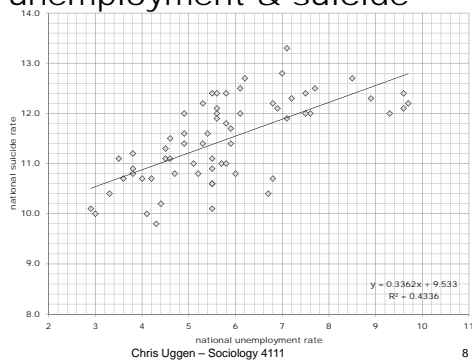TO ACTUAL OCCURRENCES AND
LIVING OR DECEASED PER-
SONS IS COINCIDENTAL.

http://www.youtube.com/watch?v=54xWo7ITFbg                    3

Speaking from the tongue of an experienced simpleton who obviously would rather be an emasculated, infantile complain-ee. This note should be pretty easy to understand. All the warnings from the punk rock 101 courses over the years, since my first introduction to the, shall we say, the ethics involved with independence and the embracement of your community has proven to be very true. I haven't felt the excitement of listening to as well as creating music along with reading and writing for too many years now. I feel guilty beyond words about these things. For example when we're backstage and the lights go out and the manic roar of the crowd begins, it doesn't affect me the way in which it did for Freddy Mercury, who seem to love, relish in the love and adoration from the crowd, which is something I totally admire and envy. The fact is, I can't fool you, any one of you. It simply isn't fair to you or me. The worst crime I can think of would be to rip people off by faking it and pretending as if I'm having 100% fun. Sometimes I feel as if I should have a punch-in time clock before I walk out on stage. I've tried everything within my power to appreciate it (and I do, God believe me I do, but it's not enough). I appreciate the fact that I and we have affected and entertained a lot of people. I must be one of those narcissists who only appreciate things when they're gone. I'm too sensitive. I need to be slightly numb in order to regain the enthusiasm I once had as a child. On our last 3 tours, I've had a much better appreciation for all the people I've known personally and as fans of our music, but I still can't get over the frustration, the guilt and empathy I have for everyone. There's good in all of us and I think I simply love people too much, so much that it makes me feel too fucking sad. The sad little sensitive, unappreciative, Pisces, Jesus man. Why don't you just enjoy it? I don't know! I have a goddess of a wife who sweats ambition and empathy and a daughter who reminds me too much of what I used to be, full of love and joy, kissing every person she meets because everyone is good and will do her no harm. And that terrifies me to the point where I can barely function. I can't stand the thought of Frances becoming the miserable, self-destructive, death rocker that I've become. I have it good, very good, and I'm grateful, but since the age of seven, I've become hateful towards all humans in general. Only because it seems so easy for people to get along and have empathy. Only because I love and feel sorry for people too much I guess. Thank you all from the pit of my burning, nauseous stomach for your letters and concern during the past years. I'm too much of an erratic, moody, baby! I don't have the passion anymore, and so remember, it's better to burn out then to fade away. Peace, Love, Empathy. Kurt Cobain.Frances and Courtney, I'll be at your altar. Please keep going Courtney, for Frances. for her life will be so much happier without me. I LOVE YOU, I LOVE YOU.

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# Who have you lost?

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# SUICIDE

- **Suicide:** *deliberate* **destruction of one's own life**
  - **Euthanasia – taking one's life to end suffering from disease or injury**
  - **"Indirect Suicide" – long-term destruction**
- **Prevalence:**
  - **800,000-1,200,000/year in World (WHO)**
  - **38,364 in US (2010) or 12.4 per 100,000 population (11.4 in MN (42$^{nd}$); highest in WY, AK, MT, NV, NM)**
    - **peak in Great Depression at 17/100,000**
    - **declines around most holidays**
    - **Compare to 14,022 homicides in 2011 (or 4.8 per 100k)**
  - **3$^{rd}$-leading cause of death (20-24) (was 2$^{nd}$)**
  - **Personal experience in network?**
- **Individual correlates, then rates**
  - **"ecological fallacy" and case for sociology**

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**Deborah Carr and Julie Phillips 2013 (TSP)**
http://thesocietypages.org/specials/social-fact-suicide/

Unemployment and Suicide in the U.S.

Recession

25

Male suicide rate
(per 100,000)

20

Total suicide rate
(per 100,000)

15

10

Female suicide rate
(per 100,000)

Unemployment rate

1950  1955  1960  1965  1970  1975  1980  1985  1990  1995  2000  2005  2010

Sources: Suicide data from CDC/NCHS, National Vital Statistics System, Mortality; Unemployment data from Bureau of Labor Statistics (http://data.bls.gov/timeseries/LNS14000000)

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# strong correlation of unemployment & suicide

14.0

13.0

national suicide rate

12.0

11.0

10.0

9.0

y = 0.3362x + 9.533
R² = 0.4336

8.0

2    3    4    5    6    7    8    9    10    11

national unemployment rate

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# statistics

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

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## learning theory and suicide

- **Do we learn definitions favorable and unfavorable to suicide?**
  - **How are suicide (attempts) reinforced?**
  - **Is there a sequence or process ("career")?**
    - **Problems, self-directed responses, suicidal thoughts (ideations), behavior**
  - **Dr. Kevorkian, legitimation of physician-assisted**
- **Publicity and suicides (D. Phillips)**
  - **Possible imitative effects on suicide, single-car accidents, etc.**
- **Analysis of suicide notes (12-15%)**
  - **Transforming the self?**

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## *from suicide notes*

- **And so I leave this world, where the heart must either break or turn to lead.**
  *~~ Nicolas-Sebastien Chamfort, French writer, d. 1794*
- **The future is just old age and illness and pain... I must have peace and this is the only way.**
  *~~ James Whale, film director, d. May 29, 1957*
- **I feel certain that I'm going mad again. I feel we can't go thru another of those terrible times. And I shan't recover this time. I begin to hear voices**
  *~~ Virginia Woolf, author, d. March 28, 1941*
- **I must end it. There's no hope left. I'll be at peace. No one had anything to do with this. My decision totally.**
  *~~ Freddie Prinze, comedian, d. January 29, 1977*
- **Frances and Courtney, I'll be at your altar. Please keep going Courtney, for Frances for her life will be so much happier without me. I LOVE YOU. I LOVE YOU.**
  *~~ Kurt Cobain, musician, d. April 8, 1994*
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**US Suicide Rates Ages 10 Years and Older, by Race / Ethnicity and Sex, 2002-2006**

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

**2010 U.S. Suicide Rates by Age**
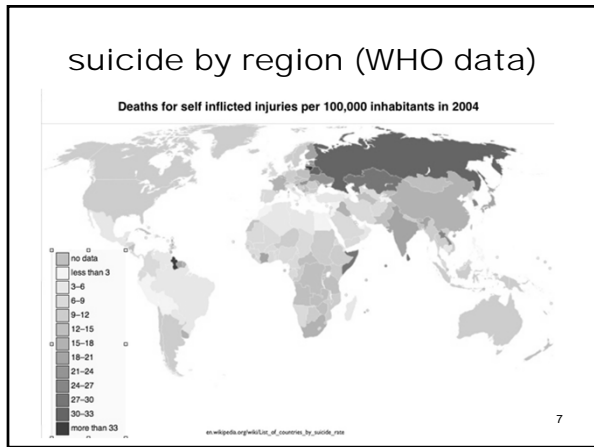
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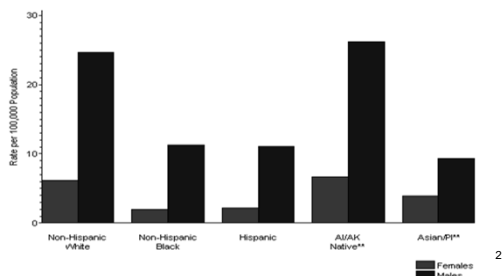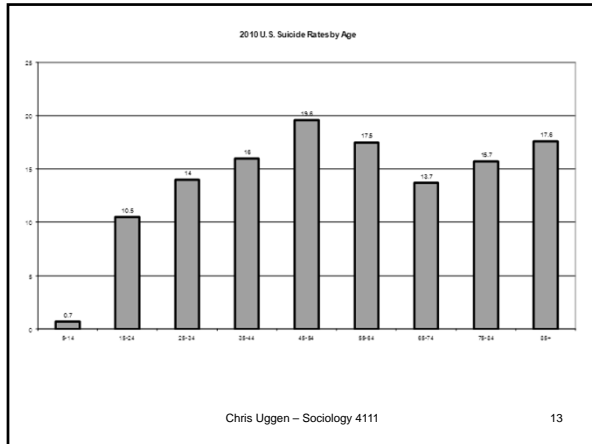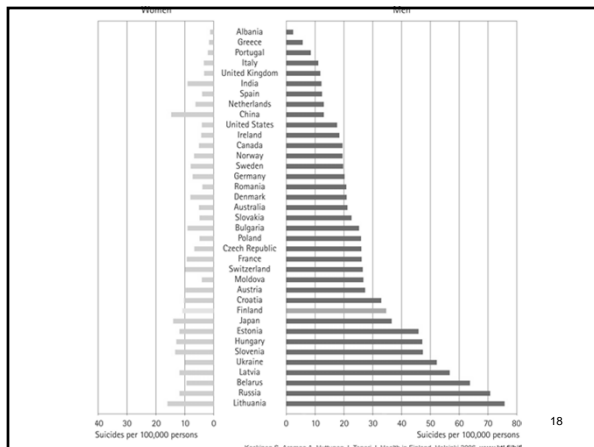
## Durkheim's *Suicide*

- *Social Integration:* **Rates vary with social interaction and regulation, group unity, and strength of ties**
- **Societies vary**
  - **In <u>integration</u>: from egoistic to altruistic**
  - **In <u>regulation</u>: from anomic to fatalistic**
- **Typology of suicides**
  - **<u>Altruistic</u> – to *benefit* group (Kamikaze; Eskimo)**
    - **Overintegration, strong attachment to group**
  - **<u>Egoistic</u> – societies lacking close ties or relations**
    - **Underintegration, no check on individualism**
    - **Most common (lonely, alienated; Cobain?)**
  - **<u>Anomic</u> – normlessness with shock to social system**
    - **Underregulation (e.g., 1929 crash) or total freedom (lottery winner?)**
  - **[Fatalistic] –analog to anomic,**
    - **Overregulation (e.g., slaves; prisoners?)**

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

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

- 5.23–10.70
- 10.71–11.82
- 11.83–14.18
- 14.19–20.08

District of Columbia

Note: Reports for All Ages include those of unknown age.          *Data courtesy of CDC*

## Why West? CDC suicide by county, 2000-6



Suppressed/undefined | 4.65-10.14 | 10.15-11.23
11.24-12.28 | 12.29-13.64 | 13.65-15.61
15.62-71.89

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## suicide by region (WHO data)

Deaths for self inflicted injuries per 100,000 inhabitants in 2004



no data
less than 3
3–6
6–9
9–12
12–15
15–18
18–21
21–24
24–27
27–30
30–33
more than 33

en.wikipedia.org/wiki/List_of_countries_by_suicide_rate

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Rate of Deaths per 100,000, Minnesota 1960-2009

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Death Rate from Traffic, Suicide, Murder and Fire:
Minnesota, 1980-2008

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**Week 13B.**
**Are physical disabilities deviant?**

- **Deviance** **as departure from norms that elicit disapproval or negative sanctions**
- **Physical Disability** **as loss of function accompanying a physical impairment**
  - A **condition** rather than a behavior
  - **Ascribed** rather than achieved (typically)
  - A **master** **status** that overrides other characterisstics
- **Social construction of disability**
  - **Fluctuating definitions of blindness, deafness, mental retardation, obesity**
- **Disability in Film:**
  **http://www.youtube.com/watch?v=1ICDd85yEFY**
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## norms and reactions

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

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## disability and the "sick role"

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

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## Review: Erving Goffman's
## *Stigma and "Spoiled Identity"* (1963)

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

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## Goffman on stigma management

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

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## Two Stigma Management Problems

- **Simi & Futrell (2006): White Power Activists**
  - **Ethnography, interviews with 89**
  - **Management: leading double life (passing); strategic silence; selective disclosure**
- **Roschelle & Kaufman (2004) homeless kids**
  - **Participant-observation at shelter program**
  - **Management via Inclusion (friendships; passing; covering) and Exclusion (physical & sexual posturing)**

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## ADA – Americans with Disabilities Act of 1990

- **Physical or mental impairments define a "protected class" with civil rights protections**
  - **INCLUDES: speech, hearing, MD, MS, retardation, drug addiction, heart disease**
  - **EXCLUDES: gambling, kleptomania, current illegal drug use**
- **Employers must make "<u>reasonable accommodation</u>" to the disabled person's condition**
  - **E.g., teaching a blind student at U of M**

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**EEOC Americans with Disabilities Act Claims and Benefits, 1992-2009**



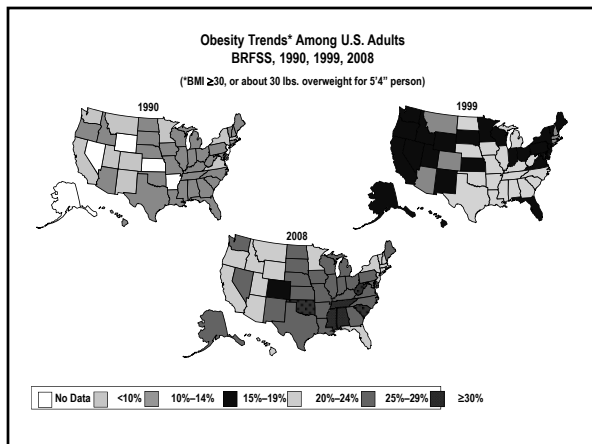Chris Uggen – Sociology 4111    28

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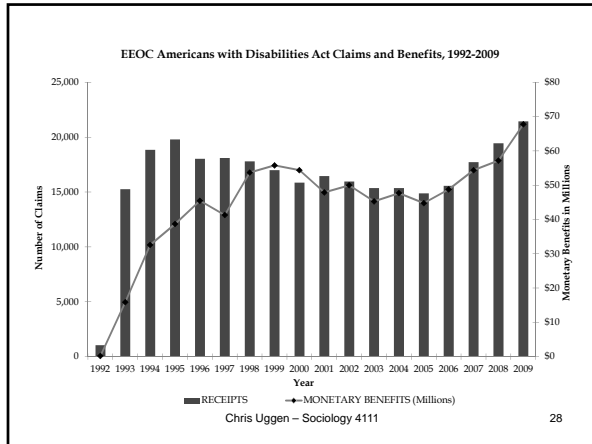
# CDC and construction of obesity

- *Norms and Definitions (CDC-medical)*
  
  <u>Obesity</u>**: a very high amount of body fat in relation to lean body mass, or Body Mass Index (BMI) of 30 or higher**
- **BMI =** $\dfrac{\text{Weight in Pounds}}{((\text{Height in inches}) \times (\text{Height in inches})) \times 703}$
- **Labels:**
  - **Underweight if < 18.5**
  - **Normal if 18.5 – 24.9**
  - **Overweight if 25 – 29.9**
  - **Obese if 30 +**
- **Uggen at 26.3 (5'10" 183)**

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**Obesity Trends\* Among U.S. Adults
BRFSS, 1990, 1999, 2008**
(\*BMI ≥30, or about 30 lbs. overweight for 5'4" person)



| No Data | <10% | 10%–14% | 15%–19% | 20%–24% | 25%–29% | ≥30% |

## Degher & Hughes 1991, The "Fat" Identity

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

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## model of identity change

**external**
**status cues--**

**Initial                                   New**
**Status -> Recognition -> Placing -> Status**

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

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## Martin: organization & stigma management (2000)

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

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## Next

- *Stigma and Mental Illness*
- *[supplemental slides]*

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**EEOC BENEFITS 1992-2003 BY IMPAIRMENT BASIS**

| IMPAIRMENT BASIS* | CUMULATIVE TOTAL (7/26/92 - 9/30/03) | | IMPAIRMENT BASIS* | CUMULATIVE TOTAL (7/26/92 - 9/30/03) | |
|---|---|---|---|---|---|
| | dollar benefits | people benefitted | | dollar benefits | people benefitted |
| OTHER DISABILITY | $103,489,882 | 6,449 | CUMULATIVE TRAUMA DISORDER | $4,204,986 | 274 |
| ORTHOPEDIC AND STRUCTURAL IMPAIRMENTS of the BACK | $66,992,646 | 3,703 | KIDNEY IMPAIRMENT | $4,114,308 | 222 |
| REGARDED AS DISABLED | $59,733,225 | 3,700 | MISSING DIGITS OR LIMBS | $3,916,312 | 248 |
| NON-PARALYTIC ORTHOPEDIC IMPAIRMENT | $46,339,692 | 2,043 | OTHER RESPIRATORY - PULMONARY DISORDERS | $3,843,624 | 196 |
| HEART CARDIOVASCULAR IMPAIRMENTS | $36,160,045 | 1,108 | RELATIONSHIP-ASSOCIATION | $3,622,651 | 230 |
| DEPRESSION | $28,945,895 | 1,471 | PARALYSIS | $3,484,502 | 206 |
| HIV | $24,694,781 | 2,313 | GASTROINTESTINAL IMPAIRMENTS | $3,382,176 | 322 |
| CANCER | $20,768,651 | 798 | BRAIN-HEAD IMPAIRMENT | $3,163,146 | 149 |
| RECORD OF DISABILITY | $19,780,903 | 1,123 | DRUG ADDICTION | $2,774,292 | 135 |
| OTHER PSYCHOLOGICAL DISORDERS | $18,724,298 | 792 | BRAIN-HEAD INJURY - TRAUMATIC | $2,351,496 | 187 |
| DIABETES | $16,349,836 | 1,187 | ALLERGIES | $1,986,390 | 162 |
| ANXIETY DISORDER | $15,024,069 | 733 | SPEECH IMPAIRMENT | $1,679,840 | 149 |
| OTHER NEUROLOGICAL IMPAIRMENTS | $14,478,545 | 659 | MENTAL RETARDATION | $1,494,461 | 136 |
| VISION IMPAIRMENT | $10,956,762 | 1,091 | CEREBRAL PALSY | $1,477,784 | 158 |
| HEARING IMPAIRMENT | $10,732,796 | 1,121 | DISFIGUREMENT | $1,314,067 | 69 |
| MULTIPLE SCLEROSIS | $9,088,750 | 327 | CHEMICAL SENSITIVITY | $1,209,602 | 77 |
| MANIC DEPRESSIVE DISORDER | $6,679,924 | 777 | SCHIZOPHRENIA | $908,017 | 77 |
| ALCOHOLISM | $6,429,459 | 382 | DWARFISM | $275,960 | 16 |
| EPILEPSY | $6,000,867 | 492 | TUBERCULOSIS | $185,191 | 16 |
| ASTHMA | $5,708,722 | 437 | CYSTIC FIBROSIS | $135,796 | 7 |
| LEARNING DISABILITIES | $4,578,968 | 356 | AUTISM | $83,484 | 10 |
| OTHER BLOOD DISORDERS | $4,423,036 | 286 | ALZHEIMERS | $69,109 | 3 |
| | | | TOTAL | $481,363,835 | 33,462 |

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## Suicide Trend (Japan v. US)



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